

ONE OF THE GOOD GUYS

Mindy Lewis

“Hi, KID. WANT TO MEET FOR LUNCH?”

The smile on my face could be that of a teenager being asked out on a date. But it's 2006, I'm 54 years old, and the voice on the phone belongs to my former “shrink.”

Dr. L. is the psychiatrist my mother sent me to in 1966, when I was a 14-year-old in the throes of adolescent rebellion. From my mother's point of view, the change in my behavior was unfathomable. I'd morphed from her well-behaved little girl with a blond ponytail to a scraggly, unkempt, pot-smoking insomniac; an alternately silent and foul-mouthed stranger who wandered around Greenwich Village with bare feet.

In junior high, after school and before my mother's return from work, I'd pop open one of my stepfather's beers, or tipple from the bottles in my mother's liquor cabinet, or inhale a cleaning-fluid-soaked rag. I passed out in stairwells where tough boys fed me barbiturates and forced their hands down my pants to “revive” me, and for days afterward I was depressed and ashamed. To atone, I memorized the sayings of the Buddha and vowed not to speak anything but the truth, which was impossible for one who was increasingly prone to telling small, impulsive lies. Anything to put a barrier between me and my mother.

Like the fiberglass drapes that hung in the living room, my mother was stylish, artificial, and prickly. The plastic-covered couch crackled

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with her dissatisfied perfectionism. Her voice intruded on my daydreams; her perfume overpowered me. I was caught in a dilemma: If she was the same beautiful mother I'd once adored, it must be me who was bad. But even if I wanted to, there was no way I could revert to being her good little girl. And if I could, how would I ever grow up?

When I was six my father moved to California, and after a brief attempt at reconciliation, my parents divorced when I was nine. Working a full-time job with two kids to raise, my mother depended on me to be her helper and good girl. I took my role seriously. Nothing meant more to me than seeing her smile, as she did when we joked about going shopping for a new daddy at Macy's.

For several years before my older brother went off to college, my mother and I had shared her bedroom to give my brother his privacy. Then, when I was 12, my mother remarried. At first, I responded to my stepfather's enthusiastic attention with shy affection. But soon, I was demoted from "doll girl" to "problem child." I became the source of arguments, which culminated in door slamming and yelling that sent the cat cowering under the bed.

My mother's frustration frequently boiled over. When I was arrested at age 13 for smoking pot, she shook my shoulders so furiously that my head banged against the wall. "What will the neighbors think?" she yelled. For a teenager in the 1960s, that meant war.

"She's disturbed," my stepfather insisted, trying to take a firm hand. I found him ridiculous, walking around the apartment in his boxer shorts, spouting Freudianisms and accusing me of penis envy.

One of my mother's friends referred her to Dr. L., and I started having weekly sessions at his Park Avenue office.

In his mid-30s, Dr. L. had dark wavy hair and sensual features framed by thick eyebrows. His athletic build and vigorous, healthy maleness reminded me of my father.

Since my parents' separation, I saw my father only once a year. I looked forward to his annual five-day visits to New York with great excitement, and when he arrived I would bask in his presence, sometimes literally clinging to his leg. But during puberty, I became tongue-tied and shy, and by the time I was a teenager, we were almost strangers.

Dr. L. had a hard-boiled, savvy way of speaking. I'd sit silently in his office in my jeans and ratty T-shirt, my long bangs obscuring my eyes, flipping the lid of my Zippo lighter. "I know what you're saying," Dr.

L. would remark with a bemused expression. “With each click of the lighter you’re saying, ‘Fuck you, fuck you.’”

Surprised, I tried not to smile. Caught between wanting to be known and not wanting to be seen through, I jiggled my legs, examined my hands, and focused on willing the beads of sweat not to roll down my arms. Committing my feelings to words was impossible; I wanted him to read my thoughts.

I sat mutely as Dr. L. continued to interpret my body language. “It’s okay to get angry,” he once said. “All animals express anger and aggression, and we’re animals, too. Why do you think you should be any different?” At our next session, he gave me a copy of Konrad Lorenz’s *On Aggression*. The fact that he could communicate with me in my preferred tongue, the language of books and ideas, meant a lot to me. (Today, the dusty, yellowing paperback sits on my bookshelf, my name inscribed in my 14-year-old handwriting.)

