



My Father's Death

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When I joined the SIMS Death and Dying Support Project in May 2010, I had already begun my exploration of death decades earlier through the work of Steven Levine. Initially, my interest was a gentle rebellion against the cultural denial of death, and, more pointedly, against my parents' seemingly formulaic and constrained living. Then, in the early 80's, a world was opening to those curious about this forbidden subject. For me, some 30 years later, it still is.

The SIMS group (I'll refer to it as "D&D") offered a continuation of that exploration and the encouragement to practice being with dying. The group's facilitated format was simple: meditate together, share our thoughts and experiences with death and dying, learn some aspect from a guest speaker, and have discussions and experiential exercises. The sharing especially proved powerful. As members grew more familiar with one another and narrative threads emerged, a deep, caring space formed in which hearts were touched and opened by the common experiences of impermanence and loss.

Since the ultimate mission of the project was to use our learnings to offer support to any dying member of the sangha, I waited eagerly for my "assignment." I did not get one, or the chance to apply our learnings in the way I had hoped. My father got there first. Instead of sharing the experience of "birthing" a death with a few earnest group members, I had to set my life aside, go back "home," and help my father die.

My father died in December of 2012, three weeks shy of turning 98. He had been, in his way, a great and honored man. His life was shaped by a long and distinguished career. At nearly 97, he deemed himself finally, fully retired; until two years prior to that, having risen at eight each morning to make his way up "the mountain" (a slight, woodsy rise above Lehigh University) to his lab, where he would meet with his colleague of 50-some years. These two impassioned engineers in their final years had worked to formulate rust-resistant steel, an "invention" with significant ramifications for the durability and longevity of infrastructure everywhere. Now, in his final year, fully retired, my father said that he spent his days "loafing."

For so many years, my father had cultivated a Self: Professor, Head of the Metallurgy Department, Dean of the Graduate School, Consultant, President of This and That, King of Steel, doting husband, dutiful father, lover of cats and all things Pennsylvania Dutch. He had maintained a distinguished, witty, courtly, intact self for 98 years. Now his increasing physical frailty (he had begun to curl in upon himself, like a fallen leaf) seemed a process separate from the mind's. He had not prepared to leave that dwelling place, to imagine a state beyond the self his mind had crafted. He did not, in the end, have a "good death," a peaceful transition; he did not depart with the elegance with which he had lived.

I suspect that most in our sangha are not in or of families who practice the dharma. So in addition to offering our companionship to fellow sangha members in their time of nearing death, our D&D project also prepares us to support our own family members—those un-like-minded, resistant relatives and loved ones—in their dying, and break us open in the process.

My relationship with my father was contentious. Over the years, I experienced our differences as a personal torment, finding it wise to steer clear of personal disclosure, maintaining enough civility to assure my yearly Christmas check. From across the country I'd make my weekly phone calls, and as he began his decline, I was tossed by conflicting emotions—the horror of it, resentment to suddenly find myself a major player, boredom, occasional flecks of compassion, guilt that I could not muster more. After all, it was one thing to picture the father as a curled leaf, another to open to his suffering. What, with his decline, began as ambivalent duty eventually began to stir and shift. Duty was a portal to grace.

We—my partner-soon-to-be-wife, D, and I—flew back to Bethlehem, PA four times last fall/winter, covering every major holiday. Thanksgiving, Christmas, New Years, Martin Luther King Day—we were either in the air or on the highway. My father's timing was not convenient.

The first trip back, on Thanksgiving, we arrived at night, dinner of left-over chicken and Brussels sprouts “enjoyed” in a tiny rental car on the way. My father had been discharged from the hospital after a horrific accident. Increasingly tottery, he had, late one night, fallen over backward and broken his neck. Home would now be not his spacious, monumentally furnished apartment at the Moravian Village (“MV”), his retirement community, but a room in the skilled nursing facility in the other wing.

We arrived, parked, walked through the corridor separating the two wings—those who had begun their slide away from “normal” and those who ruddily, poignantly remained. Up the elevator to the second floor, check in at the nurses' station, “Yes, it is still all right to visit this late.” We were shown to his door. There, a stunning view of the tiny, flailing father clinging with skeletal hand to the arm of his wheelchair, a stricken look on his face. He looked like a baby bird caught on a twig by a talon. His neck brace held his head aloft. I found myself quickly in front of the nurses' station, crying, “Help! Father Falling.” The nurses rallied, rushed, and wrestled him into his chair. That was A Moment.

