

PART 1: On Becoming a Doctor

Childhood Dreams

Everyone always knew I would become a doctor. Well, perhaps not everyone, but I did, and my mom did as well – she had continually encouraged me to choose a career in medicine after I had originally voiced the desire at age 5. My 5-year-old-self settled on the profession; grateful, fascinated and enamoured with the science and skill that had successfully reattached my severed thumb, which frankly, was somewhat of a miracle in itself for 1961. I went through the natural childhood phases of wanting to be almost anything else, but my mom had her way of redirecting my focus to the bigger picture, and channeling my earlier desires to help other people the way I had been helped. Funny how a seemingly small, gentle influence can be life-altering. Right-handed, I would be spending this life without a right thumb absent Dr. Robin Rankow's efforts, par excellence. The successful reattachment was even more miraculous because Dr. Rankow, a close family friend, was an ENT, not a hand surgeon. I've come to love playing squash, tennis, baseball and several other sports over the years, none of which would have been possible without my trusty, and very much present, right thumb.

In high school and college I had been a very strong math and science student and had considered pursuing a career in computer science, scientific research or engineering; but invariably I came back to the commitment I had made at that young age, abundantly reinforced thereafter. There was a little bit of the Tiger Mom¹ effect, but a lot of it was self-directed as well. I understood the rationale too: medicine was a field that would "never go out of style", but it would provide some job security, continued human interaction and the ability to incorporate some of my other strong intellectual passions – backing up medicine's "art" with my strengths in science. The field of medicine also effectuated the concept of "doing well by doing good", something that was important to me and a good fit with my personal values.

Growing Up

¹ [Tiger parenting](#).

My brothers and I had grown up financially poor, educationally rich. My parents had somewhat impoverished themselves for our sake and benefit, sending both of us to a private school, paying full freight and abjuring luxuries for themselves. No travel jaunts, no gaudy possessions or cars, no vacation home: instead they accommodated our family of five quite frugally, in a 1.5 bedroom rent-controlled apartment in the Bronx.

There is a joke that there are two types of people: "people who fall into categories and people who don't". Well maybe I fall into the category of people who don't fall into categories. I never really saw that myself, because I was just "me" all the time and I don't think I necessarily stood out that much as a kid. I did the normal things normal kids did. I played baseball, went to Sunday school, attended sleep-away camp, hung out at the schoolyard and chatted away the summers on our apartment's front stoop with my dad and passersby. I had friends, and while I didn't do anything "bad" or criminally wrong, I didn't actually do anything abnormally "good" or phenomenally well either. I had skipped third grade, so at one point I went from being the tallest kid in second grade in June to being the shortest fourth grader in September. There must have been something "there" – but I didn't have the laser-focus seen so often in the kids today who are deemed to be destined for greatness.

My mom, especially after her "surprise" youngest child, born a decade after my brother and me, certainly did stuff for us – birthdays and so forth – but even before her two older children went off to private high school she had become very busy. She invested a lot of time in her small interior decorating business in order to help out with my father's slow retail business in the years before his late start into lawyering. My father had diverted from his nascent legal career path in order to run his in-laws' jewelry shop in Brooklyn Heights. Urban lawyers were not as financially well-off as many are today, so he took the more cautious route of the reliable jewelry business, which, though steady, kept his income-ceiling low. Gradually he broke out of that self-created dead-end; initially with part-time lawyering in the garment district before finally setting off on his own -- by which time, I was 11.

One thing I got out of my parents both working was some independence. We kids did our own stuff to an extent that is very different from today's norm. From the 2nd to

the 6th grade I would make my way home every lunchtime to cook Chef Boyardee lasagna or whip up tuna salad from a can, sit through Jeopardy and then race the four blocks back to our prosaically named Public School 81. By the age of ten my brother and I did our own laundry downstairs: we would wind our way down through the apartment- basement's labyrinth to the washing machines where we played makeshift ice hockey with sticks and a rubber ball while the clothes were churning around. As for folding or ironing — ha!

We lived in a reasonably safe urban neighborhood, although there was some tension between different ethnic groups with the tougher, brash Irish kids taunting the more studious, inwardly-focused Jewish kids who filtered through their neighborhood. Though my childhood memories could be mistaken, I don't remember such heckling vice versa. For the most part our neighbourhood play was carefree: trips to the playground or through the quieter, green streets outside of the large apartment campus. People were civil and helpful, and I don't really remember any discord or danger. I had personal carte blanche walking through Irish neighborhoods with my bright red hair and freckles.

