

September 25, 2005
After Life
By JOAN DIDION

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Life changes fast.
Life changes in the instant.
You sit down to dinner and life as you know it ends.
The question of self-pity.

Those were the first words I wrote after it happened. The computer dating on the Microsoft Word file ("Notes on change.doc") reads "May 20, 2004, 11:11 p.m.," but that would have been a case of my opening the file and reflexively pressing save when I closed it. I had made no changes to that file in May. I had made no changes to that file since I wrote the words, in January 2004, a day or two or three after the fact.

For a long time I wrote nothing else.

Life changes in the instant.

The ordinary instant.

At some point, in the interest of remembering what seemed most striking about what had happened, I considered adding those words, "the ordinary instant." I saw immediately that there would be no need to add the word "ordinary," because there would be no forgetting it: the word never left my mind. It was in fact the ordinary nature of everything preceding the event that prevented me from truly believing it had happened, absorbing it, incorporating it, getting past it. I recognize now that there was nothing unusual in this: confronted with sudden disaster, we all focus on how unremarkable the circumstances were in which the unthinkable occurred, the clear blue sky from which the plane fell, the routine errand that ended on the shoulder with the car in flames, the swings where the children were playing as usual when the rattlesnake struck from the ivy. "He was on his way home from work - happy, successful, healthy - and then, gone," I read in the account of a psychiatric nurse whose husband was killed in a highway accident. In 1966 I happened to interview many people who were living in Honolulu on the morning of December 7, 1941; without exception, these people began their accounts of Pearl Harbor by telling me what an "ordinary Sunday morning" it had been. "It was just an ordinary beautiful September day," people still say when asked to describe the morning in New York when American Airlines 11 and United Airlines 175 got flown into the World Trade towers. Even the report of the 9/11 Commission opened on this insistently premonitory and yet still dumbstruck narrative note: "Tuesday, September 11, 2001, dawned temperate and nearly cloudless in the eastern United States."

"And then - gone." In the midst of life we are in death, Episcopalians say at the graveside. Later I realized that I must have repeated the details of what happened to everyone who came to the house in those first weeks, all those friends and relatives who brought food and made drinks and laid out plates on the dining-room table for however many people were around at lunch or dinner, all those who picked up the plates and froze the leftovers and ran the dishwasher and filled our (I could not yet think my) otherwise empty apartment even after I had gone into the bedroom (our bedroom, the one in which there still lay on a sofa a faded terry-cloth XL robe bought in the 1970's at Richard Carroll in Beverly Hills) and shut the door. Those moments when I was

abruptly overtaken by exhaustion are what I remember most clearly about the first days and weeks. I have no memory of telling anyone the details, but I must have done so, because everyone seemed to know them. At one point I considered the possibility that they had picked up the details of the story from one another, but immediately rejected it: the story they had was in each instance too accurate to have been passed from hand to hand. It had come from me.

Another reason I knew that the story had come from me was that no version I heard included the details I could not yet face, for example the blood on the living-room floor that stayed there until José came in the next morning and cleaned it up.

José. Who was part of our household. Who was supposed to be flying to Las Vegas later that day, December 31, but never went. José was crying that morning as he cleaned up the blood. When I first told him what had happened, he had not understood. Clearly I was not the ideal teller of this story, something about my version had been at once too offhand and too elliptical, something in my tone had failed to convey the central fact in the situation (I would encounter the same failure later when I had to tell our daughter, Quintana), but by the time José saw the blood, he understood.

I had picked up the abandoned syringes and ECG electrodes before he came in that morning, but I could not face the blood.

IN OUTLINE.

It is now, as I begin to write this, the afternoon of October 4, 2004.

Nine months and five days ago, at approximately 9 o'clock on the evening of December 30, 2003, my husband, John Gregory Dunne, appeared to (or did) experience, at the table where he and I had just sat down to dinner in the living room of our apartment in New York, a sudden massive coronary event that caused his death. Our only child, Quintana, then 37, had been for the previous five nights unconscious in an intensive-care unit at Beth Israel Medical Center's Singer Division, at that time a hospital on East End Avenue (it closed in August 2004), more commonly known as "Beth Israel North" or "the old Doctors' Hospital," where what had seemed a case of December flu sufficiently severe to take her to an emergency room on Christmas morning had exploded into pneumonia and septic shock. This is my attempt to make sense of the period that followed, weeks and then months that cut loose any fixed idea I had ever had about death, about illness, about probability and luck, about good fortune and bad, about marriage and children and memory, about grief, about the ways in which people do and do not deal with the fact that life ends, about the shallowness of sanity, about life itself.

