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A Grief in the Night

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The fish tank bubbled musically in the corner of the dimly lit room. Will surveyed the space fur- tively. He was a sturdy fellow, a natty dresser with an eye for the fashionable. All members of the club were present, the usual brigade of brokenness, each hiding, to some degree, a sad secret in some dark carnal corner. His wife, Anne, bearing her own seed of premature mortality, took her usual seat along one wall, nodding cordially to the famil- iar, troubled assembly. She was a handsome, gre- garious woman, pleasant to behold if you could ignore the usual stigmata of her disease. Her coun- tenance was sallow, sunken, with eyes that searched for revelations of hope. Adult coloring books and simple cross-word puzzles were dis- played invitingly, if condescendingly, on an adja- cent wall, along with a small library of self-help checklists, naturopathic diets, exercises for the af- flicted, and obscure Vedantic healing protocols. An atmosphere of dark anticipation sucked the very life from the room.

Even an accidental observer, wandering mis- takenly into this dark corner on the hospital's map, would have inferred that this was the cancer wing, the last, best place of refuge for the oncologically imperiled. Patients sat in angular and awkward po- sitions—mostly frail, thin bodies awaiting radia-

tion and draped in the shameless couture of open-air hospital gowns, with disposable socks bearing printed rubber soles. The fetid air was laced with the exaggerated fragrance of those cardboard trees that hang from smokers' rearview mirrors. Some of the women wore garish biker bonnets, with tufts of exfoliating hair sticking out, here and there, from under bright, taut edges. Both men and women were visibly ravaged by treatments constituted of both desperation and expectancy, each with its hallmark distortion and deformity. Some wore thick, brown tubes that descended from their noses like nocturnal roundworms protruding from the nostrils of sleeping waifs. The eyes of the waiting, shadowed in harsh overhead fluorescence, had a look not generally seen on the street. Ordinary eyes are ignited by an untethered luminosity, while these searched dully for moments of parity, of destiny, and kindness.

Here, there were no politics or social classes, no visible trappings of racial or religious alignment. There was only the dim, monotonous hum of oncological combat and survival. Anne had remarked to Will on how great a leveler cancer seemed to be and what bonds, irrespective of identity, knit together this cohort of the aggrieved. Though the poor and lowly bore, as always, far more of the disease than the more fortunate, here there were no black or white, brown or yellow tumors. No Christian, Jewish or Islamic pestilence. There was only the raw, human reality of a threat to one's singular being and the prospects of pain, diminishment, and an early parting from a treasured life.

Both Anne and Will had quietly contemplated the ways tragedy had occurred in the lives of their friends and family. Certainly, there was no paucity of tragedies to tally. Though some lives seemed almost untouched by woe, others were suffused with misfortune. One, whom they privately nicknamed “Job,” whose wife had abandoned their marriage, received a diagnosis of metastatic prostate cancer, was involved in a bad car accident, and lost his job, all in the space of a single year. Calamity did not seem randomly distributed, either in populations or in time. Anne and Will had diverging explanations for the old saw that “everything happens for a reason.” Anne held to the position, attributed to her Sunday school upbringing, that all of God’s creation, and the events therein, are reasoned and purposed if viewed through the lens of faith. In the words of the old hymn, “When through the deep water I call thee to go/ the rivers of woe shall not thee overflow/ For I will be with thee, thy troubles to bless/ and sanctify to thee thy deepest distress.” Will was not so sure that Anne’s cancer would be sanctified. His version of “happens for a reason” came closer to a kind of metaphysical affirmation of causation and the role of chance in the allocations of good fortune and plague. Surely, Will thought, there was some vile, unreasoned jumble of antecedents that accounted for Anne’s illness. And nothing could persuade him that there was anything redemptive about it.

