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“This house is so lonely!”:
Home, Belonging, and Identity
in Memoirs of Loss and Grief

ABSTRACT

This analysis explores select autobiographical representations of relationships the bereaved develop with their surroundings in the context of a major death-related loss. After a significant loss, the concepts of home, belonging, and identity are redefined, and the grieving self needs to revise its assumptive worldview to adjust to these changes. Drawing parallels between bereavement research and grief memoirs, three main themes are analyzed: 1. How hitherto familiar spaces feel both welcome and unwelcome to the bereaved; 2. How loss influences culinary settings and domestic routines; and 3. How financial factors and relocation uproot the griever’s identity and sense of belonging.

Keywords: belonging, grief, home, identity, memoir, mourning.

INTRODUCTION

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Losing a loved one can profoundly disrupt our life. On the Holmes and Rahe Social Readjustment Rating Scale that lists forty-three stressful and illness-conducive life events, “death of a spouse” and “death of a close family member” rank as number one and five, respectively (Holmes and Rahe 213–18). After a major death-related loss, the bereaved may feel out of place within familiar community structures and “no longer at home in the greater scheme of things” (Attig xlvii). Additionally, primary loss entails multiple secondary losses such as loss of physical contact, of the routines associated with the deceased, or of financial support and security. The relationship between the bereaved and their place of habitation changes as well. Hitherto familiar spaces become less welcoming or may be the only place in which the bereaved feel safe. The concepts of home, belonging, and identity are redefined, and the grieving self needs to revise its assumptive worldview to adjust to these changes.

This analysis explores select memoirs of loss and grief that look at the relationships the grief-stricken develop with their home in the context of a major death. Since the late 1980s, memoir, in a much more confessional form than ever before, has become a dominant life-writing genre, rivaling “fiction in popularity and critical esteem” and surpassing it “in cultural currency” (Couser 3). The genre has been periodically dismissed as the literary equivalent of talk shows, for which “no remembered episode is too sordid, no family too dysfunctional, to be trotted out for the wonderment of the masses” (Zinsser 3). Relevant as such assessment may be in regard to some texts, various critics and memoirists agree that imposing a written structure on recollections, experiences, and emotions, some more traumatic than others, can and does result in sophisticated, artistically rewarding narratives with healing side-effects for writers and readers alike (see Berman, *Companionship in Grief* 16–18; Birkerts 7–8, 55; Fowler 525–49; Małecka 12–40). Like therapy, the writing cure involves “telling and retelling stories, examining experience from multiple points of view, exploring complex and often contradictory motivation, analyzing one’s assumptive world, and revising interpretations to discover healthy and constructive ways to engage reality” (Berman, *Companionship in Grief* 18). As grief remains “the most general of afflictions” (Didion 44), the egalitarian, self-reflective, and commemorative nature of memoir writing is of particular importance in bereavement. In many Western cultures, in which the display of prolonged mourning is less customary or acceptable than it used to be in the past (see, e.g., Ariès 559–601), grief memoirs function as mourning rites, providing a safe, communal space for the bereaved who need to bare, discuss, and process their losses at their

own pace (Malecka 18–19, 36–37, 63–69, 72). An important feature of the modern memoir is the way in which the author crafts the relationality between the narrating self and others, both within and without the narrative (Couser 20; Fowler 540; Malecka 15–18, 63–69). Thus, a closer look at the relationships between the bereaved and their surroundings can resonate with readers not only during our trying moments of grief but also in our everyday life in which we seldom pay attention to how familiar spaces and rituals performed within them will inevitably condition our future losses.

