

Six days of dying

by Mary Catherine Bateson

Just as the intimacies of childbirth and early mothering have gradually been restored, first with natural childbirth and rooming in and most recently with childbirth in the home, so there is a growing effort to meet death more intimately and simply. The logical end of this development is that people die at home or in an environment as close to home as possible. The depressions which used to afflict mothers after childbirth are probably related to interruptions in the early intimacy between mother and child which plays a biological role in the establishment of parental love and care.

Similarly, the shadows of guilt and anger which so often complicate grief may also be related to interruptions in the process of caring, and they may be lightened by the experience of tending someone we love with our own hands, so that much that seems externally repellent and painful is transmuted by tenderness.

Death is surely more variable than birth. Where experiences are difficult to predict or compare, the specific is more useful than vague generalization. This is an account of period from the 2nd. to the 7th of July of 1980, the period in which I experienced the death of my father, Gregory Bateson. I can only describe events as I perceived them; other members of the family or close friends may find my perceptions bizarrely at odds with their own. Nevertheless, I think all of us agreed that the fact that we were with my father at the guesthouse of San Francisco Zen Center where he spent his last days and was laid out after death, gave us the privilege of a rare and blessed participation. We felt that we gained a new understanding of some of the things that my father taught, and also of the teachings of Zen Buddhism. Trying to make experience explicit in words is not typical of Zen, but it was something my father cared about. Lois Bateson, his wife, commented that Gregory had been a teacher all his life and that he continued to teach in the manner of his death. The privilege we experienced can only partly be shared. Still, the attempt at description may be helpful, for it is at moments of birth and death that it is easy to become timid and to be cowed into an acceptance of standard institutional forms.

My father's final illness began in mid-spring and I came to California to be near him in June, arriving one day before he was hospitalised. While he was in the hospital I had to be away for about a week, to keep a previous commitment, and I returned to San Francisco on July 2 to find that he was out of the hospital and being cared for at Zen Center where I too went to stay. Two days before I had left, we had been talking, with some sense of realism, about where he might be able to convalesce, but even as I departed that had come to seem unrealistic. Lois felt the gradual change in the quality of the nurses' care as, with implicit triage, they shifted from the effort of healing to courtesy to the dying. Towards the end of the week, Lois made the decision to discontinue intravenous feeding - he was eating and drinking a little, and was receiving no medication through the I.V. - and then to bring him to

Zen Center and nurse him there, knowing that he would probably die there.

Gregory had entered the hospital of June 10th because of a respiratory crisis that proved to be pneumonia and an unexplained pain in his side. Everyone assumed that the pain was related to the lung cancer he had in 1978 which was expected to be terminal and then went into remission. He himself felt that the pain might be a local nervous disorder related to his earlier surgery, and went back to a term used by his old friend the neurophysiologist and systems theorist, Warren McCulloch, who had described how a group of nerves, regenerating after surgery, might get into a self-reinforcing cycle of resonating pain, but McCulloch's term, *causalgia*, proved to be unacceptable in current parlance and was treated as fantasy in the context of the cancer. The pain had driven him to his bed in late May where pneumonia had followed in lungs long handicapped by emphysema and the cancer episode. He had been living at Esalen Institute in Big Sur since the cancer, and friends there came and went with counsels spun from different epistemologies, the multiple holisms of an unfocused new age. He had dutifully done a session of imaging and was told that perhaps indeed he did not want to live. He had by his bedside an array of megadoses of various vitamins and microdoses of homeopathic medicines, wheat grass juice available in any quantities he would accept it, and at the same time he was told he was too preoccupied with the physical and should be concerned with the spiritual, this being available in various traditional and syncretic forms.

When we left Esalen, heading for San Francisco in a VW van with a supply of emergency oxygen, we had two possible destinations, either UC Hospital or Zen Center. I do not believe Gregory was making a choice between 'holistic' and 'establishment' medicine, but a choice between multiplicity and integrity. He maintained a profound scepticism towards both the premises of the medical profession and the Buddhist epistemology, but certainty is scarce and there is a kind of relief to be found in a system that expresses the disciplined working out of a set of premises, whatever these may be. Furthermore, he wanted to be in a place where he could have more information about what was happening and where his own curiosity would be allowed to play a role, his own vitality nurtured by knowledge rather than by hope.