I have been a writer my entire life. As a writer, even as a child, long before what I wrote began to be published, I developed a sense that meaning itself was resident in the rhythms of words and sentences and paragraphs, a technique for withholding whatever it was I thought or believed behind an increasingly impenetrable polish. The way I write is who I am, or have become, yet this is a case in which I wish I had instead of words and their rhythms a cutting room, equipped with an Avid, a digital editing system on which I could touch a key and collapse the sequence of time, show you simultaneously all the frames of memory that come to me now, let you pick the takes, the marginally different expressions, the variant readings of the same lines. This is a case in which I need more than words to find the meaning. This is a case in which I need whatever it is I think or believe to be penetrable, if only for myself.

December 30, 2003, a Tuesday.

We had seen Quintana in the sixth-floor I.C.U. at Beth Israel North.

We had come home.

We had discussed whether to go out for dinner or eat in.

I said I would build a fire, we could eat in.

I built the fire, I started dinner, I asked John if he wanted a drink.

I got him a Scotch and gave it to him in the living room, where he was reading in the chair by the fire where he habitually sat.

The book he was reading was by David Fromkin, a bound galley of "Europe's Last Summer: Who Started the Great War in 1914?"

I finished getting dinner. I set the table in the living room where, when we were home alone, we could eat within sight of the fire. I find myself stressing the fire because fires were important to us. I grew up in California, John and I lived there together for 24 years, in California we heated our houses by building fires. We built fires even on summer evenings, because the fog came in. Fires said we were home, we had drawn the circle, we were safe through the night. I lighted the candles. John asked for a second drink before sitting down. I gave it to him. We sat down. My attention was on mixing the salad.

John was talking, then he wasn't.

At one point in the seconds or minute before he stopped talking he had asked me if I had used single-malt Scotch for his second drink. I had said no, I used the same Scotch I had used for his first drink. "Good," he had said. "I don't know why but I don't think you should mix them." At another point in those seconds or that minute he had been talking about why World War I was the critical event from which the entire rest of the 20th century flowed.

I have no idea which subject we were on, the Scotch or World War I, at the instant he stopped talking.

I only remember looking up. His left hand was raised and he was slumped motionless. At first I thought he was making a failed joke, an attempt to make the difficulty of the day seem manageable.

I remember saying, Don't do that.

When he did not respond my first thought was that he had started to eat and choked. I remember trying to lift him far enough from the back of the chair to give him the Heimlich. I remember the sense of his weight as he fell forward, first against the table, then to the floor. In the kitchen by the telephone I had taped a card with the New York-Presbyterian ambulance numbers. I had not

taped the numbers by the telephone because I anticipated a moment like this. I had taped the numbers by the telephone in case someone in the building needed an ambulance.

Someone else.

I called one of the numbers. A dispatcher asked if he was breathing. I said, Just come. When the paramedics came I tried to tell them what had happened, but before I could finish they had transformed the part of the living room where John lay into an emergency department. One of them (there were three, maybe four, even an hour later I could not have said) was talking to the hospital about the electrocardiogram they seemed already to be transmitting. Another was opening the first or second of what would be many syringes for injection. (Epinephrine? Lidocaine? Procainamide? The names came to mind but I had no idea from where.) I remember saying that he might have choked. This was dismissed with a finger swipe: the airway was clear. They seemed now to be using defibrillating paddles, an attempt to restore a rhythm. They got something that could have been a normal heartbeat (or I thought they did, we had all been silent, there was a sharp jump), then lost it, and started again.

"He's still fibbing," I remember the one on the telephone saying.

"V-fibbing," John's cardiologist said the next morning when he called from Nantucket. "They would have said, 'V-fibbing.' V for ventricular."

Maybe they said "V-fibbing" and maybe they did not. Atrial fibrillation did not immediately or necessarily cause cardiac arrest. Ventricular did. Maybe ventricular was the given.

I remember trying to straighten out in my mind what would happen next. Since there was an ambulance crew in the living room, the next logical step would be going to the hospital. It occurred to me that the crew could decide very suddenly to go to the hospital and I would not be ready. I would not have in hand what I needed to take. I would waste time, get left behind. I found my handbag and a set of keys and a summary John's doctor had made of his medical history. When I got back to the living room the paramedics were watching the computer monitor they had set up on the floor. I could not see the monitor, so I watched their faces. I remember one glancing at the others.