Always a good student, I couldn’t concentrate in the new social whirl of high school, and would tremble when called upon in class. On my way uptown from Stuyvesant Town to Music & Art High School, my pounding heart would propel me off the subway at Columbus Circle and into Central Park. Wandering the tree-lined paths with my books and watercolors, I found solace in the wide sky peeking through arching branches, the placid lake, and the occasional company of other truant kids. In the quiet of nature, my thoughts seemed lucid and brilliant. I felt throbbingly alive, full of infinite potential, on the verge of some powerful realization, yet at the same time I was flooded with a kind of supreme melancholy in which I could feel all the suffering of humankind. I wished Dr. L. could accompany me in the park and share my exhilaration and sadness. I must have mentioned this, because one spring day he did meet me in Central Park. He bought me an ice cream cone, and we walked around the sailboat pond. I don’t remember what we talked about, but I felt distinctly as I did during my father’s visits to New York—wanting to impress him but tongue-tied and self-conscious.

Dr. L. had a practical approach. When I told him I wanted to be a Buddhist nun, he asked if I liked eating bagels and lox for Sunday brunch (my mother must have told him this). When I nodded yes, he said, “You’d never make it as a nun. You’re too addicted to sensory pleasure. And you’d have to give up cigarettes.” Embarrassed that he was on to me, I was secretly glad he could see through what he called my

“grandiosity” and could even smile with me about it.

Funny that he thought I was grandiose, when I felt like a nonperson, barely formed, with no opinions of my own. Simple decisions threw me into confusion. When friends called me vague, I consoled myself with the French translation: *wave*; like the sea, I had my highs and lows. And true to my watery nature, I hated being confined. I was easily overwhelmed in crowds, got dizzy in high places, and panicked in enclosed spaces.

“Do you think I’m crazy?” I asked Dr. L. one day.

“Crazy? No.” He took a long look at me. “I think you’re phobic.” I asked what that meant, and when he told me, in a way I was relieved, but also disappointed. It seemed much more poetic to be crazy than to be simply scared.

“What do you think you’re so afraid of?” he persisted. I wished I could tell him.

Because he talked to me straight, I respected him. I could feel that he cared about me in a fatherly way, without manipulation and with nothing to gain.

Sometimes his methods were surprising. For one of our sessions, Dr. L. asked me to meet him at the prison ward at Bellevue Hospital, where he worked. Looking back, I suspect that he must have wanted to scare me, to shock me into normal behavior by putting my own “small peanuts” (his words) transgressions in perspective while illustrating possible future consequences. This was serious business: Just beyond the locked entry door was a holding pen with scary-looking men behind iron bars. By comparison it was clear what I was—a middle-class pip-squeak kid. It pained me to think that that was how he saw me.

My behavior became more extreme. I burned my arms with cigarettes and showed the blisters to my mother. I scratched my arms with my fingernails until I bled. I no longer slept at night, and rarely made it to school. My parents and I were called in to meet with the assistant principal, who warned me of suspension for truancy. We went for interviews at various private schools, which rejected me because I was too much of a risk. The days loomed drearily. Finally, as if on a dare, I swallowed a handful of aspirin.

After the suicide attempt, Dr. L. recommended to my parents that they send me to the NYS Psychiatric Institute (P.I.), a hospital with a special ward for adolescents and a reputation as a cutting-edge psycho-

analytic training institute. Because it was a state hospital, it was free. But there was one glitch: Before they would accept me, the hospital required my mother to place me in state custody so she wouldn't have a change of heart and sign me out. My mother and I went to family court, where charges were pressed against me for drug abuse, unmanageable behavior, and truancy. During our last session shortly after my court appearance, Dr. L. shook my hand and wished me luck as if I was going off to college. On December 6, 1967, four months before my 16th birthday, I was admitted to P.I. I would remain there until I turned 18.

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In 2001, I was completing a memoir about my 28 months of hospitalization and the pervasive effect of those years on every aspect of my adult life. Writing the book was an opportunity to finally understand the many forces—personal, familial, cultural—that had put me in the hospital and kept me there. I researched trends in psychiatry back in the 1960s, obtained my hospital records, and contacted fellow patients. I also interviewed several of my former psychiatrists, each of whom apologized for the excessive length of hospitalization, my misdiagnosis as schizophrenic, and the deadening antipsychotic medications (Thorazine, Mellaril, Haldol) that had been part of my treatment.