So our neighborhood was pretty decent (North Riverdale is still one of the nicer parts of New York City's Bronx) and the local schools were not bad either; nonetheless, my older brother got it in his head early on that he wanted to go to the Horace Mann (private prep) School.. It was local and had a great reputation as a conduit to the Ivy League and to success. None of that was really on my radar, but given the competitive nature of brothers, once he had been accepted and began his first year, I took the admissions test and did the same. My parents really couldn't afford this, but they had gotten some help from my maternal grandfather who covered at least half of the bill.

Unfortunately I was only a few months into my first year at Horace Mann when my grandfather suddenly passed away. My grandmother must not have known about the tuition payments, because she didn't uphold the agreement. My parents could've taken us out of the school at that point, but soft-hearted as they were, they didn't and it was really tough going at times. We were invariably late on payments and I remember all kinds of written threats as well as occasionally being brought into the administrative offices where I was given harsh warnings to relay to my folks. At one

point I even was cut out from school entirely because of finances: I had to stay home for seven crucial weeks in grade ten when everyone was working hard earning the top grades necessary for college. We made up an excuse, too embarrassed to admit that the real reason for the late payments was simply not having the money — "hepatitis", it was. I knew nothing about it, but apparently that's what I had. My mom had figured out that it was a reasonable illness that could theoretically have kept me home for such a long period of time.

My folks were good eggs. They didn't always get along perfectly, most likely no parents do, but they both worked at their jobs and worked hard. My dad was easy-going, quick to laugh, had a good sense of humor and was a grounded, equitable man. He was made president of every group he came near, including the PTA, Boy Scouts, our congregation and his fraternal lodge. My mom had an interesting inward / outward dichotomy: on one side she was very disorganized at home, and yet she was fully at ease and commanding socially.

My parents knew they didn't have a lot of material goods to show for their hard work, but they did know that they were giving us opportunities. One of the biggest sacrifices was all five of us making do with the 1.5 bedroom apartment. I can't tell you how often I dreamed of moving into a picture-book suburban home with a lawn. I even dreamt of a secret nondescript manufacturing building in which I had made labyrinthine multilevel connected rooms, secret to all outsiders. It's really funny to reflect back on those childhood dreams now given that I have spent the last 37 years residing precisely so, though in reverse order. My current 2.5 bedroom suburban colonial would certainly have fit into my twelve-year-old self's visions, as would my previous home — a contemporary-chic multilevel artist's loft which I had carved out of manufacturing space and built by hand, along with two other swank lofts which I rented out.

Though cramped at the best of times, our 1.5 bedroom apartment was nonetheless adequate. My older brother, Gordon, and I shared a tiny, 60 square-foot, former kitchenette which had been transformed into a bunk-bedded bedroom, into which my younger brother "graduated" when Gordon moved away to college. The entire apartment, small as it was, was made smaller still by my mother's general tendency towards hoarding, warehousing the decorative items and rejects of her clients, as

well as other paraphernalia, wherever possible. Further amplifying the cramped conditions was the fact that no one did any housework beyond the bare minimum: my mother had no time, or perhaps no interest, and I doubt it occurred to us menfolk to lend a hand. Needless to say, we never had guests and my social life revolved around the homes of friends.

Higher Education and Leaving the Nest

Horace Mann put a lot of kids into a lot of top colleges — its major selling point. I was a good student: I wasn't top of the class, but I was in the top 15%. I got by, but again, nothing flashy. Maybe it was all contextual, but in retrospect, being a reasonably good student at a place like this probably put me ahead of a lot of top students elsewhere, at least academically. There really were no weak students, and certainly no (what I might call) "retrograde" students, that is to say, students whose purpose is antithetical to studying as is often seen in public high schools where everybody is guaranteed a place. Retrograde students can often make studying seem unfashionable for so many others. At Horace Mann, however, everybody worked hard and even the guys who were not top students still provided both good conversation and good competition. I keep in touch with a fair number of them still — an impressive bunch.