When we arrived at UC Hospital and got the diagnosis of pneumonia, everyone concurred that pneumonia was something that establishment medicine knew how to handle and that it made sense to stay there. Gregory was deeply tired and in need of an impersonal, matter-of-fact environment, and for several days he wanted few visitors and as much new information about his condition as non-intrusive diagnostic procedures would provide. X-rays showed no growth or spread of cancer and provided no explanation for the pain. At that point, after working carefully on the details of a will, Gregory and his doctor decided that relief from pain was what he needed most, and he had several days of relatively frequent and large doses of morphine. When Lois demanded a recess in which he could be fully conscious and able to discuss other treatment possibilities after these days, he remained somewhat blurred and disoriented and the pain was a dull ache rather than an agonising burning sensation. He was terribly weakened, partly by vomiting caused by some of his medication. He spoke of going home and came lurching out of the bed in the middle of the night, asking for scissors

to cut the I.V. and oxygen tubes. Much of his talk was metaphorical and so discounted by nurses who made cheerful and soothing noises, but he remained very much himself, relating in clearly different ways to different people, compliant but skeptical. Our initial optimism in this period was a response to the decrease in pain and the improvement in pneumonia, but it was premised on a recovery of strength and will to live which did not occur.

During the last week in the hospital, there was a recurrence of the pneumonia, necessitating another round of antibiotics, and finally an explanation of the pain, when an eruption around his side provided the identification of *Herpes zoster* [shingles]. This form of herpes is a virus which attacks the nervous system, causing acute unilateral pain, especially in the elderly, and eventually a skin eruption. It is almost impossible to diagnose before the rash, and in Gregory's case the location of the pain on one side of his body was all too easy to connect with the cancer. No one dies of shingles, but the pain may continue indefinitely; it does seem reasonable to say that Gregory died by withdrawals from unexplained pain, and that the explanation came too late to save him.

The six days of the title are the three days from my return to the moment when his breathing ceased, approximately at noon on July 4th, followed by the three days until his cremation. Thus, not all of the punctuation comes from the natural process of death, but it serves to frame a period instead of focusing on a single moment. During those six days we were at San Francisco Zen Center, with most of the family and a few close friends sharing in the nursing and the Zen community providing practical help and a context of coherent tranquillity.

On the morning of July 2, Gregory asked his son to kill him. The asking was not a fully conscious request for practical steps - he suggested getting a stick and hitting him over the head with it, as if by brutal overstatement to achieve the opposite of euphemism - but it was a demanding paternal honesty. When I arrived, Lois suggested that John and her son, Eric, and I meet with Michael, Gregory's friend and physician, hoping that we could accept as a group what she has already accepted in the decision to leave the hospital. Michael talked about the fact that there were various aggressive forms of treatment that could be taken to keep Gregory alive, and about his sense, having observed Gregory during the earlier crisis and in the intervening period, that Gregory had been turning toward death and that such interventions would be inappropriate and ultimately futile. All of us felt that mentally at least Gregory's withdrawal was probably irreversible, whatever the mechanism involved, and that his wishes should be respected as far as they could be. What this meant was giving up the pressure on him to suffer those things that might prolong his life - sitting up for a few minutes, respiratory therapy or an oxygen tube at his nostrils, another spoonful of custard, another sip of broth - while making each of these available if in any way he seemed to want them, or doing anything else we could to make him more comfortable. The more deeply one rejects the separation of mind and body, the more difficult it is to treat the processes of disease and death as mechanical and alien to the self. Even as one gives up the image of an external enemy, of death personified as the Grim Reaper or reified in the name of a killing disease, the problem which lives in most people's unconscious becomes conscious, the feeling that the death of those we love is a betrayal. We tend to feel that someone who is

dying has an implicit obligation to stay alive: to accept treatment, to make an unflagging effort, and indeed to think thoughts that would support the effort at life rather than the drift towards death, not because to do so is comforting but because it may be a real factor in what happens.

We went back into the room where a hospital bed had been brought for Gregory, and we shared some sherry and stilton cheese. Gregory accepted a mouthful of each. We sat in a half-circle open towards the bed, and a student and friend of Gregory's, Steve, played the violin, while Lois accompanied him with chords on the tambour and those who could harmonised their voices, weaving a wandering chant in the darkening room for what seemed a very long time. During the music Gregory, half dozing, brushed the tube that was supplying oxygen away from his nostrils, and each of us, I suppose, struggled with the impulse to get up and replace it. Some of us were crying quietly. The music was gentle mourning, uniting the various terms to which each of us had come in the acceptance of death into a single covenant. When the music ended we sat for a while, listening to his laboured, drowning breathing. After a time, lights were lit, Gregory stirred himself to eat and drink a little more, a few mouthfuls, the night watches were shared out, and one of the Zen students entering the room restored the oxygen tube. After that it was put back or offered several times, but eventually each time he rejected it. Within the rhythm of our day, one of a small group was always with him: Lois, or Kathleen, a friend and nurse who had come with the family from Esalen, or I, or John and Eric, or Robert, the Zen priest who manages the guest house. Each evening different Zen students, some of them friends and others unnamed, would come and sit in the room also, erect and immobile unless they were needed, for Baker Roshi, in touch every day by telephone from across the country, wanted the students to approach the suchness of dying and to give their quiet support to Gregory and to us. He instructed them to deepen their empathy by breathing in unison with Gregory, supporting and sharing. Those of us staying in the house slept at different hours and slipped out briefly to join the meditations in the Zendo or to chant or join in the Eucharist at a convent around the corner. Others came and went. We felt that for Gregory the process of dying proceeded gradually but without even a clear distinction between sleeping and walking.

