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FOREWORD

DARLINGS,

I may be dead when you read this. Possibly your mother too. I wanted it this way, feeling that some events were too personal to share while we lived and are still dangerous for you to know. As you might expect *she* objected, so the final decision will be hers.

I began writing this record as salvation. Later, after I gained answers, it became a story. Then, finally, just a life.

And like all lives it's fragmented, created from memories long gone. Except our love for you—always...

PREFACE

I NEVER LIKED lawyers: they charge too much, don't return phone calls, and have business practices which would cause the suspension of my medical license yet are ignored by their peers. So after my arrest I feared that mine would behave in these ways.

"What should we handle first?" I asked her. "New York wants my medical license, the government froze my assets, and the Manhattan prosecutor is deciding whether he can arrange for my lethal injection more quickly than Texas or to let Alabama electrocute me."

"Think, don't obsess," a psychoanalyst told me long ago. This being expanded on by my lawyer who advised me to "try to find some pattern in the events—prosecutors can be wrong or even criminal but are never stupid."

So I now follow her advice and analyze my life believing, as I've told patients, that the unconscious knows what is crucial and will spontaneously raise it to awareness for deliberation. But I also knew that the unconscious had no sense of time and I was running out of time.

CHAPTER ONE

LONG AFTER I left medical school I took a course in sex feeling it was time I knew something about it. That's how I tell this story but it really concerned sexual development and was taught by a well-known OB-GYN who was also (and this is unusual) a very human guy. He began the first class by answering a silly question as to how he related to all the naked women he saw by saying that a doctor should react to *all* vulvae as if they were the same though (and he said this with a small smile) some *are* prettier than others.

But it was his later story which I cherish. A lonely woman, after meeting a man through a personal ad, invited him to her apartment where she was beaten and raped. When she berated her stupidity this doctor said, simply, "lonely people sometimes do unwise things." I often remembered these words and felt better, even as I tried to avoid doing them.

Freud stressed that personal involvement by a doctor was contrary to the patient's welfare. But I always felt involved. So maybe my troubles really began when I opened my practice...on Central Park West...

You can find apartment houses like mine all over the upper west side of New York City. Swarming with therapists of varying academic degree, theoretical persuasion, and ethics, these ornately carved buildings seem separate from the pace and worries of the collective City.

Their lobbies are quiet and on cloudy days a gloom emanates from the phony, heavily carved medieval style furniture and bogus "antique" rugs in the lobby, these seeming an extension of the artifice strewn structure of the therapy session itself.

People believe that psychiatrists must like their patients but I didn't like the Reverend Cary McMasterby, Doctor of Divinity: his pomposity and arrogance were almost too much to bear. But protected by my self-control and professional facade, I asked during one therapy session the only question which then came to mind.

"Why did you do it?"

"She needed me," he said.

I made my frequent mental note that "needy" women abused by clergymen are usually young and pretty.

"When did it start?" I asked.

"That's difficult to say," he responded, after gazing at the Rorschach-like abstract above my head, then the clouds and off-white painted door. Finally, as if having gained profound insight from these views, he spoke slowly and deliberately. His manner and deep voice impressed even me who knew that his response would be, invariably, bullshit.

"Did my sin begin when I touched her? Or when I vowed to help her as she worked while her husband drank, struggling to raise their children. Then I did comfort her. But first only as a Christian. This can be difficult to understand without the proper upbringing."

Reverend Cary was alluding to my being Jewish and being as tactful as usual. I knew what he *wanted* to say. I've sometimes wondered how I came to be considered expert at treating sexually abusing Christian clergymen. Catholic or Protestant, they're referred to me.

Rabbis never come. With them I don't have the *in*; gentiles are most comfortable that I'm *out* though religion has little to do with their troubles. Which can happen when lonely people become driven by unconscious motives and the power of authority and symbol.

Some clergy want their lives to become unmuddled. Most, just my letter stating that they completed treatment and are unlikely to act-out again. Or whatever phrases are needed for them to get on with their careers.

It was Cary's fourth session and I still didn't feel as if I knew him—which meant that he was one very guarded guy indeed. Cary was angry at his wife and again refused my suggestion that I interview her. Maybe being afraid that I would reveal how many women he provided "Christian warmth" to despite my assurance that what he told me was confidential. Or possibly he feared giving information which would conflict with his impressive facade. Or was in a bad mood and rejecting every request that day.

I was tired and so was Cary's therapy but we played our roles. He had sexually seduced women and was now psychologically seducing me as his persistent mellifluous voice described the Episcopal religion's ability to satisfy my yearning for greater belonging, though my faith had preceded his by several thousand years.