When the decision was made to move it happened very fast. I followed them to the elevator and asked if I could go with them. They said they were taking the gurney down first, I could go in the second ambulance. One of them waited with me for the elevator to come back up. By the time he and I got into the second ambulance, the ambulance carrying the gurney was pulling away from the front of the building. The distance from our building to the part of New York-Presbyterian that used to be New York Hospital is six crosstown blocks. I have no memory of sirens. I have no memory of traffic. When we arrived at the emergency entrance to the hospital the gurney was already disappearing into the building. A man was waiting in the driveway. Everyone else in sight was wearing scrubs. He was not. "Is this the wife?" he said to the driver, then turned to me. "I'm your social worker," he said, and I guess that is when I must have known.

"I opened the door and I seen the man in the dress greens and I knew. I immediately knew." This was what the mother of a 19-year-old killed by a bomb in Kirkuk said in a documentary produced by The New York Times and HBO, quoted by Bob Herbert on the morning of November 12, 2004. "But I thought that if, as long as I didn't let him in, he couldn't tell me. And then it - none of

that would've happened. So he kept saying, 'Ma'am, I need to come in.' And I kept telling him, 'I'm sorry, but you can't come in.'"

When I read this at breakfast almost 11 months after the night with the ambulance and the social worker, I recognized the thinking as my own.

Inside the emergency room I could see the gurney being pushed into a cubicle, propelled by more people in scrubs. Someone told me to wait in the reception area. I did. There was a line for admittance paperwork. Waiting in the line seemed the constructive thing to do. Waiting in the line said that there was still time to deal with this, I had copies of the insurance cards in my handbag, this was not a hospital I had ever negotiated - New York Hospital was the Cornell part of New York-Presbyterian, the part I knew was the Columbia part, Columbia-Presbyterian, at 168th and Broadway, 20 minutes away at best, too far in this kind of emergency - but I could make this unfamiliar hospital work, I could be useful, I could arrange the transfer to Columbia-Presbyterian once he was stabilized. I was fixed on the details of this imminent transfer to Columbia (he would need a bed with telemetry, eventually I could also get Quintana transferred to Columbia, the night she was admitted to Beth Israel North I had written on a card the beeper numbers of several Columbia doctors, one or another of them could make all this happen) when the social worker reappeared and guided me from the paperwork line into an empty room off the reception area. "You can wait here," he said. I waited. The room was cold, or I was. I wondered how much time had passed between the time I called the ambulance and the arrival of the paramedics. It had seemed no time at all (a mote in the eye of God was the phrase that came to me in the room off the reception area), but it must have been at the minimum several minutes.

I used to have on a bulletin board in my office, for reasons having to do with a plot point in a movie, a pink index card on which I had typed a sentence from "The Merck Manual" about how long the brain can be deprived of oxygen. The image of the pink index card was coming back to me in the room off the reception area: "Tissue anoxia for > 4 to 6 min. can result in irreversible brain damage or death." I was telling myself that I must be misremembering the sentence when the social worker reappeared. He had with him a man he introduced as "your husband's doctor." There was a silence. "He's dead, isn't he," I heard myself say to the doctor. The doctor looked at the social worker. "It's O.K.," the social worker said. "She's a pretty cool customer." They took me into the curtained cubicle where John lay, alone now. They asked if I wanted a priest. I said yes. A priest appeared and said the words. I thanked him. They gave me the silver clip in which John kept his driver's license and credit cards. They gave me the cash that had been in his pocket. They gave me his watch. They gave me his cellphone. They gave me a plastic bag in which they said I would find his clothes. I thanked them. The social worker asked if he could do anything more for me. I said he could put me in a taxi. He did. I thanked him. "Do you have money for the fare?" he asked. I said I did, the cool customer. When I walked into the apartment and saw John's jacket and scarf still lying on the chair where he had dropped them when we came in from seeing Quintana at Beth Israel North (the red cashmere scarf, the Patagonia windbreaker that had been the crew jacket on "Up Close and Personal"), I wondered what an uncool customer would be allowed to do. Break down? Require sedation? Scream?

I remember thinking that I needed to discuss this with John.

There was nothing I did not discuss with John.

Because we were both writers and both worked at home, our days were filled with the sound of each other's voices.