On July 3 Gregory spoke occasionally, making gestures of affection and recognition, but much of what he said was blurred and unintelligible. He also spoke to others he seemed to see around the bed and once or twice asked whether a particular person was indeed present or only a dream. It was often necessary to move his big ungainly body for he had become almost completely incontinent. This more than anything was reminiscent of the care of an infant, but moving him to clean or change pads or to guard against bed sores became especially difficult on that day because although he was not able to help at all, there was a sort of recalcitrance in his body against these indignities. He gave an impression of deep concentration.

Jerry Brown came in on the evening of the 3rd and Gregory recognised him and stretched out his hand to greet him, calling him by name. As Jerry left and we settled down for the night, Gregory's laboured breathing has slowed to the point where sometimes the interval between breaths left room for a momentary doubt of whether another breath would follow.

We shared the certainty that less than a day remained. Gregory was dying as people die in books, gradually sinking towards death in a self-reinforcing process. Intravenous feeding and continuous oxygen could drag that process out, interfering with the choice of mind and body not to sustain life, and another counter attack might have been possible on the pneumonia which we could hear in Gregory's breathing. But pneumonia has long been called the "old man's friend". I never thought of my father as an old man until he was dying.

During the late night and the morning hours of the 4th of July, each of us had time alone with him. He still smiled and responded to a hand-clasp, or would draw a hand to his lips. Touching seemed important, and the hospital bed enforced an isolation that had to be bridged. I found I wanted to give him the sound of a voice, so I read aloud the final chapters of the Book of Job. I held up a flower from one of the vases, not as something sweet and pretty but as a symbol of the order of truth to which he had been most true, the grace and intricacy of mental phenomena underlying the patterns of the biological world, and wondered whether a flower could still evoke that allegiance as, for someone else, a lifted cross could evoke a whole life lived in the Christian context. He would have been able to call the flower by name.

By mid-morning he was unable to drink, and we put tiny amounts of water in his dry mouth to give some moisture, afraid that he would choke on any more, unable to swallow. His breathing was laborious and slow. Lois noticed a pattern of blotches on his chest which at first we thought was a further eruption of the Herpes and then realised was a result of a change in circulation. A short time later, Roger, a friend from Esalen, saw the pupils of his eyes dilate as his mind encountered the dark. So we gathered around the bed, some six of us who had been caring for him most closely, hardly breathing ourselves as we waited from breath to breath, the time stretching beyond the possible, and yet again and again followed by a gasping reflexive inhalation, and then again the lengthening pause. I kept praying that he would be free from each next compulsive effort, let go, rest, and when after a time no further breath followed, we still stood, slowly relaxing with the faintest sighs, barely able to return to a flow of time not shaped by that breathing. Lois reached forward, after her office, and gently closed his eyes.

We did not at that time pause to mourn but slowly found our way into the expression of continuing care. After, Lois, in my turn, I reached out and began to straighten his arms, then folding his hands. Someone lowered the bed to the flat and dropped the sides. I thought briefly of those cultures in which the bodies of loved ones are transmuted at the moment of death into something impure, polluting those who touch them. During my lifetime few Americans have tended their dead, just as few have tended their dying, and we had to grope our way, following clues from other times or other cultures. For Lois the available model was the Balinese one, in which the bodies of men are washed by men, and those of women by women, but for me the model was the Western one where women have received the newly born and the newly dead into their care.

In the end we all worked together, removing the soiled pads, cleaning away the final traces of excrement, lifting and turning and washing each limb, shifting from side to side this

beloved body from which all tension and recalcitrance were drained so that he suffered our care with a curious innocence. The blotches on his skin had faded.