One of these was Dr. L. After all these years, it was eerie to find him listed in the phone book. I left a voicemail message, and not long after, he returned my call. At first he was guarded as he tried to retrieve my face and facts from the jumble of memory. But soon he recalled more clearly the skinny 14-year-old girl he'd treated almost 40 years earlier.

I told him about the book I was writing, and we agreed to meet for lunch.

I was surprised by how excited I felt in anticipation of our meeting. I should, after all, be angry with him for recommending my mother have me hospitalized. Instead, I felt the same kind of excitement as I did before my father's annual visits to New York. Checking myself in the mirror one last time before flying out the door, I wondered if we'd recognize each other.

Among all the faces in the café, Dr. L.'s was unmistakable. His hair had grayed and he'd gained some weight, but there were his distinctive eyebrows and intelligent, slightly ironic expression.

“I wasn’t sure I’d recognize you,” he said, “but you have the same smile.” I smiled awkwardly as he perused my face. “Yes,” he continued, “I remember...you were provocative and a bit bohemian. You didn’t say much, so it was hard to know what was going on with you. But I sensed that underneath all the confounding behavior, you were a good kid.”

As we sat and talked, I experienced the uncanny feeling of reliving my past and having it turn out right, as if I’d finally crossed the dangerous chasm that divided my life and landed safely on the other side. And there was Dr. L., eating a chicken salad sandwich and speaking to me as an equal.

“There were some intelligent middle-class kids back then who were difficult to read, so it was hard to tell how much was rebellion and how much was illness. Some of the kids were genuinely psychotic, and drugs like pot and LSD compounded the problem.”

When I told him I’d been kept at P.I. for 27 months and then was sent to Manhattan State for a month after I turned 18—the hospital’s parting gesture and last word—Dr. L. looked stricken.

“I never imagined they’d keep you that long,” he said, putting down his sandwich. “If I could have known, I don’t know if I would have referred you. Then again, I might have. You’d made a suicide attempt, if I recall. It was my job to protect you.”

I remembered the suicide attempt as a feeble gesture that resulted in nothing more than a headache. I can’t recall how my mother found out; perhaps I’d told her, which would have been in line with my attempts to shock and scare her. It was also the way I made fools of the adults, so they never quite knew what was going on. But it was a dangerous game, and in the end the adults had the upper hand.

“We were all doing the best we could,” Dr. L. continued. “I know you saw us as bad guys. But even though you thought we were being unfair, most of us were good guys, maybe not perfect, but doing our best.”

Good guys? How could this describe the adults who had imprisoned me for almost three years of my adolescence? I had been misdiagnosed as schizophrenic (my hospital records also describe me as “autistic,” “hopeless,” and “psychotic”), given medications that completely incapacitated me, kept indoors, and traumatized by some of the horrendous things I’d experienced and seen in the hospital. After I was finally released, I was shell-shocked, as if I’d survived a war. I’d lost friends to suicide and drug overdoses. I was furious at my mother, distrusted doc-

tors, could not even speak the word “psychiatrist.” My deeply ingrained fear of authority and institutions made it hard to hold a job or even finish college. I came of age feeling marginalized and lacking basic skills: I didn’t learn to drive until I was 42, and I’m still learning about trust and compromise in intimate relationships.

“It’s not always easy to know who are the good guys and who are the bad guys,” Dr. L. went on. Indeed, ever since adolescence I was sure I knew: Those in power were bad guys; the underdogs, the victims, were good. But in the process of writing my book, the divisions I passionately believed in had become blurred. I saw my story as part of an era in which everyone—the doctors, my mother, myself—suffered under the myths and misunderstandings of the times.

After the book was published, I was invited to speak at hospitals and mental health conferences, and even addressed an audience of psychiatric residents and other staff at the hospital where I’d spent my adolescence. My story was an illustration of how diagnostic categories can change from decade to decade and a cautionary tale of misdiagnosis. At last, the girl they’d described as “autistic” and “hopeless” had a voice, and people were listening.

Writing my story was hugely healing. Even my relationship with my mother improved. Since the hospital, she and I had remained locked in a mother–daughter dance: The more anxious and intrusive she was, the more vehemently I fended her off. My father remained on the sidelines in California, until Parkinson’s disease brought him back east and into a nursing home—and intimately into my life—until his death in 1991. Ironically, his illness reunited us, and our weekly visits in the nursing home brought us closer than we’d ever been. And then he was gone, for good.