I did not always think he was right nor did he always think I was right but we were each the person the other trusted. There was no separation between our investments or interests in any given situation. Many people assumed that we must be, since sometimes one and sometimes the other would get the better review, the bigger advance, in some way "competitive," that our private life must be a minefield of professional envies and resentments. This was so far from the case that the general insistence on it came to suggest certain lacunae in the popular understanding of marriage.

That had been one more thing we discussed.

What I remember about the apartment the night I came home alone from New York Hospital was its silence.

In the plastic bag I had been given at the hospital there were a pair of corduroy pants, a wool shirt, a belt and I think nothing else. The legs of the corduroy pants had been slit open, I supposed by the paramedics. There was blood on the shirt. The belt was braided. I remember putting his cellphone in the charger on his desk. I remember putting his silver clip in the box in the bedroom in which we kept passports and birth certificates and proof of jury service. I look now at the clip and see that these were the cards he was carrying: a New York State driver's license, due for renewal on May 25, 2004; a Chase A.T.M. card; an American Express card; a Wells Fargo MasterCard; a Metropolitan Museum card; a Writers Guild of America, West, card (it was the season before Academy voting, when you could use a W.G.A.W. card to see movies free, he must have gone to a movie, I did not remember); a Medicare card; a MetroCard; and a card issued by Medtronic with the legend "I have a Kappa 900 SR pacemaker implanted," the serial number of the device, a number to call for the doctor who implanted it and the notation "Implant Date: 03 Jun 2003." I remember combining the cash that had been in his pocket with the cash in my own bag, smoothing the bills, taking special care to interleaf twenties with twenties, tens with tens, fives and ones with fives and ones. I remember thinking as I did this that he would see that I was handling things.

When i saw him in the curtained cubicle in the emergency room at New York Hospital there was a chip in one of his front teeth, I supposed from the fall, since there were also bruises on his face. When I identified his body the next day for the undertaker the bruises were not apparent. It occurred to me that masking the bruises must have been what the undertaker meant when I said no embalming and he said, "In that case we'll just clean him up." The part with the undertaker remains remote. I had arrived to meet him so determined to avoid any inappropriate response (tears, anger, helpless laughter at the Oz-like hush) that I had shut down all response. After my mother died the undertaker who picked up her body left in its place on the bed an artificial rose. My brother had told me this, offended to the core. I would be armed against artificial roses. I remember making a brisk decision about a coffin. I remember that in the office where I signed the papers there was a grandfather clock, not running. John's nephew Tony, who was with me, mentioned to the undertaker that the clock was not running. The undertaker, as if pleased to elucidate a decorative element, explained that the clock had not run in some years but was retained as "a kind of memorial" to a previous incarnation of the firm. He seemed to be offering the clock as a lesson. I concentrated on Quintana. I could shut out what the undertaker was

saying, but I could not shut out the lines I was hearing as I concentrated on Quintana: *Full fathom five thy father lies... Those are pearls that were his eyes.*

3

Eight months later I asked the manager of our apartment building if he still had the log kept by the doormen for the night of December 30. I knew there was a log, I had been for three years president of the board of the building, the door log was intrinsic to building procedure. The next day the manager sent me the page for December 30. According to the log, the doormen that night were Michael Flynn and Vasile Ionescu. I had not remembered that. Vasile Ionescu and John had a routine with which they amused themselves in the elevator, a small game, between an exile from Ceaucescu's Romania and an Irish Catholic from West Hartford, Conn., based on a shared appreciation of political posturing. "So where is bin Laden?" Vasile would say when John got onto the elevator, the point being to come up with ever more improbable suggestions: "Could bin Laden be in the penthouse?" "In the maisonette?" "In the fitness room?" When I saw Vasile's name on the log, it occurred to me that I could not remember if he had initiated this game when we came in from Beth Israel North in the early evening of December 30. The log for that evening showed only two entries, fewer than usual, even for a time of the year when most people in the building left for more clement venues: "NOTE: - Paramedics arrived at 9:20 p.m. for Mr. Dunne. Mr. Dunne was taken to hospital at 10:05 p.m. NOTE: - Light bulb out on A-B passenger elevator."

The A-B elevator was our elevator, the elevator in which the paramedics came up at 9:20 p.m., the elevator in which they took John (and me) downstairs to the ambulance at 10:05 p.m., the elevator in which I returned alone to our apartment at a time not noted. I had not noticed a light bulb being out in the elevator. Nor had I noticed that the paramedics were in the apartment for 45 minutes. I had always described it as "15 or 20 minutes." If they were here that long does it mean that he was alive? I put this question to a doctor I knew. "Sometimes they'll work that long," he said. It was a while before I realized that this in no way addressed the question.