The theme of relationality between the grieving self and its dwelling place in modern grief memoirs, particularly as a primary focus, has not yet been extensively addressed. The expository nature of the discussion below aims to make it more relatable to non-academic addressees, especially to those who during their mourning may continue to feel lost in their former places of refuge. In the time of grief, examples of how other mourners experience the displacing force of loss and struggle to re-adapt to hitherto safe spaces may be consoling, even if the feelings of non-belonging and confusion persist. Thus, to benefit a wider circle of readers, particularly the bereaved who might seek support in literary sources, this discussion is set in the context of select bereavement studies yet abstains from esoteric language and theorizing. Apart from the psycho-social jargon in which they are at times formulated, most contemporary grief approaches are relatively transparent in their main premises and do not demand extensive side notes for the purpose of this analysis. For instance, the meaning-reconstruction approach states that a traumatic loss disrupts our life story, which, in turn, results in a loss of meaning that needs to be reconstructed (Neimeyer 312–16). Methods of reconstructing the disrupted narrative vary from grief approach to grief approach, including the telling and retelling of one's grief story. Literature provides multiple examples of this meaning reconstruction as evidenced, for instance, by the centuries-old elegiac tradition and the outpouring of grief memoirs in recent decades. Thus, in this discussion, references to bereavement research serve to support grief memoirists in their efforts to present and normalize the new relations that develop between the bereaved and their dwelling spaces. These altered attachments play an important part in integrating the death into the griever's post-loss reality. Conversely, grief memoirs shed light on bereavement studies, providing researchers and the bereaved with literary case studies as an alternative source of knowledge and support in the process of coming to terms with various aspects of grief. The following analysis focuses on three main themes that recur in grief memoirs: 1. How the previously familiar spaces make the grief-struck feel both welcome and unwelcome; 2. How loss influences culinary settings and domestic routines; and 3. How financial factors and (prospective) relocation uproot

the griever's identity and sense of belonging. With one exception, the examples of how the bereaved interact with their surroundings come from memoirs devoted to partner loss. Yet, the issues are by no means limited to this type of loss. The selection was primarily dictated by editorial space and, to some degree, by the fact that most memoirs of partner loss address the above themes with notable regularity.

(UN)FAMILIAR (OFF-LIMITS) SPACES

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After a devastating loss, certain hitherto familiar spaces may evoke ambivalent feelings in the griever who may avoid them because of painful associations with the deceased as well as may be drawn to them for the same reason. Below, reflections from two memoirs of spousal loss illustrate these complex connections. Regardless of where the death took place, both memoirists point to the fact that their living spaces have been transformed, with a notable exception of the bedroom.

In *The Year of Magical Thinking*, the classic of the grief memoir genre, Joan Didion reconstructs the circumstances of her husband's sudden death several times across the narrative. One of these accounts reads:

Nine months and five days ago, at approximately nine 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, had been for the previous five nights unconscious in an intensive care unit at Beth Israel Medical Center's Singer Division . . . (6–7)

Didion's factual reconstructions help the narrating self get a stronger grasp on the post-loss reality that continues to elude her, as the memoir's title indicates. In the early days after her husband's death, Didion remembers she could not face the blood on the living room floor where he fell. It is the only detail of the story she consistently omits from the retelling of the event to others. Death at the dining table is exceptionally "up close & personal" (the couple wrote a script for the movie with this title). "*Life changes fast. Life changes in the instant. You sit down to dinner and life as you know it ends,*" Didion re-chants throughout the memoir (3). These "fast" changes take place in the most "ordinary" of settings (Didion 4), triggering the writer's magical thinking about the reversibility of death, which is a common reaction to significant deaths (Worden 39–40). In the weeks following the loss, the writer's apartment fills with friends and relatives who bring food and keep her company. While they occupy other

rooms, Didion retreats to the couple's bedroom with the hope that, if she is there alone, her husband may come back. She refers to the space as "*our* bedroom, the one in which there still lay on a sofa a faded terrycloth XL robe bought in the 1970s at Richard Carroll in Beverly Hills" (5, emphasis mine). The bedroom becomes a haven in which the griever can still feel safe, as if nothing has changed.