College advisor Mr. Glucker thought that I would be a good match for the SUNY (State University of New York) schools: Stony Brook, New Paltz or Binghamton. Perhaps smug, I thought he was aiming too low, aware of my familial financial struggles and trying to save me the further grief of having to meet private college tuition bills. He was aware by this time that my SATs and achievement tests were near perfect scores almost across the board. I knew that most of the private schools offered financial aid and I thought I would give it a shot. At that time, MIT had something called "early action", which could be better described as "early decision" without commitment. By late fall I had been accepted with no obligation to attend. With MIT as a backup, I applied exclusively to four Ivy League schools: I was accepted to Columbia and Yale, waitlisted at Harvard and rejected at Brown.

There is one interesting anecdote pertaining to Harvard's requiring a second interview. Despite the minor setback of our car's running out of gas en route, forcing

me to run 2 miles in the Mass Pike's breakdown lane for a gallon, I arrived intact. After introductions, I was asked, "For this one spot, you're competing against Leonard Bernstein's son and a young woman who plays concert piano and speaks Vietnamese fluently, why should we take you, yet another New York City premed?" I was slightly taken aback, but replied, "It's Harvard's choice – I'm not going to be able to learn Vietnamese or the piano, let alone make my dad famous, in just 3 weeks. I can't alter my origins. I suppose I could change my career aspirations, but I applied to Harvard to help further my plans of becoming a physician, not to end them." Harvard declined. The wonderful consolation prize? Going to Yale, which in the 1970s was a thought-provoking place of stimulating, open-discussions which made me extremely happy.

For one thing, I got to leave my cramped, bunk-bedded quarters at home for, well, a much less cramped, bunk-bedded room at college. At home, my younger brother had supplanted my college-bound older brother, and I had "graduated" to the top bunk, but going to college constituted a real break for both of us.

Brian was my real prize. Ten years apart, my role in our relationship was a special combination of paternal and fraternal, and I spent far more time with him than our parents did. Early on I even changed diapers, but I had far more fun with him later, taking him on my bicycle and listening to his thoughts form. I had school and all, but I took him everywhere I could: I shared my interests, and at one point made him my "press secretary" – tasked with handling any repetitive or probing questions from my mom. It was frankly quite hilarious.

My younger brother got a bedroom to himself, which was a needed bonus, but it also meant that I had officially left the nest and wouldn't be coming back to stay. I returned only once, the very first summer after freshman year, to work a retail executive-internship at the Abraham and Strauss department store in Brooklyn², but that was the last time that I spent a night at my childhood home. The place was crowded to begin with, and my mom had a way of promptly filling up even the tiniest bits of available space created by any departure. The positive result, once again, was independence and innovation, as thereafter I had to come up with other plans for living arrangements during college breaks. Early on I stayed at Gordon's

² [The Remains of Abraham & Straus Department Store](#)

apartment near Columbia University, and later wherever interim tasks took me: New Haven, New Mexico, England.

For me, college was a free-form, stimulating array of courses and students. I could take as many courses as I wanted — at one point seven! — whether they were related to one another or not. And there was so much variety: debates with passionate peers at meal times, discussions with professors and loads of school-events and -happenings. I loved it. It was like being a kid in a candy shop. Yale had a residential college system which divided the 1200 freshmen into 12 groups of 100 each. It made for closer bonding, more recognizable faces, intramural teams and continuing conversations. I was at Berkeley College (not California's), right at Yale's center, which was split in two by the Cross-Campus Library. Neo-Gothic dining halls are now a staple of our imaginations after Harry Potter's Hogwarts, but for four years I got to live and breathe it.

Horace Mann had given me a head start with AP (advanced placement) courses so I was able to slide directly into upper level science courses. I am aware of the slightest hint of arrogance that's a mild undertone of my storytelling, it must have been there in my early college days as well. I remember the professor of an advanced physical chemistry course calling me in for a private after-class discussion during my freshman year: she said, "If you know all of this stuff already, why are you here?" I didn't! I didn't "know all of this stuff already". I'd never seen most of it, but as my wife now tells me, my emotions often show on my face. Perhaps I had been jumping a few steps ahead of her based on my reading, semi-critically analyzing the way she was presenting things for technique and clarity — about which I was not in complete agreement at certain points — and it showed on my face. In the current Age of Coronavirus, here's yet another reason to wear a mask (kidding).

We got our grades in a semi-secret fashion — pre-Internet days. The professors wrote down a few numbers that pertained to each student followed by a grade and posted it on a piece of paper outside the door of the classroom. One science wag, a friend of mine, would always write "Hi, Randy" at the top number, not even knowing it was mine, although very often it was. I created a combined major in chemistry and physics, and later taught chemistry at Yale over the summers. While those two

subjects were my strengths, I was equally captivated by Vincent Scully's "History of Art (and architecture)", Lit X, monetarist economics, political seminars and sculpture.

