**Fragments of Neurology in Joan Didion’s “The White Album”**

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Introduction

Joan Didion (1934-2021) was an American journalist and author of sixteen books throughout her life (Figure 1). She was a keen observer of reality and depicted life in the United States (US) as no other writer of her generation. Although she covered topics of national and international interest, it was her work on primary personal stories that made her writing so relatable. Her book “The Year of Magical Thinking” (2005) on the death and grief of loved ones is one of her most acclaimed works[1].

Didion suffered throughout her life from neurological conditions. She had debilitating migraines and relapsing visual symptoms diagnosed as multiple sclerosis (MS). She also was diagnosed with Parkinson’s disease (PD) later in her life. In her writings, little was mentioned about these diagnoses and conditions, except for a few pages in her novel “The White Album” (1979). In the documentary made about her life, “Joan Didion: The Center Will Not Hold” (2017), we can observe marks of the features of PD and dyskinesias on her body.

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Didion died at 87 years old because of complications associated with Parkinson’s Disease, and as we write this article, we mark one year of her death [2].

Neurology In Joan Didion’s “The White Album”

It’s been a long tradition among neurologists to share literary descriptions of neurological phenomena, such as the relationship between odor, emotion, and memories given to us by Marcel Proust (1871-1922) in his novel “In Search of The Lost Time” (1913); or the experiences of epileptic auras and seizures by Dostoevsky (1821-1881) in “The Landlady” (1847) and “The Idiot” (1869); or the experience of metamorphosis sometimes associated with migraine by Lewis Carroll (1832-1898) in “Alice in Wonderland” (1865), among many others [3,4].

Sometimes, the beauty and intelligence in these descriptions help us understand our brains much better than any scientific literature, and some even predict future discoveries. (4) These deserve to be praised and shared among the scientific community.

Throughout her career, Joan Didion created narratives around the good and bad that happen to all of us. In doing so, she gifted us with remarkable depictions of neurological phenomena, particularly concerning her own health. The book “The White Album”, published in 1979, became famous for its portrayals of life in California during the sixties and the seventies. Yet, it is filled with anecdotes of neurological symptoms that spark curiosity.

Multiple Sclerosis (MS)

In the first fifty pages of the novel, she writes about the happenings between the years 1968 and 1978. In it, she reports suffering from “periodic visual disturbances” that eventually proved to be associated with damage to the Central Nervous System (CNS) [5].

She writes: “I may or may not suffer from symptoms of neurological damage for a lifetime. These symptoms, which may or may not appear, may or may not involve my eyes. It may or may not involve my arms or my legs, it may or may not be disabling. The effects may or may not be mitigated by cortisone injections. It was impossible to predict”[5].

She mentions a series of tests taken and her neurologist concluding that she had a condition he didn’t like to name. “The name was multiple sclerosis, but it had no meaning”. Didion didn’t talk much about how the diagnosis was made and dedicated less than two pages of the entire essay to this condition [5].

In light of today’s medicine, we cannot have certainty that Didion would have the diagnosis of MS, since many other central nervous system disorders have been discovered, and advances in imaging and diagnostic criteria have been made. Yet, she captured the feelings patients with relapsing-remitting MS have when they are diagnosed. The feelings we must address when having the conversation about treatment and prognosis. The symptoms may or may not recur, may or may not become disabling, and may or may not respond to treatment [6].

Today, technological advances give us more objective patterns to talk about progression and disabilities, but we still don’t practice an exact science [6].

She finishes this brief report by telling her neurologist advised her to live a normal life: “in other words, it was another story without narrative”[5].

Migraine

Later in the book, Didion reports suffering at least once a week from high-intensity headaches that made her stop all activities and lay in bed for most of the day. Then, during the remaining days of the week, she felt the “sudden and unreasonable irritation and the flow of blood in the arteries of the brain, foreshadowing a migraine that was relieved only with medication[5].

She felt ashamed to admit to having migraines and, once again, put down the burden of a neurological diagnosis in writing. “It seemed a shameful secret that I spent one or two days a week unconscious in so much pain, evidence not only of a chemical inferiority, but of all my bad deeds, unpleasant moods and wrong ideas. Because I didn’t have a brain tumor, eyestrain or high blood pressure. There was nothing wrong with me. I simply had a migraine, and the migraine was, as everyone who did not have an imaginary one knew”. “The headache itself, when it comes, brings chills, sweating, nausea and a weakness that seems to push the limits of suffering. For a person who is having an attack, it is an ambiguous blessing that no one dies of a migraine” [5].

Didion also recognized the genetic features of the condition when she estates that it was not only her bad behavior that caused agony; she had it because her two grandmothers and both of her parents had migraines[5].

Migraine is an episodic disorder that, although it does not typically lead to physical disabilities like other neurological conditions such as MS, may cause chronic pain, depression, and increased cardiovascular risk, impairing a great deal in the patient’s life quality. In 1968, when Didion wrote this piece, the only treatment available was with ergots, some of the oldest migraine medications, that cause severe side effects such as vasoconstriction and a high rate of rebound headache [7,8].

However, Didion found a way. She “learned to live with migraine”. She describes learning the triggering points and how to dismiss them. How to live with it more “as a friend (...). To lay down and let it be” so that “ours later, it (the pain) will take everything with it”[5].

Conclusion

It doesn’t come as a surprise when we read “We tell stories to ourselves in order to live” as the first sentence of “The White Album”[5].

Reading Didion’s descriptions of neurological disease and her coping mechanisms based on creating narratives around these conditions to lead to acceptance give us great insight into how disease affects each person individually.

Even today, when we have much more treatment options for neurological conditions than Didion had at that time, descriptions like these help doctors understand sometimes inexpressible anguish or pain and allow patients to find ways to cope with the loneliness and burden of disease.

References


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