Accepting the reality of loss is one of the tasks that the mourner is supposed to complete to adjust to their new life successfully (Worden 39–43). Although Didion's magical thinking delays this particular task, her involuntary memories successively expose her to doses of reality. As the reconstruction of pre- and post-loss events progresses, the writer thinks of multiple other places in which the couple and their daughter Quintana used to live in the past. Tied to particular locations, each of those memories is an important touchstone in the griever's journey, leading to a gradual acknowledgement of the loss. When the first anniversary of John's death approaches, Didion revisits the living room:

There are colored Christmas lights on the quince branches in the living room. There were also colored Christmas lights on quince branches in the living room a year ago, on the night it happened, but in the spring, not long after I brought Quintana home from UCLA, those strings burned out, went dead. This served as a symbol. I bought new strings of colored lights. This served as a profession of faith in the future. (212)

Descriptions of other domestic and non-domestic spaces precede this image. For instance, Didion extensively documents her stay in Los Angeles and visits to the UCLA Medical Center where her daughter is hospitalized due to another health emergency. While in LA, Didion remembers locations where the family used to reside in the past. She avoids them on her way to the hospital not to trigger the "vortex" of painful recollections that break through regardless (Didion 107–13, 130–33). Her trips to yet another clinical setting, interspersed with the memories of past homes, make her gradually admit that changes are unavoidable. As Didion states at the beginning of the memoir, the narrative is her attempt to make sense of the loss, "of the period that followed, weeks and then months that cut loose any fixed idea [she] had ever had about death, about illness, about probability and luck, . . . about grief" (7). According to bereavement specialists, when faced with change, "[o]ur first effort . . . must be to interpret the change in the light of our old assumptions" (Parkes and Prigerson 104). Didion's narrative reconstructions aptly illustrate the psycho-social process of integrating the loss into "one's set of assumptions about the world" or modifying "those assumptions if need be" (Parkes

and Prigerson 88; see also Janoff-Bulman's study *Shattered Assumptions: Towards a New Psychology of Trauma*). The recollections of familiar settings that feature the loved one, who is now absent, help the bereaved revise her "fixed" ideas "about the ways in which people do and do not deal with the fact that life ends" (Didion 7). Didion remains distrustful of the future (212), yet, with symbolic gestures, such as hanging the new Christmas lights in the living room, the writer revisits the space and begins to take in the reality of what has happened there (cf. Parkes and Prigerson 104).

For many grieverers, returning to an empty house can be both comforting and terrifying (Deits 22–23). Such conflicting feelings are not uncommon and can influence the griever's sense of security and belonging. In *A Widow's Story: A Memoir*, Joyce Carol Oates struggles with the fact that her husband, Raymond Joseph Smith, died in a hospital, among strangers. Smith had been hospitalized due to pneumonia and died from a secondary infection a week later. Over the course of that week, after one of her vigils at her husband's hospital bed, Oates is thrilled to return home:

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Returning home! What happiness—what relief—returning home! As if I've been gone for days not hours. As if I've traveled many miles not just a few. . . . I am so eager to get inside this place of refuge, I feel faint with yearning, I could weep with relief, exhaustion. . . . The smell of the hospital clings to me I am eager to get inside the house and tear off my contaminated clothing—I am eager to take a shower—to scrub my face, my hands—my hair that feels snarled, clotted . . . (39–40)

The vision of domestic relief is disrupted by Oates's sudden fear of being alone in the house: "[I]he house is so very dark—a cave—a sepulcher—like a crazed woman who has thrown off her manacles I run through the rooms of the house switching on lights—living room lights! dining room lights! hall lights! bedroom lights!" (40). Oates cleans the house frantically, as if "rehearsing" her husband's homecoming (40). Four days later, at 12:38, she is woken up "by a phone ringing *at the wrong time*," and "a stranger's voice" informs her that her husband "is in 'critical condition'" (54). Smith is pronounced dead before Oates arrives at the hospital. Between the call and her homecoming from the final trip to the ward, the house transforms into even more of "a cave." "Returning to the lightless house beyond Princeton I feel like an arrow that has been shot—where?" Oates recounts (78). Her first thought upon entering the house as a widow is about how she used to greet her husband when he would come back home: "*So happy you're back home, honey! We missed you here. By we, I meant the cats and me*" (78). Confused and uncertain about her new status as a widow, she finishes this homecoming episode by stating: "For the widow inhabits a tale not of her

own telling. The widow inhabits a nightmare-tale and yet it is likely that the widow inhabits a benign fairy tale out of the Brothers Grimm in which friends come forward to help” (81). This ambivalent thinking extends to the house which Oates continues to inhabit as well as avoid.