I had good roommates. The initial "quad" — four of us from freshman year — stayed together as an intact group, and we formed a good "entryway" coterie of friends which we managed to duplicate in large part of in the subsequent year when we moved into the residential college itself. With the overwhelming ratio of guys to gals, on-campus dating was almost always reserved for upperclassmen, the more "alpha" or prestigious amongst us. As in high school, the lack of female companionship, or really the absence of a preoccupation with any sort of romantic interests, freed up a lot of time for study-devotion — in retrospect a bonus. Downtime was punctuated by touch football (I quarterbacked), "mixers", movie-society flicks and Frisbee as well as many other usual college pastimes.

Medical School and Residencies

Medical school, on the other hand, was completely different. It was more like the military: whether you liked what they had to offer was irrelevant because essentially every course taken is mandatory and everyone takes the same courses. The students who had a clear vision of their career path and were completely focused on working towards it did really well. But some days, I didn't know what I wanted to do. I think some of my wanderlust began to build during medical school.

Geese to become foie gras are held in place, jaws locked open and stuffed with food, day after day. We all like food, but nobody likes it like that: too much, and not of our own choosing. Medical school, if you don't have a goal in mind, can often seem that way. I had heard it would be "a lot of memorization", "long hours" and "very competitive". This all turned out to be true: there is a time to grow up -- and medical school, for many of us, was that time. On the bright side, you are learning a profession with an incredible history, rich with amazing and intricate information to be gleaned along the way. The physicians and professors are dedicated, forthright, often soulful and almost always helpful. Classmates are intent and serious, but not without occasional and fervent levity. I had been in the lottery to be drafted for Vietnam, but did not get picked — while medical school was in no way comparable with the danger of military service, it did feel like a type of service nonetheless. As

with becoming a soldier, there is a certain power in understanding your field of action and respecting the knowledge and tools to command it: learning molecules' biochemistry, tissues' organization, organs' function and the intricate biophysiologic coordination between and within different body systems – both in the ideal, healthy form as well as during dysfunction and disease.

My background was in basic science, but ultimately I found fascination in the human story. Diseases have their basic similarities from person-to-person, but how those diseases affect people vastly differs between individuals, and nowhere more so than in disorders of the mind. So, despite some initial indecision in choice of medical specialty, nearing graduation, I began interviewing for psychiatry residencies, including some of the top programs in the nation. Yale University and Massachusetts General Hospital both offered first-class psychiatry residencies — each of which accepted me, in sequential years, though neither of them directly through the usual "match day" pathway. I had wanted to delay deciding on location, so as to coordinate with my Yale-era girlfriend, also in medical school. (Yes - though I was not an “alpha male” per say I did eventually start dating in my later college years).

Because of my Yale-ties and the proximity to her medical school in Westchester, I decided on a one-year flexible internship in New Haven, Connecticut that would leave her options open. We could match programs and match cities as well, she and I. This also served as a longer audition for Yale's psychiatry residency, which indeed made me an offer during that academic year.

Ah, young love — it probably isn't surprising that those “match” dreams of ours didn't work out as planned. The internship year in New Haven also served as an audition for our budding relationship under the undue stress of dual and dueling medical careers. The strain of a long distance relationship continuing over five years, all through medical school and my subsequent internship was too much. It's hard to say whether it was my 100 hour workweek or her similar clerkship commitments, or maybe it was the utter exhaustion on the days in between, that inhibited building on and nurturing our relationship. Arduous travails can undo youthful ardor.

Off The Beaten Path

Come spring 1982 and it was decision time: I declined the generous offer of a residency spot at Yale Psychiatry. It was not meant to be. On some level I must have been nursing a broken heart. I know that I felt frustrated with the intense time-commitment that the early phases of a medical career require, and that I made the conscious choice to get away, at least for a while, escaping the unending sequence of intense academic commitments. Although I had minimized a lot of it in my head, there had been mounting, unrelenting pressure through 15 years straight of prep school, college, medical school and internship. So, some recency-bias decision making “happened” and I set off for parts and career unknown.