When Dr. L. and his wife came to a reading I gave at Borders, I was thrilled. My own father had never been there for me at any graduation ceremony. Aside from my elementary and junior high school graduations, which he missed because he was living in California, I never graduated from anywhere except “loony bin high”—where there was no ceremony, just a certificate saying I’d fulfilled my requirements. And although I’d been an A student, I dropped out of college in my junior year and didn’t finish my B.A. until after my book was published. So Dr. L.’s presence at my reading—a true rite of passage—gave me a profound sense of validation. As I read, I’d occasionally look up to see him and his pretty, dark-haired wife, whom I’d never before met, sitting on

the aisle like long-lost family. After the reading, when Dr. L. and his wife approached to congratulate me, I inscribed a copy of my book "*To Dr. L., one of the good guys.*"

* * *

Since then, Dr. L. and I have continued to meet for lunch a couple of times a year, in spring and fall. Each time we meet, he asks about my work, boyfriends, and life in general, expressing fatherly concern that my life is emotionally stable, economically feasible, and satisfying. He takes pleasure in my description of creative pursuits (writing, painting, dancing) and waxes philosophical. "For certain people, conventional security is less important than creative satisfaction. I've come to respect that. I didn't always feel that way, but over the years my traditional values have relaxed."

Ah, if only they'd been so enlightened in the old days! My need to wander in Central Park, sketchbook and watercolors in hand, and even my feistiness and rebellion, might have been seen less as indications of illness and more as harbingers of the person I was struggling to become.

Dr. L. had always been willing to step outside the boundaries of traditional sessions. Inviting me to meet him at Bellevue would have been considered highly unorthodox in those years. By contrast, our meeting in Central Park felt like a vote of confidence. He couldn't get much out of me in normal sessions, so he met me on my turf. I never forgot this.

After lunch, we sometimes walk to Zabar's, where Dr. L. buys us each a bar of dark chocolate (a shared addiction). We munch our chocolate bars and talk as we stroll down Broadway to his car. Chocolate is not the only passion we share. I learn that in the 1970s, Dr. L. had decided to try his hand at painting, and for a few months was a member of a group of artists who met weekly to paint from a live model. By coincidence, years later, I joined the same painting group; we share memories of artists we know in common.

Dr. L. fills in the blanks of the years we were out of touch. I learn that I was one of the few private patients he'd taken on while working on the prison ward at Bellevue. Part of his job there was to sort out the genuinely ill from the mobsters, criminals, and sociopaths who preferred the psych ward to normal prison. He recounts a dramatic story: In 1971 the codirector of his unit had gone missing and was never found. It was

assumed that one of the criminals, disappointed in his demand to be declared mentally incompetent, had made good on his threat to get even. Fearing for his life, Dr. L. left Bellevue and moved on to a long career at another hospital. In addition, he consulted as a forensic psychiatrist, testifying as an expert witness in court cases that included the infamous Son of Sam case. A television producer approached him with the idea of a television series based upon his work. As a prerequisite, he was asked to write a memoir, which was ultimately published, entitled *Good Guys, Bad Guys*.

"It's not very good," he says as he inscribes a copy for me. "I found writing too difficult, sitting all alone all day at a desk. I wrote two chapters and gave the rest to a ghost writer." The book was published, but the producer left his job and the TV pilot never happened.

I leaf to the title page and read, "*To Mindy, both of us good guys, you wrote about your pain and frustration as a patient and I wrote about mine as a doctor.*"

Over time, our former roles begin to melt away as a new, present-day relationship takes form. But somehow, I can never bring myself to address him as anything other than Dr. L., the same way he still thinks of me as "kid."

* * *

March 2010. The phone rings. It's Dr. L. His voice is hoarse, as if he has a cold.

"I've been going through my boxes of client records, and I've found your file. Before I destroy it, I wanted to ask if there's anything in it you'd like to have."

Immediately I'm filled with conflicting feelings: Of course I want my file, but why is he suddenly sorting through his client records? I ask how he's feeling.

"I've been a little under the weather," he says. "I'm going for some tests. Not sure how serious...but nothing to worry about right now. Anyway, I wanted to see what you want, if anything, of these papers."