As the widow’s tale unfolds, Oates’s apprehension about the house increases, even though it remains her only space of comfort. “*This house is so lonely! It’s almost unbearable,*” she writes to Daniel Halpern two days after her husband’s death (85). Three days after the death, she emails Edmund White: “*The days are not too bad, it’s the nights and the empty house that fill me with panic*” (115). Oates is anxious when she is alone, yet she wants to be alone: “[I]he empty house is terrifying to me yet when I am away from it, I yearn to return to it” (94). Similar reflections resurface throughout the rest of her memoir. “Ghost rooms! One by one they are overtaking the house,” Oates writes, only to add in the next line: “There is no volition in me, only in the rooms of this house”; and then again: “Most of the rooms are off-limits to me, I dare not enter them, nor even glance into them” (144). The (un)familiar spaces make Oates imagine that “*Ray might be in the next room, or in his office—he might have stepped out of the house*” (105). Additionally, she experiences survivor’s guilt connected to the house: “A nobler gesture would have been to erase myself. For there is something terribly wrong in remaining here—in our house, in our old life—. . . when Ray is gone. . . . [I]here *is* something ignoble, selfish, in continuing to live as if nothing has been altered” (128). To escape the sense of guilt, Oates spends time driving around, which creates an illusion of not belonging to the “old life”: “[I]here’s a kind of free-fall no-man’s-land inside a car—in which one is neither *here* nor *there* but *in transit*” (129). When she finally comes home, she tries to slip “into the bedroom without having to pass through most of the house” (129).

As it does for Didion, the bedroom likewise becomes a haven for Oates, sheltering her from the facticity of her loss that becomes unbearable in the other rooms. The bedroom and “the nest,” as Oates calls the couple’s bed, cushion her from the world that expects the widow to move on: “In the nest, there is anonymity. There is peace, solitude, ease. There is not the likelihood of being asked *How are you, Joyce?*—still less the likelihood of being asked, as I am beginning to be asked *Will you keep your house, or stay in it?*” (135). In the nest, she spreads “Ray’s published work” and rereads his critical essays (140). The grief-stricken often direct attention to the parts of the environment that are most intimately associated with the deceased, and the widowed in particular may feel drawn towards places and possessions associated with their spouses (Parkes and Prigerson 59–60). Secure in the nest and reluctant to leave it, Oates, however, complicates this textbook scenario. She constantly reminds the reader that feeling safe

can be deceptive. She continues to detail her introspective, conflicting attitudes towards the rest of the rooms in her house—the “ghost rooms”—that haunt her with their emptiness, escalating survivor’s remorse (Oates 128, 144–50).

The acknowledgement that our places of habitation may feel less familiar while at the same time remaining a source of comfort is an important part of adaptation to life after a loss. It is common for many griever to be “pulled in two directions”—to move away and then come back to the places associated with the deceased (Parkes and Prigerson 61). If the griever realizes that such reactions are natural, they may find it easier to accept the conflicting feelings. Addressing the interaction between the grieving self and dwelling spaces, Didion and Oates, each at their own pace, try to face what happened and make sense of why the unreality of death persists, why some spaces feel safe while others do not, and what place the dead continue to occupy in the griever’s ongoing life. According to the meaning-reconstruction approach, the bereaved have to face two narrative challenges after a major death-related loss: 1. they need “to process the event story of the death in an effort to ‘make sense’ of what has happened and its implications for the survivor’s ongoing life”; and 2. they need “to access the back story of the relationship with the loved one as a means of reconstructing a continuing bond” (Neimeyer 312; see also Silverman and Klass 16–20; Silverman and Nickman 349–51). Didion and Oates offer their own perspectives on this approach as they process the connections the grieving self develops with their surroundings that, to a large extent, remain linked with the deceased. Both writers closely examine the continuing bonds with the places of dwelling, both past and present, and report the implication of these bonds for their ongoing life (cf. Silverman and Klass 16–20). By recognizing the ambivalent relationship that the bereaved develop with their dwelling spaces, grief memoirs can help other mourners feel less isolated in their efforts to adjust to their post-loss surroundings.