I know that all along that I had had my way of compartmentalizing the work, the stress and the “rest” of life, and handling it accordingly; but to properly nurture a relationship seemed to need more time. More time than I was willing, or able, to give. Of course I was going to free up more time by stepping away from the residency: in retrospect it seems backwards, finally making time when I no longer had a relationship to invest it in, but I did it. Overcome with a strong desire to get off the beaten path, I decided to take a “year off”, though it was hardly the relaxed, backpack-through-Europe (or -Asia) type of adventure that is common today. A freshly graduated young doctor taking a year off is nearly unheard of and is far from the traditional route taken by the vast majority of medical school graduates. Call it what you will: my cowboy phase, an ingrained need to go my own way, a young man’s finding himself — I suppose it just wasn’t for me: to jump through the hoops of society simply to say I did it.

My choice was surely driven by a combination of my broken heart and the ambition to challenge myself. I wanted to experience some real life medicine outside of the carefully controlled residency system. I set off for the corner of the United States that I deemed to be most different from everything I had been used to up until that point — and most different from the rest of the United States as well.

At that time, Calhoun County, West Virginia had been recently observed by The Wall Street Journal as close to the poorest spot in the United States.³⁴ West Virginia had the most miles of road per person (an interesting statistic, when you think of it) with

³ [AS HELP FOR APPALACHIA TRAILS OFF - Some Places Seem As Needy As Ever](#)

⁴ [Poverty and hope battle in the hollers of West Virginia.](#)

valley after valley of quiet, isolated living unchanged by time — “in the hollers” as they called it. Notably, throughout West Virginia’s history it has had the fewest people move in and the fewest people move out. As such it was home to essentially the purest, intact culture of Scotch-Irish settlers: persons exhibiting manner, dialect, dress and more, unchanged since the early 19th century. Starched white collars, black jackets and pants or full length skirts; formal and austere mannerisms; self-sufficient to a fault and with accents that sometimes required translation. And then this “*Fresh Prince from NYC*” — via Yale and University of Rochester School of Medicine and Dentistry, with only a short, multipurpose internship to his name — arrived to be their doctor. It was like stepping through a fascinating window into an earlier time. But I was not there as an anthropologist, rather as a physician, and they didn’t want 19th-, but 20th-century medicine.

The Netflix sensation, *Ozark*, memorably delineates the distinction between “hillbilly” and “redneck”. Most of these people were the proud but poor hillbillies, which was good, because frankly it was more often the rednecks that presented issues and challenges. Of course (as in the TV-series) there were other layers of more recognizable Americana as well: contemporary, commercial, medical and university.

One night in Montgomery, West Virginia, coal-mining country, a screeching pickup truck literally dumped a man — who apparently had lost his saloon’s knife-fight when a blade punctured his heart — onto the pavement in front of the ER. As the sole physician for miles around, I hoped my textbook medicine would arrive at the front of my cortex pretty gosh-darn fast. Stab wound, barely alive, no discernible EKG tracing... cardiac tamponade? I remembered, quickly enough, to put an electrode to the large syringe’s needle; push until the EKG reacted; and draw off the cardiac-lining’s blood-spill that was ironically choking the heart itself.

Despite my own heart’s somersaults, my hand completed the pericardiocentesis successfully, except for one unforeseeable and potentially lethal repercussion – for me, not the patient’s whose life I had just saved! None of the nurses, nor I, predicted that our bringing him back to life would be the equivalent of pressing “PLAY” on his currently “PAUSED” internal narrative. When he regained consciousness he was right back in that bar-fight. “I” was unfortunately cast in the role of the guy who had stabbed him, and his instinct was to jump up, attack and choke me. If not for the

reactions of the others around the table, this wild, drunk, aggrieved hombre might have violently ended my medical aspirations that very evening.

I worked in West Virginia for a year: submersed in real, fast-thinking, independent doctoring at a time when my contemporaries were busy completing residencies. It wasn't too bad. I had my own place, my Triumph Spitfire classic sports car and a myriad of new experiences, but it was also a social and occupational dead-end. When Massachusetts General Hospital called out of the blue to offer me an open psychiatry residency spot based on my application from the year prior, I debated and debated, but ultimately decided to take it.

MGH Psychiatry

It was serendipity that I ended up there at all, having declined Yale Psychiatry's spot the year before and given that positions at MGH (playfully-called "Man's Greatest Hospital") were highly sought after. I had made a good impression on the program director, Dr. Jonathon Borus, during my aforementioned application interview which had translated into this later opportunity to replace a MGH-psychiatry resident who had scratched at the last minute.