The death certificate, when I got it, gave the time of death as 10:18 p.m., December 30, 2003.

I had been asked before I left the hospital if I would authorize an autopsy. I had said yes. I later read that asking a survivor to authorize an autopsy is seen in hospitals as delicate, sensitive, often the most difficult of the routine steps that follow a death. Doctors themselves, according to many studies (for example, Katz, J., and Gardner, R., "The Intern's Dilemma: The Request for Autopsy Consent," *Psychiatry in Medicine* 3:197203, 1972), experience considerable anxiety about making the request. They know that autopsy is essential to the learning and teaching of medicine, but they also know that the procedure touches a primitive dread. If whoever it was at New York Hospital who asked me to authorize an autopsy experienced such anxiety, I could have spared him or her: I actively wanted an autopsy. I actively wanted an autopsy even though I had seen some, in the course of doing research. I knew exactly what occurred, the chest open like a chicken in a butcher's case, the face peeled down, the scale on which the organs are weighed. I had seen homicide detectives avert their eyes from an autopsy in progress. I still wanted one. I needed to know how and why and when it had happened. In fact I wanted to be in the room when they did it (I had watched those other autopsies with John, I owed him his own, it was fixed in my mind at that moment that he would be in the room if I were on the table), but I did not trust myself to rationally present the point so I did not ask.

If the ambulance left our building at 10:05 p.m., and death was declared at 10:18 p.m., the 13 minutes in between were just bookkeeping, bureaucracy, making sure the hospital procedures were observed and the paperwork was done and the appropriate person was on hand to do the sign-off, inform the cool customer.

The sign-off, I later learned, was called the "pronouncement," as in "Pronounced: 10:18 p.m."

I had to believe he was dead all along.

If I did not believe he was dead all along I would have thought I should have been able to save him.

Until I saw the autopsy report I continued to think this anyway, an example of delusionary thinking, the omnipotent variety.

A week or two before he died, when we were having dinner in a restaurant, John asked me to write something in my notebook for him. He always carried cards on which to make notes, three-by-six-inch cards printed with his name that could be slipped into an inside pocket. At dinner he had thought of something he wanted to remember, but when he looked in his pockets he found no cards. I need you to write something down, he said. It was, he said, for his new book, not for mine, a point he stressed because I was at the time researching a book that involved sports. This was the note he dictated: "Coaches used to go out after a game and say, 'You played great.' Now they go out with state police, as if this were a war and they the military. The militarization of sports." When I gave him the note the next day, he said, "You can use it if you want to."

What did he mean?

Did he know he would not write the book?

Did he have some apprehension, a shadow? Why had he forgotten to bring note cards to dinner that night? Had he not warned me when I forgot my own notebook that the ability to make a note when something came to mind was the difference between being able to write and not being able to write? Was something telling him that night that the time for being able to write was running out?

One summer when we were living in Brentwood Park we fell into a pattern of stopping work at 4 in the afternoon and going out to the pool. He would stand in the water reading (he reread "Sophie's Choice" several times that summer, trying to see how it worked) while I worked in the garden. It was a small, even miniature, garden with gravel paths and a rose arbor and beds edged with thyme and santolina and feverfew. I had convinced John a few years before that we should tear out a lawn to plant this garden. To my surprise, since he had shown no previous interest in gardens, he regarded the finished product as an almost mystical gift. Just before 5 on those summer afternoons we would swim and then go into the library wrapped in towels to watch "Tenko," a BBC series, then in syndication, about a number of satisfyingly predictable English women (one was immature and selfish, another seemed to have been written with Mrs. Miniver in mind) imprisoned by the Japanese in Malaya during World War II. After each afternoon's "Tenko" segment we would go upstairs and work another hour or two, John in his office at the top of the stairs, me in the glassed-in porch across the hall that had become my office. At 7 or 7:30 we would go out to dinner, many nights at Morton's. Morton's felt right that summer. There

was always shrimp quesadilla, chicken with black beans. There was always someone we knew. The room was cool and polished and dark inside but you could see the twilight outside.

