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## 7

### The Woman Who Saved My Life

I heard stories about Chestnut Lodge. It was held in such high esteem and considered among the Ivy League of psychiatric hospitals. And, of course, Frieda Fromm-Reichmann, who many revered, had been there for years. But then I looked at what they had done. “Oh my gosh,” I said, “This is not right.”

Joan Narad, interview

### Arrival at Silver Hill

On August 1, 1979, Dr. Osheroff arrived at Silver Hill Foundation, accompanied by two large male escorts—one on each arm. The only thing missing were leg irons. He presented a dramatically different portrait than the “well-groomed” man in the bespoke suit who had arrived at Chestnut Lodge seven months earlier. An account from that day<sup>1</sup> describes “an agitated, disheveled-looking man . . . pacing uncontrollably.” An admissions note captures the devastation: “Disoriented, unable to sit or remain still for more than a few seconds. Hands trembled. Clothing stained. Hair greasy and matted. Speech pressured, jumping from subject to subject.” He walked continuously throughout the unit, refusing to sit even when offered food or drink, muttering to himself and asking staff bewildered questions: “Am I in prison or a hospital? How did this happen to me?”

**[Insert Figure 8]**

His escorts warned<sup>2</sup> that he might be “assaultive” and “indicated that the therapist might need protection from the patient.” The receptionist took one look at him and panicked,

summoning Dr. Joan Narad, the thirty-six-year-old, visibly pregnant psychiatrist assigned to his case. “He was the most pathetic<sup>3</sup> person I had ever seen,” Dr. Narad recalled. She approached Ray with confidence but caution. “Are you going to be okay?” she asked.

“Yes,” he replied.

She invited him<sup>4</sup> into her office and closed the door behind them. He did not sit down but continued to pace. His speech was pressured. But he was not irrational. “There was compulsion<sup>5</sup> to his pacing,” she later testified. When filling out<sup>6</sup> admissions documents, he left the space for his home address blank, telling the nurse he was a “homeless man with only a mother.” He handed over “what appeared to be a wedding ring, saying, ‘I don’t need it anymore.’” That same evening, a nurse recorded that he described himself as “a hopeless man<sup>7</sup> with no mother,” insisting that he felt “relief only in misery.” The change of venue had no immediate effect. “If I could get my chemistry right, I’d be okay,” he told a night nurse, expressing his conviction that medication—not introspection—offered his only chance of recovery. Still unable to control<sup>8</sup> his pacing, she arranged for him “to pace around the driveway every day for hours at a time” while accompanied by a hospital escort.

His conversations with nurses revealed the depth of his psychological devastation. To one he confessed his sexual dysfunction, “holding his penis and saying, ‘It’s too small, not good enough.’” To another he made a heartbreaking plea: “I am nothing. I am afraid of being alone. Do you understand I need someone to care for me, to hold me.” Later that week he asked a nurse if anyone had “died of loneliness in this place,” then stood silently in the hallway before declaring, “I don’t exist anymore.<sup>9</sup> I’m a shadow looking for a body.” Another evening entry captured him pacing naked in his room, repeating, “You can’t fix the soul with talk.”

Repeating phrases he had learned from Dr. Manuel Ross, Osheroff claimed he was symbolically dead. “There always was a ‘characterological disorder,’” he told the social worker at Silver Hill, “but I functioned ‘in spite of myself.’” Speaking to his parents by telephone just one week after arriving, he said, “I can’t even practice medicine, the pills will not help. I will never be well again. You have to make plans for my future. This means custodial care for a lifetime.”

His “death,” he told Narad, was attributable to the seven months he spent at Chestnut Lodge. One nurse noted that he seemed “frightened of staff—asking, ‘Why won’t anyone help me?’ before turning to the wall.”

## **Dr. Joan Narad and Silver Hill’s Philosophy**

Silver Hill Foundation operated differently from Chestnut Lodge. Patients were not regressed to a point where they became unrecognizable to themselves and their loved ones. None lay crumpled on the floor in the fetal position as physicians and staff stepped over them while discussing symbolic losses or oedipal fixations. There were no straitjackets, no unmedicated teens with paranoid schizophrenia prancing about naked, no “packing” patients in ice-cold, wet sheets. When clinically indicated, medication was used to manage symptoms and mitigate pain and suffering. People in Dr. Osheroff’s deteriorated condition were not typically admitted to Silver Hill. But the referral letter<sup>10</sup> from Dr. Zigmond Lebensohn carried particular weight, and a visit from Osheroff’s parents had helped his cause. Still, admission remained uncertain until Dr. Narad made her decision.

When Dr. Narad arrived in response to the receptionist’s summons, his escorts handed her a sealed envelope containing a letter from Dr. Wesley Dingman: “If for some reason he is not admitted to your institution on that date, we consider it vital that he be returned to Chestnut Lodge, as he is a potential danger to himself.” The letter reflected the Lodge’s genuine concern—and their assumption that Ray’s condition required their specialized long-term approach. That was not going to happen. “I knew we had to<sup>11</sup> take care of him,” Narad said. “Here’s a very bright man, talented, with music particularly, and possesses an impressive medical background. He can hardly sit still and has blisters on his feet. You have to feel some compassion for somebody who comes in like this.” Dr. Narad was young physician, just beginning what would become a distinguished career spent primarily as a child psychiatrist. The daughter of a physician, she had always known she would follow in her father’s footsteps: New

York University as an undergraduate and the University of Pennsylvania for medical school and psychiatric residency, followed by psychoanalytic training at the Philadelphia Psychoanalytic Institute.