Was there ever a death deemed timely or propitious? There could be welcome deaths, Anne supposed, but the one she faced was not that. Even

her dad, who had wrung 94 long years out of a largely felicitous life, had lamented at the end about being refused just “one more good summer.” But for Anne, this moment of crisis was coming many years before her time; it was an unjust and unforeseen advance into the enemy territory of mortal ends. And though her mind had permitted periodic excursions into rumors of afterlife, she had no real vision of what that might be. She had decided that she was no more mortal than anyone else and that, as Kevin Kline had asserted in *Life as a House* (Winkler, 2001), “we’re all standing in the same line.” However, she reasoned that she had no more sense of what lay beyond her death than a 38-week-old fetus has for the bright, breathing world into which it is finally expelled. Does that fetus fear, as its mother’s contractions close in around it, an imminent descent into God-knows-what? What hushed intimations of life beyond that warm amniotic bath does a waiting baby have?

To be sure, this journey hadn’t all been dark and depressing. Anne and Will had regularly tittered at the sight of ancient, wizened butts gone south on the curtained, posterior stages of patient gowns, as they sashayed smartly down hospital hallways. They laughed together as Anne had tried on wigs and mimed the personalities they summoned: the champagne blond temptress, the coy student pixie, the purple streaked hippie girl, the pig-tailed fräulein, and the puffy, blue-headed grandma. In the oncology men’s room, Will had stood in the bank of urinals listening to a prostate-irradiated octogenarian, head bowed and com-

manding under his breath, “Pee, dammit, pee.” And who could not be amused by the old guys who emerged from the stalls trailing a two-foot tail of toilet paper?

Anne had certainly speculated about what might have caused one of her ovaries, in only its seventh decade of service, to break out into an uncontrolled stampede of growth, multiplying without constraint, and moving into distant histological neighborhoods where no ovarian cells belong. She had read somewhere that fetal ovaries develop in the second trimester of pregnancy, so she had searched her fading memory for indiscretions her mom might have committed sixty-three years ago, in the throes of a third and final pregnancy. There were none that Anne could recall. Anne herself had dabbled in the exuberances of the 1960s, in a possibly regrettable emancipation of youthful sexuality. There had been a bunch of boys before she gladly settled on Will. A surgeon had freed her, ten years ago, from a bleeding womb, but said nothing about any anticipated further trouble. Her mom had died of breast cancer but, as far as Anne knew, breasts and ovaries were unconnected, existing as they do in distant locales, and only vaguely linked by their mutual entanglement in mammalian reproduction. She drank wine, but almost never to any excess, and she had never smoked, except perhaps as the young child of two inveterate puffers who filled their cars and kids with a dense gray fog. Admittedly, she did love donuts, especially the frosted, coconut ones, but surely these hadn’t thrown her ovaries into frenzied cell division. Maybe she had bad genes, or

maybe there had been some conspiracy of DNA and coconut pastries?

In her darker, more contemplative moments, Anne had pondered the essential tragedy of it all, the stinging sadness of life: how we are brought on to this earth, allocated some number of years, and in the end lose all we have managed to procure and build—family, dear friends, money, possessions. All gone in a sliver of time. Might it be true that all events, both crushing and sublime, occur for some reason, be it self-evident or obscure? Some shadowy cause, perhaps indiscernible to terrestrial minds? While some managed lives of enduring good fortune, others seemed to bear dreadful waves of affliction, moving for decades from hardship to setback, troubles to tribulation.

Will had somewhat reluctantly joined Anne in these long, dark conversations about her cancer's origins, about the injustice of its arrival, about what death might finally be. Despite the occasional skirmish with viruses and aging joints, Will had only encountered intermittently elevated blood pressure, a seemingly inexorable ascent of so-called "bad" cholesterol, and, as he sometimes reported to friends with a kind of comic pride, "a prostate the size of a cantaloupe." His body could decidedly no longer replicate the physical feats of his youth, but his journey into the valley of seniority had left him largely untouched by the afflictions with which others had contended. Consequently, Will had thought little about death until Anne's future became uncertain. As some remnant of his Catholic upbringing, he had this

dim, wholly unbiblical notion of dead people becoming angels—some sort of winged, disembodied acolytes of God. Like cherubim and seraphim. On the whole, however, he regarded this angelic vision as improbable and death likely a final, dark oblivion. He honored and allied himself, when he could, with Anne's reassuring intimations of a life beyond her eventual, certain departure from the earth.