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RITUALS IN SECULAR SPACES

In *A Grief Observed*, pondering where he feels the absence of his wife most acutely, C. S. Lewis recalls how he was initially “very afraid of going to places” in which they had been both happy, such as their “favourite pub” or “favourite wood” (11). “But I decided to do it at once,” he writes, “like sending a pilot up again as soon as possible after he’s had a crash” (11). Unexpectedly, his wife’s absence “is no more emphatic in those places than anywhere else” (11). The loss is “not local at all” (11)—it is omnipresent. “I suppose that if one were forbidden all salt one wouldn’t notice it much

more in any one food than in another. Eating in general would be different, every day, at every meal. It is like that,” Lewis rationalizes the feeling (11). In this culinary metaphor, illustrating the sense of abandonment, Lewis touches upon another domestic deprivation that some griever experience. In the aftermath of a loss, household routines such as preparing meals and eating, and the spaces where these activities take place, change as well.

In times of crisis, people often neglect their sleep, proper eating habits, medical needs, appearance, or family, which can severely compromise one’s health and coping strategies (see, e.g., Attig 87; Parkes and Prigerson 40, 59). Due to the intensity of her grief that triggered survivor’s guilt and severe depression (cf. Berman, *Writing Widowhood* 9, 12, 17, 20–27), Oates could hardly eat in the months following her loss. She lived on “bottles of Odwalla fruit-blend drinks,” “spoonfuls of yogurt,” or “a handful of (stale) cereal,” all “hastily dumped into bowls” (Oates 149). She could not face the spaces where her husband prepared food and had his last meal in the house: “I can’t any longer ‘prepare’ meals in the kitchen. I am not able to eat anything that isn’t flung together on the counter. . . . The prospect of sitting at the dining room table for any meal is repellent” (149). Clinical psychologist Therese A. Rando advises that in the time of grief one “must maintain adequate nutritional balance and eating habits” (55). “Inadequate nutrition,” Rando explains, “will only compromise your ability to cope with the loss, meet the continuing demands of your daily life, and overcome the physical symptoms generated by the stress of your grief” (55–56). Yet, for some griever, the routines of selecting and preparing food become “the demands” of their daily life. With the solution being part of the problem, the grief-struck are often confronted with one more deprivation: the inability to sustain a healthy lifestyle (see, e.g., Stahl and Schulz 736–55). Oates’s narrative details this collateral loss that may manifest in a variety of poor eating habits during bereavement.

The household routines that change with the primary loss become an additional source of disorientation and depletion for the grieving self. In *Epilogue: A Memoir*, Anne Roiphe reflects upon the evening ritual she used to share with her husband Herman:

H. returned home from his office around seven each evening. I would stand at my window on the fourteenth floor and watch him walking down the street. . . . He was coming toward me. He would have his drink and we would talk. . . . We talked in shorthand, whole paragraphs were left out but understood We listened to the evening news. Then he would fix dinner. I stood at his elbow while he chopped or stirred. Now I don’t know when it’s time to eat. I don’t know what to eat. The day has no appointed end. It drifts off into the night. (14–15)

Daily routines shape our identity and structure our life, and so do the spaces where those routines take place. When a close person dies “a whole set of assumptions about the world that relied upon the other person for their validity are suddenly invalidated” (Parkes and Prigerson 101). The griever inhabits a new world in which new habits need to be developed and adjustments to the old ones need to be made. For Roiphe, the kitchen was not only the center of the culinary ritual but also the place where her husband stocked all the food after he did the shopping, and where the couple were intimate, “lean[ing] into each other,” while he was preparing the meals for which he carefully “clipped” recipes from food magazines (54, 112). “Now that he is gone I have discovered that I am the world’s worst shopper. I buy things I think I want to eat and then they sit in my refrigerator ignored until green mold appears” (54), Roiphe reflects on the aspect of her self she was unaware of until her loss.