I ask him to send me everything. I sense that the file must contain important clues as to what was going on way back when I was 14.

Two weeks later, an envelope arrives with a note from Dr. L.:

Rereading that chart, I had the same feeling of frustration at not being able to help a good kid as I did then. But, knowing [about] your writing, teaching, and friendships these many years later is a very satisfying fact. – Dr. L.

It's an uncanny, almost illicit, experience to hold the folder in my hand. Do I dare open it? As I leaf through the pages, I'm hit by a potent whiff of the past.

Dr. L.'s notes are scrawled on pink City of New York Department of Hospitals forms printed with the header "Progress Record." The first entry, dated 11/29/66, includes some family history and Dr. L.'s initial impressions of me. His handwriting is often illegible, but I pick out the basics: "*In 10th grade...tall, good-looking, articulate...long hair, cute sheepish smile...slightly infantile and petulant.*" I decipher some notes about my mother and stepfather. His notes get harder to read. I skip ahead to 12/6/66 (exactly one year before my admission to the hospital) where I'm talking about getting high on pot and sniffing Carbona, with a quote from me: "*I feel so guilty...*" It's the first evidence of a recurring pattern: the bad girl image followed by the good girl's remorse.

In several pages of undated notes, Dr. L.'s handwriting is a hurried script in which I read his frustration. "*Rebelling against being molded...telling lies...fooling with barbiturates... passing out.*" It's all as I remember, but even after writing my book, it's still disturbing to see in print. I wish I could go back in time and intervene—a taste of what the adults must have felt. He quotes my bewildered comments about sex and love: "*I want so bad to go with somebody...They all called me a tramp...I can't stay with anybody.*" I feel for that girl: mixing up sex and intimacy and throwing herself off cliffs in her wrenching effort to grow up.

I read more of his notes. "*Tough on parents...*" I certainly was. I decipher what I assume to be Dr. L.'s recommendations to my mother: "*Be sympathetic, wait for her. Don't harangue.*" Wise advice. I imagine the efforts my mother must have had to make.

The notes continue: "*Sleeplessness... Started on Thorazine... wouldn't take the pills... she knows coming to see me is equal to letting me know she's sick. She likes [that] we acknowledge that she is unhappy.*"

Was I just unhappy, or was I "sick"? I certainly had not been schizophrenic. Dr. L. had agreed about that. Had it been just a few years later, I might have been diagnosed with social anxiety disorder, or perhaps borderline personality disorder or oppositional-defiant disorder or some other diagnosis du jour. ("Unhappy" might be the most enduringly accurate, after all.) Looking back, I'm proud of my refusal to take the Thorazine, a mind-dulling drug that extinguishes creativity; in some ways, I knew how to look out for myself.

And then, in Dr. L.'s session notes, there it is, on 1/19/67: "*Made a feeble attempt to kill self (5 pain killers, 3 antihistamine, 3 aspirin). 7 weeks ago, took whole bottle of aspirin, 20 pills.*" This is startling. I only recall one suicide attempt with a few aspirin and have no memory of a second one. No wonder they were alarmed.

"*Why?*" Dr. L. inquires of me, in his notes. My obscure answer: "*I felt lousy.*" Dr. L. notes: "*Inappropriately smiling.*"

I suddenly see myself as an infuriating, provocative Cheshire cat. What would I have done had I been my own mother, my own psychiatrist? As I leaf through the file, I see the adults in a new light: afraid of what I might do next, as each attempt at intervention was met with furious rebellion that sent the adults spinning in their own orbits of frustration and fear, stymied.

There are several letters from my mother seeking advice from Dr. L. about how to handle me. Reading her familiar script, I also read her need for support. Having gone to work just out of high school, my mother had devoted herself to building a career while single-handedly raising two children. What must it have been like for her to see her pampered daughter turn into a rebellious hellion while she went to the office every day? Meanwhile, support was nil. My stepfather was having a hard time holding a job, and my father was less than regular in child support payments.

"Dear Dr. L. – Thank you for taking the time to speak with me this morning. Don't think I could have made it thru' the day without speaking with you...