The word "opportunity" should be used loosely here. On one side, a residency with a hospital such as MGH should be viewed as an opportunity: MGH is considered by many to be the *crème de la crème* of hospitals, in large part due to its association with Harvard. On the other side, institutions like these rely on young, competitive physicians whose desire to climb the ranks is so strong that they are willing to sacrifice all their free time for 100-hour work-weeks and little pay, and the ultimate credential. Be that as it may, I hurried to wrap up my affairs in West Virginia before arriving back in Boston in late July, several weeks after the residency's official start-date.

It seemed that I would never catch up. My fellow residents had had a significant head start: their classes and group sessions had long since commenced and they were comfortable and familiar with both each other and the daily conventions of the residency. It felt to me as though I had voluntarily thrown myself into a deep well. I

struggled to adapt to daily residency life while using any spare time I had to get myself settled and organized in my new apartment in Cambridge.

Coming back to the rigors of residency was as close to a "culture shock" as you can get. Residency-folklore had not quite prepared me for the grueling 100-hour weeks in-hospital of MGH-psychiatry residency. Don't get me wrong, I had done a medical/surgical internship year which had certainly had its long nights, including ample sleeplessness and fatigue, but psychiatry residencies usually are much easier. Not so the case with this psychiatry residency — it was in every way harder.

I was immediately put on the emergency ward rotation, which is the most demanding. Residents' every-third-night was spent on call and was therefore essentially sleepless. The thing about psychiatric problems is that no one comes in need of a quick prescription or a few stitches, the kind of issues where you manage to go back to bed and get a few hours of broken sleep in one way or another. No, the people who are desperate enough to come in, or those whose loved ones have deemed it necessary to bring them in, to an emergency psychiatry-unit in the middle of the night are likely to be floridly psychotic.

It is a difficult situation to describe to somebody not in the field, the floridly psychotic are lost in their own non-existing reality: emotional and behavioral reactions often based on hallucinations or unidentifiable internal stimuli as opposed to anything real. It presents a challenging situation which at the very least involves an extensive interview followed by a correspondingly long write-up — not to mention the often haunting thoughts of the interaction and interview thereafter. Not the type of problem that fades quickly from memory or allows for an untroubled return to rest and sleep.

To be fair, I brought some of my own issues with me. As I said before, I dislike following rigid rules. Call it arrogance if you must, but I prefer to think of it as an innate curiosity for possible improvement; allowing open conjecture to lead to better conclusions. Additionally, I missed making my own schedule and deciding how to spend my downtime: suddenly I had no downtime to spend.

Things did not progress particularly well for me. There were several factors at play, most of them my own fault. It is not always flattering to look back on your younger

self, but such is life. I have always had a knack for remembering facts and learning has always been easy for me — but having Jeopardy-level memory isn't necessarily endearing when humility, observance of hierarchy and fitting-in are the coins of the realm.

I'm afraid I came across as self-assured, brash and overly confident: attributes that I recognize from my current vantage as verging on a hubris that likely put-off supervisors. I should have been spending every available moment trying to catch up to some of my more knowledgeable peers, but instead I managed to spend my miniscule windows of downtime in other ways: joining a soccer league and attending art openings (which, I must say, paid off in the long-term). Adding insult to injury, was the fact that I cycled from Cambridge into MGH even on the hottest of days. Time was of the essence, and needless to say, showing up for a 12-hour shift sweaty, and sometimes without enough time to shower, was not the most professional conduct.

There is something else unique about psychiatry residencies in general, and MGH's in particular, which must be said. Unlike other medical/surgical residencies, psychiatry, specifically psychotherapy, is not just something the resident does, but something that is *done to* the resident. The psychiatry residents form "T-groups" of weekly "training" group-psychotherapy sessions whose subject is their own psychological health. Seeing one's own psychotherapist, privately and separately, is also highly recommended, if not absolutely required. The undertaking for oneself of the very same treatment intended for one's patients is not only absent in other medical and surgical specialties, but impossible in urology and OB-GYN for the opposite sexes, respectively. In many ways it is an absurd practice in itself.