Will was agnostic regarding the source of Anne's cancer. He presumed these things just happen: bad things happen, as they say, to good people like his sweet wife. He had loved Anne earnestly for thirty-five years, and he had dutifully and lovingly accompanied her to all the doctor visits and to all the imaging machine appointments that her illness mandated. Though he claimed to wish he could substitute his body to be the target for this disease, he was thankful, deep inside, that the menace had somehow not chosen him. He didn't want it to have chosen Anne, and he agonized over the medieval treatments the disease required, but he was secretly grateful it wasn't him. Besides, he had no ovaries, though he supposed a guy could also get cancer in his gonads. He just wanted Anne to get better, to be cured, to be able to carry on, to enjoy their three good kids and, he had hoped, their eventual grandkids. He wanted to relieve her of the shiny, bald head and the pains in her belly. He wanted her free of colostomy bags, itchy skin, and the wholesale exhaustion. He wanted her to be able to sleep again.

They had also remarked, more than once, about how little direct, personal experience most of her doctors had actually had with existential uncertainty or cancer. The team of physicians who directed her care—every one of them—were compassionate, caring human beings with great skill and empathy. They all lamented with her the advent of Anne’s cancer, but they were young and shiny, full of life and unbridled health. Each one was an astute, even gifted, physician, but each one lived far from the land of death and will-writing, of wakes and farewells. There was, therefore, a kind of sterile, distant glaze that covered the space between Anne and her doctors. There are experiences in life, both sides conceded, that simply cannot be abstracted or summarized in words: the birth of a child, falling in love, getting cancer.

Anne and Will now exited the hospital into a cool, vivid evening. The air was fresh, almost floral, and the clear night sky had unleashed a dazzling expanse of distant heavens. Anne’s energy was depleted, as always, in the aftermath of her treatment. No pain, *per se*; just the conscious feeling of being ill, not right. A cloud of infirmity surrounded her, moving with her like a lens through which she saw and experienced the world. Soon they would be home though, in the comfort of their kitchen, with an evening ahead that would last as long as Anne’s strength. The couple walked slowly, arm in arm, toward the parking garage down the block from the hospital. As the traffic light turned red and their crosswalk sign illuminated, Will took a first, steep step into the street,

preparing to turn and steady Anne as she began her slow, awkward crossing.

But a sudden cacophony of shrieking brakes and tires flooded their awareness, and from a sliver of his left field of vision, Will caught a momentary glimpse of perilous motion, as a speeding car careened around the corner. Even before a precognition of the coming pain, the car's right front fender struck Will's side with lethal force, shattering pelvis and femur, transecting his spinal cord with knife-like fragments of his L3/L4 vertebrae, and lifting him vertically skyward, severing his grip on Anne's small hand. His legs ascended in a slow, terrible arc of flight, his torso tumbling through space and his head and neck exploding as they hit the street like an unripe melon dropped from a second-floor window. The awful, unambiguous sound of the car's impact receded now into a fading wail. A collective, choral cry of horror arose from the sidewalks, and from every direction people rushed to help and to watch. Doctors on their way to work knelt beside him in their scrubs, searching for signs of redeemable life. Others dashed into the nearby emergency room to find stretchers and wound packs and bags of IV fluids. But Will's last, fleeting glimpse of earthly life had been like a pinwheeling amusement park ride bathed in unbearable pain. Anne knelt beside him, watching his strong, good life seep longingly and lovingly away.

In that moment, Will, who had always thought dying to be the final end—an expunging of all life, laughter, and love, of the earth and its light, of his dear wife and their precious children, of all the

times and places and people that had known him and he had known—was astonished now to encounter instead a new, brightly luminous, and wholly unexpected, beginning.

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