John did not like driving at night by then. This was one reason, I later learned, that he wanted to spend more time in New York, a wish that at the time remained mysterious to me. One night that summer he asked me to drive home after dinner at Anthea Sylbert's house on Camino Palmero in Hollywood. I remember thinking how remarkable this was. Anthea lived less than a block from the house on Franklin Avenue in which we had lived from 1967 until 1971, so it was not a question of reconnoitering a new neighborhood. It had occurred to me as I started the ignition that I could count on my fingers the number of times I had driven when John was in the car; the single other time I could remember that night was once spelling him on a drive from Las Vegas to Los Angeles. He had been dozing in the passenger seat of the Corvette we then had. He had opened his eyes. After a moment he had said, very carefully, "I might take it a little slower." I had no sense of unusual speed and glanced at the speedometer: I was doing 120.

Yet.

A drive across the Mojave was one thing. There was no previous time when he asked me to drive home from dinner in town: this evening on Camino Palmero was unprecedented. So was the fact that at the end of the 40-minute drive to Brentwood Park, he pronounced it "well driven."

He mentioned those afternoons with the pool and the garden and "Tenko" several times during the year before he died.

Philippe Ariès, in "The Hour of Our Death," points out that the essential characteristic of death as it appears in the "Chanson de Roland" is that the death, even if sudden or accidental, "gives advance warning of its arrival." Gawain is asked: "Ah, good my lord, think you then so soon to die?" Gawain answers: "I tell you that I shall not live two days." Ariès notes: "Neither his doctor nor his friends nor the priests (the latter are absent and forgotten) know as much about it as he. Only the dying man can tell how much time he has left."

You sit down to dinner.

"You can use it if you want to," John had said when I gave him the note he had dictated a week or two before.

And then - gone.

4

Grief, when it comes, is nothing we expect it to be. It was not what I felt when my parents died: my father died a few days short of his 85th birthday and my mother a month short of her 91st, both after some years of increasing debility. What I felt in each instance was sadness, loneliness (the loneliness of the abandoned child of whatever age), regret for time gone by, for things unsaid, for my inability to share or even in any real way to acknowledge, at the end, the pain and helplessness and physical humiliation they each endured. I understood the inevitability of each of their deaths. I had been expecting (fearing, dreading, anticipating) those deaths all my life. They remained, when they did occur, distanced, at a remove from the ongoing dailiness of my life. After my mother died I received a letter from a friend in Chicago, a former Maryknoll priest, who

precisely intuited what I felt. The death of a parent, he wrote, "despite our preparation, indeed, despite our age, dislodges things deep in us, sets off reactions that surprise us and that may cut free memories and feelings that we had thought gone to ground long ago. We might, in that indeterminate period they call mourning, be in a submarine, silent on the ocean's bed, aware of the depth charges, now near and now far, buffeting us with recollections."

My father was dead, my mother was dead, I would need for a while to watch for mines, but I would still get up in the morning and send out the laundry.

I would still plan a menu for Easter lunch.

I would still remember to renew my passport.

Grief is different. Grief has no distance. Grief comes in waves, paroxysms, sudden apprehensions that weaken the knees and blind the eyes and obliterate the dailiness of life. Virtually everyone who has ever experienced grief mentions this phenomenon of "waves." Erich Lindemann, who was chief of psychiatry at Massachusetts General Hospital in the 1940's and interviewed many family members of those killed in the 1942 Cocoanut Grove fire, defined the phenomenon with absolute specificity in a famous 1944 study: "sensations of somatic distress occurring in waves lasting from 20 minutes to an hour at a time, a feeling of tightness in the throat, choking with shortness of breath, need for sighing and an empty feeling in the abdomen, lack of muscular power and an intense subjective distress described as tension or mental pain."

Tightness in the throat.

Choking, need for sighing.

Such waves began for me on the morning of December 31, 2003, seven or eight hours after the fact, when I woke alone in the apartment. I do not remember crying the night before; I had entered at the moment it happened a kind of shock in which the only thought I allowed myself was that there must be certain things I needed to do. There had been certain things I had needed to do while the ambulance crew was in the living room. I had needed for example to get the copy of John's medical summary, so I could take it with me to the hospital. I had needed for example to bank the fire, because I would be leaving it. There had been certain things I had needed to do at the hospital. I had needed for example to stand in the line. I had needed for example to focus on the bed with telemetry he would need for the transfer to Columbia-Presbyterian.