MGH psychiatry — seemingly aware of its practitioners' self-treatment needs and history — reacts affirmatively (acquiescing to psychiatrists' character) in encouraging self-psychotherapy -- but also contrarily by work-stressing its trainees, matching internal medicine residency's sleepless nights with its own. MGH dealt with the field of psychiatry's sense of inferiority to "regular" medicine (it could be argued) in this way – and by emphasizing medication more strongly than other programs. MGH's pharmacological treatment-emphasis counteracted some of psychiatry's mystical / Freudian aspects. Medication is more quantifiable, and brings the possibility of better data analysis to psychiatric treatment results. I can be on board with that. As far as

the transactional analysis group psychotherapy – well, in general I'm fairly self-reliant, so this version of (children's game) "Mother, May I" with onboarding coordination of moods and feelings was really not my style.

To be honest, I felt no need to psychoanalyze myself and I was quite comfortable with my actual stasis. It's fair to say that I have been good at self-regulating as long as I can remember. For instance, the entirety of my studies through prep school, college, medical school, internship and residency were caffeine-free — and drug-free. I was essentially the only student to abjure even coffee and tea throughout the various phases which followed high school. A good night's sleep has always been important to me and I successfully studied my way through prep school and college without the use of drugs, alcohol or other stimulants in part due to good time management and healthy sleep habits.

Regardless, one thing led to another, and I was not well-perceived by the teaching, supervisory psychiatrists. Though I was astute and perceptive; a “quick read” of patients’ moods; and empathetic and upbeat, I was not as thoroughly informed on pharmacologic interactions or recognizing nuanced disease-subtypes’ signs. Having arrived ~4 weeks later than my fellow residents, I wasn’t quite up to speed with some of the finer points of routines that had already been established either: journal updates or departmental traditions for example. I had confidence in my medical diagnostic abilities from my year of doctoring in West Virginia, but that didn't factor into the needs of the psychiatry department whose cases were, well, deeply psychiatric. We treated variants of psychoses and depressions more severe than what would regularly present in simple outpatient psychotherapy every day, though of course there were less acute cases as well.

Supervisors began having a few of my general-psychiatry patient-visits supervised and requesting extra-time to review these sessions in secondary discussions with me after the normal end-of-day. With a 55-hour daytime working schedule as the baseline, combined with up to three on-call nights per week as well as these additional secondary discussions, I often spent 105 hours in-hospital per week. Adding on even these few extra sessions was cumbersome when I was already exhausted. I also begrudged the additional confinement, forcing me to miss out on

the beautiful summer weather just outside the hospital windows, and although I can keep a poker face, it is possible that my resentment showed.

An Ending and A Beginning

About three months into the psychiatry residency something changed. Or, better said, someone changed me. I met an incredible woman at a South End art-opening. It was September 1983, and she was everything. We had a passionate romance, and after a short time, when we could take our hands off each other long enough to have real conversations, it became undeniably apparent that this was much more than a fling. Indeed, Lynne was to be my girlfriend, then fiancée and now wife and mother to our sons. We've had a great run, together and in love. She is still my everything after nearly forty years together and counting.

Suddenly the future seemed important to me in a way it hadn't before. I immediately began taking my residency more seriously, more forthrightly. I realized that I needed people to see my good side, recognize my strengths and my ability to adapt. But it was too little, too late — and despite the program-director's fond spot for me, I was asked to leave the program in October, 1983.

In the time that followed I explored other aspects of my interests, what one could call my “poetic” side. MGH had essentially spit me out and suddenly I went from scraping together a few desperate hours of sleep, to having a comparatively overwhelming amount of time and freedom. I became an abstract-art painter and had some showings of my artwork. I built a few Soho-style apartments in the Fort Point Channel area: self-designed, multi-level loft space spread over 2500 ft.² which included my own art studio. I enjoyed being part of the art “scene” of the early 1980's, preceded by a budding reputation as some friends and acquaintances declared my apartments to be the “coolest” loft space. It is a project I still think fondly of today. While I genuinely enjoyed some of the other social aspects of being “urban” again, pursuing my artistic interests was not enough to distract me completely from the botched MGH residency or my long-term plan to work as a doctor.

It was the first time in my life that I had really failed, at least at anything important. Socially and athletically I had always done fairly well. And I had managed to excel

academically without impinging on those first two pillars of life, riding on my innate curiosity for information, attentiveness in class and diligent completion of homework. It came naturally to me to avoid distractions and negative habits, and I was fortunate to have a fairly quick "CPU" mental processor if you will. Yet here I was — with a broken-off psychiatry residency and no crystal ball to show me where my barely existing medical career should continue.