I did not mention this morning that she has had a paper on her dresser for about a week now with about 7 resolutions:

- 1. I must undo all the lies I've told*
- 2. I will make it work until my time comes*
- 3. I want to make others happy*
- 4. I will take a Trip (I know she doesn't mean Hawaii!)...*

I can't help laughing at my mother's valiant, if desperate, parenthetical flourish of humor. Not until reading these letters have I seen her come out so clearly good—gracious, responsible, wanting to do the right thing. Instead of the disapproving demon who'd put me in state custody, here was a mother who cared.

My mother's letters to Dr. L. in October reveal that at first she resisted the idea of my being sent away from home, in spite of my stepfather's arguments for it. But by mid-November, she writes: "*I am hoping so desperately that they will accept her at P.I.*"

Once I was admitted, a whole new drama began.

I come across a single typed letter I'd written to my mother and stepfather, forwarded by my mother to Dr. L. following an incident when I'd run away from the hospital ("eloped" in hospital jargon) after I'd been placed on observation for cutting myself with a razor blade—an act I considered a form of personal protest in a world where I had no power.

Dear Mom & M—,

I'm sorry for worrying you so much this weekend. Let me please explain...I've been here 5 months and for 5 months I've seen Dr. S. [a second-year resident] 3 times a week. After all this time, after all my talking and trying to talk he is as ignorant of what's happening with me as the day I came... How much do they think I can stand? You know when things seem really bleak in your head, it's really reassuring if you can go out on walks like a real person and smell the air and try to have some fun. You feel you can be trusted. But I guess he just can't see that. So that's why I eloped on Friday... Somebody had better do something and do it fast, because I'm at the end of my rope. Five months is more than I can stand. Listen, please write back to me as soon as you figure out some sort of solution... I'm putting all my faith and trust in both of you, please don't let me down.

I love you and miss you very much.

Love,

Mindy

The letter brings back the terrible desperation and depression I felt in the hospital. I echo this in my letter to Dr. L., written just after my 16th birthday:

"Dear Dr. L. — I really don't know why I'm writing to you. I suppose I'm rather desperate. Every day things get worse... You know if I come through this alive, I'll probably be a pretty strong person when

I get out. But I don't really think therapy can help me. I'll probably just stay just the same, or get worse, & one day they'll discharge me eventually. I think it's all mainly a matter of control. I don't seem to have much."

I'm struck by my clear-sightedness; at 16, I'd foreseen exactly what eventually came to pass. And I'd pinpointed the problem: I wanted to be in control of my own life. But how could I possibly have achieved this at that age? If acting out was the only way I could express my independence, I was hell-bent on continuing. But to my chagrin, I could not eradicate the good girl. Her voice comes across clearly in my letter to Dr. L.:

"I miss you a lot. You know you were a bit hard on me at times, but you seemed to understand much more about me than any other doctor I've seen. Besides I like you... My mother told me your wife had a baby. I'm so happy for you. That's just about the best thing that could happen. You'll make a good father."

I remember having fought back tears as I'd written that he'd make a good father. In a fundamental way, this says it all: A father—a dependable, wise parent—was what I'd wanted and needed, and what I was both grieving and demanding in my outrageous behavior. Dr. L. wasn't perfect, but he came close. While I was busy trying on the persona of my worst self, he was practicing being his best—something that other adults weren't always so good at.

My three letters to Dr. L. are handwritten, and in the loops and exaggerated slant of my handwriting, I see the efforts of a young girl striving to grow into an interesting, independent-minded person—and wanting to be seen as such. I recall at that age recopying letters and envelopes until they were perfect. I'm grateful that Dr. L. saved the envelopes, complete with return address and postmark. Against professional protocol, he's delivered my younger self into my hands—an empowering gift.

What if he had not saved these letters or entrusted me with my file? All this would have been lost, along with the insights that come with it. Dr. L. did not have to give me the file—a powerful tool of knowledge. Like the contents of Pandora's box, it stings, the bracing sting of clarity.

A week later, Dr. L. calls. "I wanted to make sure you received the file and that you weren't upset by it."

I reassure him that I'm fine and express my thanks. As I'm sharing some of my revelations with him, he begins to cough. I ask how he's feeling.

"Well, to tell you the truth, I'm feeling pretty lousy. I'll level with you. I have a blood disease called myelodysplasia, or preleukemia. I'm waiting for a bone marrow procedure, and if I'm feeling better in the spring, I'll call you and take you out to lunch."

I feel myself start to cry. I don't want to alarm him, and in an attempt to conceal my emotions, I suddenly become formal. "I would very much like that. I look forward to it."