For the bereaved, the practical adjustments to new roles and the modification of their assumptive worldview have no prescribed timespan. Also, different methods of coping with the changes are explored. To eliminate the stress of feeding herself, Roiphe resorts to takeout food (54). “The thing about takeout food is that when it is removed from the kitchen of its origin it loses its balance. It becomes all curry or cumin or soy. . . . My taste buds are complaining,” she assesses her efforts to adapt (55). Indeed, our taste buds can suffer deprivation due to loss as well. Most people also associate certain smells and tastes with concrete places. In *Comfort: A Journey Through Grief*, Ann Hood recollects her culinary adjustments after the sudden loss of her five-year-old daughter Grace. In the chapter “Comfort Food,” Hood reflects on the non-linear nature of grief that, for her, is “disjointed”—a “jumble” (53). This perspective influences her narrative and her routines: “Stories demand order, someone told me. But I no longer live an orderly life. I used to. For example, every day at five o’clock I cooked my family dinner” (53). With gusto and tenderness, she proceeds to recollect how she cherished the evening food preparations, such as Grace’s favorite “pasta . . . with butter and freshly grated Parmesan cheese” (53–54). “Sam [her older child] and Grace both helped me. They layered the potatoes for potatoes au gratin . . . ; they peeled the apples for apple crisp, the carrots for lentil soup,” she writes (54). Proud of her Italian heritage that ingrained the love for food in her, Hood stresses: “I believe in . . . good food, the sounds of forks against plates, the perfect blend of flavors” (132). The kitchen is the temple where she celebrates those beliefs (55, 130–32). After Grace’s death, however, she begins to feel “uncontrollably” cold in the house, even though the April weather remains “warm and sunny” (55). Other people bring a variety of food to their doorstep, but the ritual of eating has changed: “We sat, the three of

us left behind, and stared at the dinners that arrived on our doorstep each afternoon. We lifted our forks to our mouths. We chewed and swallowed, but nothing could fill us” (56). Three months after the loss, Hood re-learns “the steps for cooking pasta”: “The process that had once been automatic had turned complicated. . . . Yet soon the water was at an angry boil, the sauce simmered in a pan beside it” (57). She repeats the procedure the next day. “That night,” she remembers, “as the three of us sat in our still kitchen, the food did bring us comfort” (57). However, it took Hood two years to revive and enjoy the routine of preparing evening meals for her family again (131–32). Apart from reclaiming the kitchen as her comfort zone, Hood also notes how other spaces begin to re-engage the family’s attention. For instance, they rearrange the family room and “decide to paint the living room green” (133). For Hood, such simple acts reinstate a sense of spirituality and belonging within the spaces transformed by loss.

In modern death-denying cultures, the progressive disappearance of mourning rituals can complicate matters for the bereaved and their support networks (Ashenburg 1–2). A lack of reliable social and private rituals becomes even more perceptible after death disorganizes the customs that the bereaved relied on daily before their loss. Day-to-day rituals and places where they are practiced structure our lives and are an important source of consistency, soulfulness, and support (Kuile). People may or may not be religious, but our drive to ritualize our lives in non-secular spaces is what keeps us going (Kuile). The more crucial is the modification of pre-loss routines or the establishment of new ones. “We have a biological need to belong,” writes Dacher Keltner, and belonging relies on communal connections and rituals that we “seek out and create . . . with alacrity and force” (par. 9). Hood believes in “good food,” as it brings comfort to her and her family, and she gradually regains this belief after her daughter’s death. Roiphe finds a temporary replacement for former cooking rituals in takeout food. Her interactions with the courteous “deliverymen” (55) provide a semblance of communality. Oates tosses the simplest ingredients into a bowl and eats hastily in those spots in the house that remind her of meals with her husband the least—not an ideal soul-boosting routine, but it keeps her alive (cf. Oates 416). After a major loss, preparing meals requires additional energy that the bereaved may not have, especially if they have a bigger family to look after (Silverman 157–58). However, as food is a necessity, grievors appear to adapt to new eating habits more organically than to other kinds of deprivation caused by primary loss, such as social isolation or financial instability. In the culinary spaces or the spaces that replace them, the three memoirists rehearse their new meal routines that help them integrate the primary loss into the “jumble” created by grief.