Once I got back from the hospital there had again been certain things I needed to do. I could not identify all of these things, but I did know one of them: I needed, before I did anything else, to tell John's brother Nick. It had seemed too late in the evening to call their older brother Dick on Cape Cod (he went to bed early, his health had not been good, I did not want to wake him with bad news) but I needed to tell Nick. I did not plan how to do this. I just sat on the bed and picked up the phone and dialed the number of his house in Connecticut. He answered. I told him. After I put down the phone, in what I can only describe as a new neural pattern of dialing numbers and saying the words, I picked it up again. I could not call Quintana (she was still where we had left her a few hours before, unconscious in the I.C.U. at Beth Israel North), but I could call Gerry, her husband of five months, and I could call my brother, Jim, who would be at his house in Pebble Beach. Gerry said he would come over. I said there was no need to come over, I would be fine. Jim said he would get a flight. I said there was no need to think about a flight, we would talk in the morning. I was trying to think what to do next when the phone rang. It was John's and my

agent, Lynn Nesbit, a friend since I suppose the late 60's. It was not clear to me at the time how she knew but she did (it had something to do with a mutual friend to whom both Nick and Lynn seemed in the last minute to have spoken), and she was calling from a taxi on her way to our apartment. At one level I was relieved (Lynn knew how to manage things, Lynn would know what it was that I was supposed to be doing) and at another I was bewildered: how could I deal at this moment with company? What would we do, would we sit in the living room with the syringes and the ECG electrodes and the blood still on the floor, should I rekindle what was left of the fire, would we have a drink, would she have eaten?

Had I eaten?

The instant in which I asked myself whether I had eaten was the first intimation of what was to come: if I thought of food, I learned that night, I would throw up.

Lynn arrived.

We sat in the part of the living room where the blood and electrodes and syringes were not.

I remember thinking as I was talking to Lynn (this was the part I could not say) that the blood must have come from the fall: he had fallen on his face, there was the chipped tooth I had noticed in the emergency room, the tooth could have cut the inside of his mouth.

Lynn picked up the phone and said that she was calling Christopher.

This was another bewilderment: the Christopher I knew best was in either Paris or Dubai and in any case Lynn would have said Chris, not Christopher. I found my mind veering to the autopsy. It could even be happening as I sat there. Then I realized that the Christopher to whom Lynn was talking was Christopher Lehmann-Haupt at The New York Times. I remember a sense of shock. I wanted to say not yet but my mouth had gone dry. I could deal with "autopsy" but the notion of "obituary" had not occurred to me. "Obituary," unlike "autopsy," which was between me and John and the hospital, meant it had happened. I found myself wondering, with no sense of illogic, if it had also happened in Los Angeles. I was trying to work out what time it had been when he died and whether it was that time yet in Los Angeles. (Was there time to go back? Could we have a different ending on Pacific time?) I recall being seized by a pressing need not to let anyone at The Los Angeles Times learn what had happened by reading it in The New York Times. I called our closest friend at The Los Angeles Times. I have no memory of what Lynn and I did then. I remember her saying that she would stay the night, but I said no, I would be fine alone.

And I was.

Until the morning. When, only half awake, I tried to think why I was alone in the bed. There was a leaden feeling. It was the same leaden feeling with which I woke on mornings after John and I had fought. Had we had a fight? What about, how had it started, how could we fix it if I could not remember how it started?

Then I remembered.

For several weeks that would be the way I woke to the day.

I wake and feel the fell of dark, not day.

One of several lines from different poems by Gerard Manley Hopkins that John strung together during the months immediately after his younger brother committed suicide, a kind of improvised rosary.

*O the mind, mind has mountains; cliffs of fall
Frightful, sheer, no-man-fathomed. Hold them cheap
May who ne'er hung there.
I wake and feel the fell of dark, not day.
And I have asked to be
Where no storms come.*

I see now that my insistence on spending that first night alone was more complicated than it seemed, a primitive instinct. Of course I knew John was dead. Of course I had already delivered the definitive news to his brother and to my brother and to Quintana's husband. The New York Times knew. The Los Angeles Times knew. Yet I was myself in no way prepared to accept this news as final: there was a level on which I believed that what had happened remained reversible. That was why I needed to be alone.

After that first night I would not be alone for weeks (Jim and his wife would fly in from California the next day, Nick would come back to town, Tony and his wife would come down from Connecticut, José would not go to Las Vegas, our assistant Sharon would come back from skiing, there would never not be people in the house), but I needed that first night to be alone.

I needed to be alone so that he could come back.