Dr. L. laughs. "Don't think I'm going to die without seeing you again."

I'd like to believe him, but I know that bone marrow transplants can be risky for older patients. Dr. L. recently turned 80; even if the treatments helped, the drugs given to suppress the immune system would make him vulnerable to dangerous infections.

Throughout my life I've found surrogate fathers, older male friends who took me out to dinners, movies, walks, listened to my troubles over lunch or on the phone—or in 50-minute sessions—and shared their wisdom. Dr. L. was the first of several such fathers, and one by one they've disappeared. Three have died, and others have faded from my life. Dr. L. is in a sense my last living father—the one who's known me longest—and I'm not ready to lose him.

I wait until June to call, fearful that he may not be well enough to talk, or worse. Relieved to hear his voicemail greeting, I leave a message and try to sound cheery. A few minutes later, my phone rings.

"Hi, kid. It's sweet of you to call."

I ask how he is. "Well, to be honest, not so great," he says. His voice sounds thin; I can hear him breathing.

Dr. L. speaks honestly: "I'm 80 years old. I've lived my life, and have developed a kind of gallows humor. The end is never quite as tragic as it seems when you're the only guy left, when all your friends and colleagues are gone. At a certain point, the pleasure of living is diminished. At that point, you're ready to go."

I tell him that I'd like to stay in touch and talk on the phone occasionally. "You mean a great deal to me," I say, struggling to keep my voice steady.

“I know that,” he answers. “I’ll tell you what. Let’s see what happens with this bone marrow transplant. Hopefully a donor will come through this summer. If I’m feeling better in the fall, I’ll give you a call and take you out to lunch.”

“I’d like that,” I say.

September passes, then October. In early December, Dr. L. calls to make a lunch date. He warns me that he’ll probably arrive in a wheelchair, so I’m pleasantly surprised when he enters the restaurant walking, assisted by his wife, who accompanies him to the table where I’m waiting, folds his rolling walker, and tells him she’ll be back in a couple of hours to pick him up. I’m shocked by his changed appearance. His features have broadened and collapsed onto his face, with brown shadows beneath his eyes. His formerly dark hair is now mostly white. But his eyes and smile are the same.

Before we order, he gropes his pockets for his pills. “I’m on dozens of medications,” he sighs, and tells me that he finally underwent the bone marrow transplant in the summer. “It wasn’t successful,” he says, explaining that he now has full-blown leukemia and is living on twice-weekly transfusions. “Aren’t there any other options?” I ask, but he shakes his head; there’s nothing left to try. “I’ve defied my prognosis,” he adds, folding his hands on the table.

“Enough about me,” he says. “How are you doing? And how’s your mother? Is she in good health?” He is pleased to hear that in spite of her various ailments, she’s doing well. “Not bad for an old lady,” he says with a smile. Our conversation meanders. I learn how the G.I. bill financed his education, how he met his wife, and the latest news about his children and grandchildren. Everything we say is infused with the simple pleasure of being together.

As we sip our coffee, our silences grow longer, and I can see he’s tired. He tells me to go along and that he’ll sit and read in the few minutes before his wife arrives. As I bend to kiss him good-bye, I clasp his hand in mine and squeeze it tight. He squeezes mine back firmly. As I exit the restaurant, I don’t look back.

On a windy Saturday afternoon in March, I travel downtown to pay my respects to Dr. L.’s family. Coincidentally, the apartment he and his wife moved into five years ago is located in the same housing complex that my mother, stepfather, and I moved into when I was 12—the year

adolescence kicked me in the head and sent me reeling. Ever since, the neighborhood has remained such a charged place that I've avoided returning there except in my dreams. But on this chilly, bright afternoon, as I walk the tree-lined paths, the wind from the East River whipping through my jacket, I am transported into a timeless state. The trees are taller than I remember, and the red-brick buildings take on a familiar, pleasing proportion as they click into memory. Feeling myself fill with the loneliness and confusion I'd felt as a teenager, I think about how Dr. L. had provided a bit of ballast and hope. As I do, my sadness at his passing gives way to a profound sense of connection between past and present, a moment fueled by gratitude and love.

Portions of this essay are adapted from the author's memoir, Life Inside (Atria Books, 2002; Washington Square Press, 2003).

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