DWELLING ON FINANCES AND RELOCATION

In memoirs of loss, the ability to sustain the former lifestyle constitutes another consistent theme. While people may prefer not to talk about money, the time of grief seems to be a notable exception to this rule. The memoirists selected for the purpose of this analysis are relatively well off, and their financial concerns appear to be connected to their general apprehension due to losing the source of emotional stability in their life. While one may wonder if it is not this sense of relative economic comfort that allows them to deliberate on such matters at length, their observations are nevertheless valid as they address issues concerning most bereaved individuals.

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Loss not only causes alarm for the bereaved due to the sudden disappearance of a source of protection, financial and non-financial, but also exposes them to “novel situations and problems” for which they “may be quite unprepared” (Parkes and Prigerson 39). Those who have lost a partner are often forced to take on additional responsibilities that the deceased used to take care of, such as paying bills, shopping, or cooking. All these acts demand time and money. Such chores may seem undaunting to someone who attempts to master them because they simply choose to. For the bereaved, however, they can increase the feeling of being trapped, threatened, and lost (cf. Parkes and Prigerson 116, 142, 187). Not infrequently, the newly bereaved are also asked about the upkeep of their homes. Consequently, questions about selling the house or relocating to a smaller space become part of post-loss conversations, a topic that few grieverers are happy to discuss. Oates realizes that the question “*Will you keep your house, or stay in it?*” is “a perfectly reasonable question to put to a widow,” but it still makes her “quiver with rage and indignation” (135), which, in turn, is a perfectly reasonable reaction to another major deprivation looming in the air.

Grief memoirists note that enquiries about relocation should never be made lightly or too soon after the loss. This is a very vulnerable time for the grief-struck, even when they are financially stable. Their identity and social footing have already been shaken and so has their sense of belonging to their prior social and spatial constructs. In *When Things Get Back to Normal*, M. T. Dohaney resents her new status as a widow: “I have been daughter, sister, wife, mother. These labels covered only part of me, yet increased all of me. Widow covers all of me and decreases all of me. . . . [I] he word widow is derived from the Latin *viduus*, meaning empty” (20). The sense of depersonalization weakens the griever’s self-confidence and practical functioning when it comes to the basic tasks of daily life (Attig xlii). The self can be additionally “decreased” by post-loss social and legal

requirements. Dohaney reflects on how the list of energy-depleting but necessary tasks “lengthens” every day:

Get the death certificate. Send in the insurance forms. Cancel memberships here and there. Close out bank accounts. . . . Change over Medicare coverage. Change car registration. . . . Then too, the vultures are circling. Will I be selling the house? Lawnmower? Snowblower? Tools? Am I interested in a monument? If I place an order for a monument before Christmas but agree not to have it installed until the frost goes out of the ground, I can take advantage of a special bonus: my name and age engraved for free. (22–23)

Such procedures can be overwhelming at the best of times. When the bereaved are overly preoccupied with “practical matters” and have limited time to grieve, the delayed reactions to the loss can exacerbate stress and depression (see, e.g., Corden et al. 23–28; Parkes and Prigerson 186–87). The social pressure of dealing with things and moving on, as if the loss could be magically transformed into a thing of the past, and the prospect of leaving the place in which hitherto the bereaved felt safe may delay their adjustment to their new life. The bereaved may feel there is no room for their primary loss in a society that, with all the “practical matters” and procedures in place, rushes them in their grief (see Juth et al. 129–48).

Conversations about relocation can trigger an increased sense of danger, deprivation, and non-belonging. Home harbors memories that have been formed and nurtured in it. It shelters the keepsakes of the deceased that are often a painful yet invaluable element of post-loss adaptation. Dohaney voices common concerns the bereaved have about the loss of continuing bonds with the deceased that may result in the diminishment of their identity. For instance, she writes:

Someone called last night about buying the house. My heart dropped to my toes. Sell my home! Our home! . . . How can I sell this house when so much of us is entangled within every board and sod? I lost so much of my identity when you left that I’m afraid the last of me will disappear if I sell this house. If I do disappear with the house, I know I won’t have the strength to raise myself from my own ashes. (52–53)

Becoming a widow is one thing. Becoming a widow who does not know where she belongs increases a sense of depersonalization and insecurity. Studies assessing the effects of relocation (e.g., compulsory rehousing from slum areas or resettlement of refugees) show that those who have moved to a different place often experience similar psycho-social reactions to those who have experienced a meaningful loss through death.