Like every tempter he sensed what I most wanted to hear and promised its fulfillment: in exchange for my statement that he wasn't really that bad. He had spoken and spoken and I knew him no better but he felt relieved: believing that he convinced me of his goodness; feeling less stress (which is what happens in psychotherapy); mostly, just being glad that his session was nearly over.

I said my usual, "We're going to have to stop now." As was usual, he stood, nodded, and left the office—silently. Had he responded, "with God's grace," which was my continuous fantasy, I couldn't have taken it. But that day he made one more statement.

"I'm sensing that the greatest spiritual grace can be gained from helping children."

The day dragged on. Early mornings I treated adults before they left for jobs on Madison Avenue and Wall Street. Then mothers, more relaxed with their older children in school, and freer to confront their crumbling marriages.

In the afternoons the children arrived. First the youngest, with those attending regular school after three. At six the adults returned and my energy became renewed from no longer having to play Chutes and Ladders and my work day being nearly over.

I was worn out.

Twenty years of worry had taken its toll. Thousands of experiences of caring deeply, then never seeing the patient again—which I knew was my job—had wiped me out. Their lives got better; mine didn't. I was “a rock for patients” (as an insurance executive once described me) but had myself become hardened and unable to change.

Until—as if from some unknown symmetry—one work day ended as it began. With another intriguing patient I didn't like who phoned, apparently, only because he had never heard of me.

“D'ya know my name? It's often in the papers,” he asked in his initial call.

“No,” I responded.

I stopped reading newspapers long before moving back to New York City from my many temporary jobs across America. While working for the government years before, I had at first-hand learned of the lies which were used to explain public events and so no longer believed uninformed uproar. Thereafter, seeking to relax and shield myself from these matters, I collected antique pistols, wandered through stores seeking toys for my office, and baked fat-free chocolate cakes which made me popular with neighbors: being continually obsessed with my ten pounds overweight I gave all away.

Which was why I had never heard of The General. Some days, when I was worried about a patient, I never noticed the sky. Even I regarded this as unhealthy.

“I'll pay cash. I won't use my insurance,” he later added.

“Why not? You're paying for it.”

“I don't want any records kept.”

He demanded this as a pen and pad lay on a clipboard in my lap. I kept *extensive* notes for they had once having saved my career when I became embroiled in a lawsuit between an erotically disturbed woman and her equally intense husband.

“I have to keep them. But they're locked in a cabinet and I do everything including the typing and cleaning the office. If I don't file an insurance claim, nothing is sent out.”

“*Everything* is confidential?”

“Within limits. I have to report if you're abusing a child, or a judge orders me to testify.

“What if I'm thinking of killing someone?”

“Only if the plan is realistic and you're not using a figure of speech. You get arrested for real murder—you can still think what you like without consequence.”

“Until others learn your thoughts.”

“I'll agree with that.”

He seemed satisfied with my responses and became silent.

My initial dislike of him decreased but it wasn't entirely gone and I wondered why for he paid one hundred seventy five dollars each session and with his good self-control he was unlikely to cause trouble.

But I couldn't muse more than briefly since there were the necessary questions to be asked at every first session, which he readily answered.

He was sixty four, had never married, and had no children. He completed ROTC at Brown and law school at Harvard before beginning his military career.

He had no previous mental health treatment or significant medical problems. His parents were dead and he had one older sister he rarely saw. He never thought seriously of killing himself or anyone else. He had smoked until he was fifty four, and didn't use drugs or drink more than is considered healthy ("A glass—they say Eisenhower wouldn't have had his heart attack if he had wine that evening").

So he was symptom-free. *Except* for a fear which he wouldn't describe, and because *no one* enters a psychiatrist's office unless they're very distressed. Who else would share their personal secrets with a stranger?

The session moved quickly and he paid me immediately after hearing my closing phrase and even before my usual ending-first-session joke: that the (toy) guns in the corner were to insure payment. Which I said anyway, though the timing was off and this is everything with jokes.

Telling stories and jokes to a captive audience is one of the few ethical perks for a psychiatrist. We scheduled an appointment for the following week and he left after a slight smile, not shaking hands. Apparently, like me, he avoided casual physical contact.

My work day was over, I locked the outside door to my office, and my daily discontent again began. Interesting, excessive work can't completely dim loneliness as I had told to countless patients, though it did succeed for many of my forty seven years.

I was getting lonelier and more rigid though likely no one sensed the latter and my child patients still felt that I was the silliest adult they knew. As I would remain until they wheeled me out.

And I was *dateless*. A quaint word I used only to myself for it identified me as growing up in those years when not having a weekend date was shameful (Saturday night being worse than Friday night), my discomfort disappearing when I became the one who evaluated others.

A girlfriend in medical school told me, "You'll spend your life analyzing it," and I have: studying lives, searching for life, my empty heart filled with the passions of others.

End of Chapter One