The D&D project might have sponsored that moment, or practice did, or remembered bits of dharma, or more likely, all. I realized that dying is not necessarily done alone. This wheel-chair moment—of which there would follow many—triggered in me, too, a letting go, and a kind of fierce resolve that we were in this together.

Another Thanksgiving moment: we are in the grim dining hall on the second floor skilled nursing unit of the MV, discussing my father's condition with Dr. Miller, dour, with bad hair. My father sits ten feet away fingering his breakfast, his head fallen to the left as it should not be. Continuously importuned to “sit up straight, or else your neck will snap,” he cannot sustain the information. Besides, the collar is ill-fitting, has been ever since the accident. For some reason, no amount of doctor visits or begging can get him the proper brace. So he slumps, in stained trousers, with trembling fingers, risking paralysis. He fidgets with a banana as we discuss his fate, challenged by the peel as if it were a set of instructions from Ikea. The banana falls. He moves on to toast and yogurt. A bit makes it to his mouth. Crumbs accrue in the corners. These I will wipe away. This he will allow, sweetly. Imagine. He knows who we are, but registers no surprise that we have gotten ourselves all the way to Pennsylvania, and from where? He might wonder. Our presence seems no stranger to him than the nurses', the CNAs', the company of another ancient, Carl, at his breakfast station.

We—the three of us—speak about his blackouts and the falls, the likelihood of healing. He’s nearly 98, and we’re talking about healing. It’s as if we are colluding: a 98 year old man, malnourished, with a broken neck, in and out of—if not dementia—stunning lapses in lucidity, unable to stand or walk... shouldn’t we be helping him get ready for death? But the fierce trajectory here, in the MV’s skilled nursing unit, is toward recovery, healing, as if—give him a couple of good weeks, some ibuprophen and steaks medium rare—the old fellow will bounce back in no time, resuming golf, re-engaging with the forms and attractions of the world. Should our focus not be elsewhere than on this queer lie of life unending and never- dwindling?

Although we did not know it then, our next trip was to be the following week. My father was again hospitalized, this time for a breathing crisis. While there and barely conscious (his Living Will firmly directed, “No Extreme Measures”), his friend and cardiologist, Dr. T, gave the order for exploratory surgery, which was done. My father now had not only a broken neck, but an eight-inch incision in his abdomen. There in the bed, in the terrible gown, lay the flattened, brittle shape of my father— GN tube in his nose, oxygen tubes looped around his neck, restraints on his hands like mittens. (Were it not for the restraints, he would be thrashing, pulling at the hateful tubes and stitches in his belly.)

By now, his slide had intensified and quickened. He could no longer speak; a mix of weakness, intubation, and a failing esophageal sphincter saw to that. His Self had peeled away like bark to reveal a simple set of needs and raw emotion. The emotions ranged from brief happiness to terror, a range without the mediating role of his intellect, Victorian sensibilities, and judgment. We—D and I—were in a sense handmaidens to this process, our job to wholly and utterly be with, breathe with, love this old man, my father. This was the agenda: to open to such incremental losses that offered a stunning curriculum in impermanence and anatta, “no self.”

In recent years, my father had, in his way, turned a corner. At 92, resigned to solitude and a view aimed backward, he found love. Able to drop his identification as a widower, his heart opened. Her name was Grace. She was 90. In one phone conversation, he disclosed: “I have met someone. We’ve been companions for some time.” He hastened to add, “It is platonic.” The openness was unusual for my father, not a man given to self-reflection or, in my experience, to sharing his feelings or privileging them over science.

This news of Grace had surprised and gladdened me. I don’t know what opened my father to love, but it was clear in seeing them together that there was a tenderness, a regard, and a thread of silliness that ran between them. After all, the courage it must take to say “Yes” to love, knowing that each day brings you closer to losing it, and leaving your love to exhausted loneliness once again.

Their opening touched me. But had my father found the courage to say “Yes” to that, making the inevitability of loss that much more poignant, or did his new love signify the delusion that he was going, in his mind, to live forever? I chose to believe the former, and so began to salvage fondness out of the wreck that had been our “love,” taking his opening as an invitation. I, too, opened.