Responses to relocation include, but are not limited to, “the feelings of painful loss, the continued longing, the general depressive tone, frequent symptoms of psychological or social or somatic distress, . . . the sense of helplessness, the occasional expressions of both direct and displaced anger, and tendencies to idealize the lost place” (Fried 359–60). Many relocated individuals have also reported feelings of personal mutilation, as if some “pieces” of their psyche or body were missing (Fried 360–61). Those who lost a partner have been observed to experience a similar “psychological mutilation” that, to many, felt “just as real as the mutilation experienced by the amputee” (Parkes and Prigerson 111, 261). According to the Holmes-Rahe Life Stress Inventory, major changes in finances, living conditions, and residence pose significant health risks (213–18). The sum of the relative weights assigned to each of these three stressors is greater at 83 points than the amount of stress triggered by the death of a close family member at 63 points (Holmes and Rahe 213–18). Faced with financial strains and the prospect of moving, on top of their primary loss, the griever’s identity and sense of belonging are much more likely to be profoundly disoriented or diminished, leading to stress-induced health problems. Grief memoirists assign their own narrative weights to all these issues, with consistency and expressiveness that merit a corresponding inventory.

CONCLUSIONS

In the post-loss world, the grieving self changes and so do its closest surroundings. Grief memoirists can effectively inform systematized grief research with longitudinal, storied experiments that individualize such transitions. After a loss shatters our foundations, there is no prescribed trajectory to feel at home again. Towards the end of her memoir, Oates contemplates “Ray’s garden” that she has neglected in the early spring: “Now in May 2008 my choice is: to allow Ray’s garden to revert to weeds, or, what seems equally undesirable, for me to plant a garden in its place. When an avid gardener dies, his family must make this choice” (365). Unlike Ray who “planted only annuals,” Oates decides to buy perennials, “exclusively,” because they “bloom for much of the summer,” require “a minimum of work,” and are “guaranteed to survive” (366). She is proud of her horticultural modification: “*In this way, unwittingly, and against the grain of her temperament, the widow has made a very good decision. The widow has made a brilliant decision*” (366). By trial and error, grief memoirists test what helps them adapt to their surroundings and what doesn’t. They create their own tasks of mourning in spaces of their choice.

Issues similar to those discussed by grief memoirists are also addressed in scholarly bereavement literature, albeit in a less intimate and soulful manner. The utilitarian language of grief researchers may relate to more practical mourners but leave those who seek more individual and emotional acknowledgement of their loss deprived of the feeling of belonging to the larger community of grievers (cf. Fowler 541). Thus, the two registers work best together as the current discussion exemplifies. The bereaved have two compatible territories to explore in their quest to locate or modify a place of belonging in the aftermath of a devastating loss.

POST SCRIPTUM

On 14 February 2024, during the final revisions of this manuscript, our 17-year-old beloved family dog Zora had to be put to sleep due to declining health. She had been refusing food for 10 days and was visibly in pain. Zora was a dear companion to my mom who lives by herself. Every day, she greeted Mom with a nudge of her cold nose, which usually meant that she wanted to be let out onto the balcony to air out her very thick fur before going for a walk. After Zora's death, we came back to my mom's, and we both burst into tears. Zora's bed, bowls of uneaten food, and loads of her fur were still there. We spent the next 5 days at my place. We could not face the deafening emptiness of my mom's apartment. Zora owned and filled that space with her unconditional love, proud presence, and stubborn demeanor. Her bed is still where it was the day we left for the vet's office. Another one is on the balcony. The space has lost its soul. It feels sad and, yes, so lonely.

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