Roshi had instructed that all traces of the sick room be removed, and Gregory was lifted and carried to the double bed at the other side of the room, dressed in a bathrobe and covered with the sheet and spread. He was still a little too long for any bed. With half a dozen Zen folk joining in , the hospital bed and table were dismantled and carried out, the linens and the clothes and basin we had used to wash him were removed. Consulting each other in muted voices, we bound a kerchief around his chin, experimenting with the angle until we were able to close his mouth, collecting and composing ourselves even as Gregory's body and the room were made serene in composure. As the work was completed, Robert surveyed the scene and then went and straightened the folds of the bed cover so they fell in sculptured order to the floor. Then he set up a small altar, a table with an incense burner at the foot of the bed, and said that now he would show us how to offer incense to Gregory: bow (the bow whose name is "asking"), touch a few grains of incense to the third eye in the center of the forehead, place them on the burning charcoal, add a few more grains, bow. It seemed to me well to perform an act which was both alien and completely formal, combining affection and courtesy with total estrangement. From that time, incense burned constantly in the room, and two or more of the Zen folk sat and watched. Gregory was not a Buddhist, but Zen mindfulness and decorum were for him an affirmation of the intricate order of mind. We sat for awhile, and soon I went and slept in another room of the guest house.

When I woke up and returned to my father's bedside it was late afternoon. His body was cold now when I touched his hands, and the tracery of red blood vessels in his cheeks drained of colour. Someone had removed the kerchief and combed his hair. As his body had settled gradually into the rigor of death, his face assumed a gentle, just slightly mischievous smile, and with the wisdom of mothers who refuse to believe that their infants' first smiles are caused by gas, we felt we could recognise the carrying over of irony into peace. As he had weakened and had been able to express less and less, the final attribute distilled from the others was sweetness, so this was the natural form into which his features settled, unfalsified by cosmetics and the skilful artifices of morticians who teach the dead to lie to the living about what they meet at journey's end.

Downstairs we drank sherry and ate the stilton cheese that Gregory loved with other members of the immediate circle who had not been present at noon, in undefined shared sacrament. Through the next two nights and days, a new pattern developed an echo of the rhythm of Gregory's last days. The Zen students came and went, keeping their vigil and we also took turns being by Gregory's side, watching the continuing changes as death increasingly and more deeply asserted itself. The window was kept open to the cool San Francisco weather, and in the morning he seemed to me a thousand miles more distant, his skin pale as wax, his hand still and very cold. As a child I believed that the dead became such strangers immediately, not realising that there is a maturation in death. Having offered incense once, I found I preferred to enter the room informally and sit close by his side touching his hand in greeting and farewell.

Our Buddhist guides told of their belief that the soul lingers near the body for up to three days before it finally departs, so that cremation should not occur for three days and the body should be attended, especially during the first two days, and they encouraged us and other visitors to read out loud or to address Gregory. At the same time, all of us had limited experience and we were shy of the physical complications of keeping a body for too long a period of time, so the decision was made to send the body to the crematorium on the 6th. That morning the Zen students withdrew, leaving the watch with Gregory to the family. My sister Nora and I went in together, sitting for a time on either side of the big bed as she explored the quality of death, feeling his hands, asking about the mechanism of rigor, wondering at the absence of the familiar bulk. Reb, one of the Zen teachers, spoke of him as being like a beached whale, but at the end he was strangely diminished. Then the Neptune Society van came, and Gregory was wrapped in a sheet that someone had carefully ironed that morning, strapped to a stretcher, and finally his face was covered with a dark green wrapper. The Zen Guest House is an old and gracious building, with stairs wide enough for one to make a final departure on a stretcher or in a coffin, and probably Gregory was not the first person to leave it so.

Baker Roshi's advice was to stay as close to the process as possible, following Gregory step by step through the concrete reality, so on the 7th the family went to the crematorium with a small group of Zen monks who had also been close to Gregory. We took various things to send with him into the fire: a volume of Blake's poetry, flowers and sweet smelling herbs, individual roses. We gave him a small crab that Eric and John had gone out with a flashlight to capture the night before, in memory of the way he had taught each of us to study tide pools and of the way he had taken a crab with him year after year to his opening classes at the San Francisco Art Institute, to open his students' eyes to the "fearful symmetries" of organic life. Nora brought a bagel because he had once quipped at Esalen that the hole in a bagel would be reincarnated in a doughnut. There were incense and the ashes of incense from Zen Center.

We went into the backstage of the crematorium where the great ovens are, a dishevelled and unkempt region of noisy machinery. His body was on a plank on a wheeled stretcher, and when the covering was turned back we could see that rigor had passed and his mouth had fallen open, his head fallen sideways. His body seemed grey and abandoned as if finally life had fully receded.

We piled our gifts within the shroud and offered incense, and as the Zen folk chanted in Sanskrit we each whispered whatever other prayers we felt the moment needed. Reb, the Zen priest officiating, whispered in his ear before the oven door was closed. None of us felt any longer the need or desire to touch him. Reb showed Lois the button to press to start the oven, as in another age she would have set the flame to a pyre of fragrant woods. And then he suggested that we go outside to where the smoke of the crematorium was escaping into the bright sky.

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