Openness repaid us with many moments:

My father, sunk and shriveled in the hospital bed, flanked by us—D and me—on one side of his bed and his friend and cardiologist, Dr. T, and his wife adamantly beside him on the other. We seemed to be battling for my father’s soul. Dr. T, my age exactly, sandy-haired, with the aura of a good boy (albeit

righteous), had, in my absence, passed himself off as the medical power of attorney. Being a doctor, he was never challenged by the hospital staff. He had been trying to persuade my father to accept a surgically implanted feeding tube. This ran against the wishes expressed in the Living Will, which Dr. T had in his possession. So the four of us “argued” back and forth across the battlefield of his body. (“Pop, do you understand what a tube will mean?” “Robert, we discussed the procedure this morning. You could go home, and....”)

The hospital social worker, drawn into the drama as much by the ethical breach as by the poignancy, and Dr. B, the hospice physician (lean, Chekhovian)—bore witness to the charade of compassion unfolding over my father’s head. From time to time Dr. B interjected, calmly stating what such a procedure would mean, and holding back bafflement and anger.

Finally my father sputtered, gasped; a few clear words emerged: “Not civilized... do not want....” All of us straightened, leaned in to hear the fragile, wispy words. Dr. B asked him to repeat. My father, who had not spoken a clear word, let alone a phrase or sentence, for weeks, managed: “It is not dignified. I do not want the tube.” He smiled, as if sensing triumph, looked at Dr. T, and whispered, “I’m sorry.” Dr. T stepped back, lowered his head in defeat. His wife scraped together scarf, gloves, papers, an intractable smile remaining on her face.

I wanted to applaud, and weep—the stupendous effort, his words that indicated his understanding that he has freed himself to die. It was done, it was decided.

“Robert, do you know what this means?” Dr. T tried one last time. “Starvation! You will die.”

My father nodded sweetly. His restraints removed, he looked almost naked, tiny in his patterned gown. He was eager to go home. Home would be the second floor skilled nursing unit for however long, and what that implied. Home, in this regard, took on a secondary meaning of release.

A rapid discharge followed his heroic declaration. In his old bed, still in the “gown,” he was yet to be trousered and wrapped in the old, brown sweater. As we entered the room, we heard Grace’s scooter behind us. We waved her ahead of us, wanting them to have their moment. In she whirred, and my father, perhaps hearing the familiar sound of her scooter, or something more, looked up from his pillows and beamed the purest, unobscured beam of affection as Grace approached the bed. There they remained for such an extended moment of love commingling with sorrow.

He had, indeed, come “home.” An ordeal had been suffered, and survived, but that meant a “Yes” had been said to allowing the natural process. Grace did not yet know the implication, and so that moment, I think, contained the joy and relief of “Hello,” after their absence from each other, and perhaps the resumption of their forward-looking time together.

There is a paradox that comes with this kind of tending. The process—its intense awfulness—leads to heightened senses and (at least in retrospect) an increased sense of alertness and aliveness. I sit here now one year later and recall, vividly, the most innocuous of moments: D and I are walking down a narrow street in Bethlehem’s South Side, the “bad” side, neighborhoods of immigrants and the poor, who worked the steel mills. We have come from breakfast, are returning to the car. The air is crisp, as only a Pennsylvania fall can be, and the leaves that remain on the trees flutter brilliantly. Small particles of mica sparkle in the pavement. We approach the silver rental car and spot a parking ticket affixed to the windshield under the wipers. The affront and surprise of it: “Don’t they know? My father’s dying! How

could ‘they’ give us a parking ticket?” We study it. 5 bucks. Amazing. Compared to Seattle, a real deal. One minute crying; the next, laughing.

Funny how, in the thick of “it”—illness, advanced old age, dying—the extremes that manifest as non sequiturs all seem like a strange dream—the managing, the advocating, the speaking to the doctors and nurses, making the funeral arrangement, planning the memorial, the terrible decisions, the disjointed extremes. Now we weep. Now we shop for diapers. Now we give thanks for all of the kindness shown us. Now we pay his outstanding bills. Now we curse under the weight of all of The Stuff in his apartment that must be managed. Now we pause, pull an object from the pile, and remember.

So with senses heightened, and nerves stretched taut, the self, in all this, succumbs to toss and tumble. I would draw on the elements our D&D group proffered: a willingness to be open and present with the dying experience—all of it— without fear or sympathy. This view had certainly kept “dying” a ponderable in my day to day. Perhaps it facilitated most of all a willingness to surrender to a complex emotional situation with an open heart, and that greatest of allies, awareness.

Awareness mediates the extremes, creates an opening where a piece of toast can be mindfully eaten, a gratitude deeply felt, the significance of a final parting invited to momentarily undo us.