5

Grief turns out to be a place none of us know until we reach it. We anticipate (we know) that someone close to us could die, but we do not look beyond the few days or weeks that immediately follow such an imagined death. We misconstrue the nature of even those few days or weeks. We might expect if the death is sudden to feel shock. We do not expect this shock to be oblitative, dislocating to both body and mind. We might expect that we will be prostrate, inconsolable, crazy with loss. We do not expect to be literally crazy, cool customers who believe that their husband is about to return. In the version of grief we imagine, the model will be "healing." A certain forward movement will prevail. The worst days will be the earliest days. We imagine that the moment to most severely test us will be the funeral, after which this hypothetical healing will take place.

When we anticipate the funeral we wonder about failing to "get through it," to rise to the occasion, exhibit the "strength" that invariably gets mentioned as the correct response to death. We anticipate needing to steel ourselves for the moment: will I be able to greet people, will I be able to leave the scene, will I be able even to get dressed that day? We have no way of knowing that this will not be the issue. We have no way of knowing that the funeral itself will be anodyne, a kind of narcotic regression in which we are wrapped in the care of others and the gravity and meaning of the occasion. Nor can we know ahead of the fact (and here lies the heart of the difference between grief as we imagine it and grief as it is) the unending absence that follows, the

void, the very opposite of meaning, the relentless succession of moments during which we will confront the experience of meaninglessness itself.

As a child I thought a great deal about meaninglessness, which seemed at the time the most prominent negative feature on the horizon. After a few years of failing to find meaning in the more commonly recommended venues I learned that I could find it in geology, so I did. This in turn enabled me to find meaning in the Episcopal litany, most acutely in the words "as it was in the beginning, is now and ever shall be, world without end," which I interpreted as a literal description of the constant changing of the earth, the unending erosion of the shores and mountains, the inexorable shifting of the geological structures that could throw up mountains and islands and could just as reliably take them away. I found earthquakes, even when I was in them, deeply satisfying, abruptly revealed evidence of the scheme in action. That the scheme could destroy the works of man might be a personal regret but remained, in the larger picture I had come to recognize, a matter of abiding indifference. No eye was on the sparrow. No one was watching me. As it was in the beginning, is now and ever shall be, world without end. On the day it was announced that the atomic bomb had been dropped on Hiroshima, those were the words that came immediately to my 10-year-old mind. When I heard a few years later about mushroom clouds over the Nevada test site, those were again the words that came to mind. I began waking before dawn, imagining that the fireballs from the Nevada test shots would light up the sky in Sacramento.

Later, after I married and had a child, I learned to find equal meaning in the repeated rituals of domestic life. Setting the table. Lighting the candles. Building the fire. Cooking. All those soufflés, all that crème caramel, all those daubes and albóndigas and gumbos. Clean sheets, stacks of clean towels, hurricane lamps for storms, enough water and food to see us through whatever geological event came our way. These fragments I have shored against my ruins, were the words that came to mind then. These fragments mattered to me. I believed in them. That I could find meaning in the intensely personal nature of my life as a wife and mother did not seem inconsistent with finding meaning in the vast indifference of geology and the test shots; the two systems existed for me on parallel tracks that occasionally converged, notably during earthquakes.

In my unexamined mind there was always a point, John's and my death, at which the tracks would converge for a final time. On the Internet I recently found aerial photographs of the house on the Palos Verdes Peninsula in which we had lived when we were first married, the house to which we had brought Quintana home from St. John's Hospital in Santa Monica and put her in her bassinet by the wisteria in the box garden. The photographs, part of the California Coastal Records Project, the point of which was to document the entire California coastline, were hard to read conclusively, but the house as it had been when we lived in it appeared to be gone. The tower where the gate had been seemed intact but the rest of the structure looked unfamiliar. There seemed to be a swimming pool where the wisteria and box garden had been. The area itself was identified as "Portuguese Bend Landslide." You could see the slumping of the hill where the slide had occurred. You could also see, at the base of the cliff on the point, the cave into which we used to swim when the tide was at exactly the right flow.

The swell of clear water.

That was one way my two systems could have converged.

We could have been swimming into the cave with the swell of clear water and the entire point could have slumped, slipped into the sea around us. The entire point slipping into the sea around us was the kind of conclusion I anticipated. I did not anticipate cardiac arrest at the dinner table.

Joan Didion is the author of 13 books, including "Slouching Towards Bethlehem" and "Where I Was From." This article is adapted from "The Year of Magical Thinking," to be published by Alfred A. Knopf next month.