Ray's mother was decidedly unhappy upon learning that Narad had been assigned to her son's case. She insisted that Dr. Robert Stubblefield find a different psychiatrist, telling Ray that Dr. Narad was an "incompetent woman doctor—someone who probably graduated at the bottom of her class." Osheroff shared his mother's harsh assessment with Narad during one of their first therapy sessions. Her response was measured and professional: "You can tell her that I was second in my class"—not defensively, but out of concern that his mother's prejudice might interfere with their therapeutic relationship. "I mean, it's funny now," she reflected four decades later. "I still laugh when I think about it, but at the time, this was a serious thing—to meddle with and distort a perception of how a patient imagines his therapist."

Stubblefield had specifically selected Narad because she was the only psychiatrist on staff with psychoanalytic training—he reasoned this would enable her to understand the treatment Osheroff had received at Chestnut Lodge. He was wrong. Narad's psychoanalytic background<sup>12</sup> intensified her disapproval of the Lodge's treatment approach. Despite her conservative stance when it came to prescribing psychotropic medications, her examination of Ray's clinical presentation and Chestnut Lodge's documentation left her baffled.

After poring over Osheroff's records, she was struck by what wasn't there—any reference to medication in Dingman's notes. Her reaction: "I looked at what they had done. 'Oh my gosh,'<sup>13</sup> I said, 'This is not right.'" The Lodge had "missed the boat" by failing to treat his condition with medication. This conclusion hadn't come easily. She had long held Chestnut Lodge in high regard—"It was held in such high esteem," she remembered, "and considered among the Ivy League of psychiatric hospitals." She particularly admired Frieda Fromm-Reichmann, whose legacy still loomed over the institution. But admiration couldn't excuse what she saw as a fundamental failure. "The standard of care<sup>14</sup> at the time," she explained, "required that all psychotic depressions be treated either with antidepressants or electric shock. That

would be true regardless of where on the spectrum those psychotic depressions fell. There doesn't have to be crazy thinking, just a very poor level of functioning."

## **Diagnosis and Treatment Plan**

Narad's clinical assessment was immediate. There was no doubt in her mind on that first day, nor in Stubblefield's, that Osheroff needed medication, she would later testify. The symptoms he was exhibiting<sup>15</sup> were so severe that it could not have been a "reactive depression"; it was clearly a "psychotic depression." In her notes from their initial meeting, she had written, "He was cooperative, oriented, and of above-average intelligence." He was also "relieved<sup>16</sup> to be transferred from Chestnut Lodge, where he felt confined and mistreated." Still extremely anxious<sup>17</sup>—he had "received a score of 10, the highest possible, on the IPAT Anxiety Scale, placing him in the 99th percentile of the adult male population in [that] anxiety level." That said, he was "eager to be accepted by Dr. Narad." When he spoke,<sup>18</sup> he repetitively mourned the loss of Joy, his children, and his professional status—describing himself as "a ne'er-do-well who had finally made it and lost everything."

Narad agreed with Chestnut Lodge's primary diagnosis: psychotic depressive reaction, agitated (*DSM II*, 298.00) and manic depressive illness, depressed (*DSM II*, 296.20), finding him "at the extreme end of the spectrum for depression." But she reached a different conclusion than Dingman and Ross regarding the presence of a personality disorder. She found it impossible to make such a determination given the severity of Dr. Osheroff's condition. As she explained, "When a depressive feature comes<sup>19</sup> to such a degree as it was in Dr. Osheroff, any personality disorder would recede into the background and the depression would be preeminent."

The severity of depression<sup>20</sup> made diagnosing a personality disorder impossible. Her assessment aligned<sup>21</sup> with established psychiatric standards and was later supported by numerous distinguished psychiatrists who examined Osheroff's medical records from both

Chestnut Lodge and Silver Hill when preparing their testimony for the malpractice proceedings three years afterward. The profound nature of his depression left Narad with absolute certainty from their initial encounter that Osheroff required medication. “He was so despondent,”<sup>22</sup> she observed, “that he could not have responded to psychotherapy without medication.”

Ray’s longtime psychiatrist, Dr. Francis Board, later reached a nearly identical conclusion. Board, himself trained as a psychoanalyst, emphasized that the problem was not psychoanalysis per se but its misapplication at Chestnut Lodge. Where supportive psychotherapy should have focused on helping Ray clarify immediate struggles and find adaptive responses, Ross’s confrontational method only intensified his already fragile self-criticism. What resulted, Board explained, was a “badgering and destructive superego,” an internalized voice that continued to haunt Osheroff long after his discharge. The Lodge had provided,<sup>23</sup> in his words, “precisely the opposite of the appropriate type of treatment,” subjecting Ray to an approach that not only was “ill-advised” but also carried an “unconscious sadism” that deepened his suffering.

## **Treatment and Recovery**

Whereas Chestnut Lodge’s treatment plan sought to restructure Osheroff’s personality—striving to break what little was left of his spirit—Narad focused instead on the immediate problem: his agitation, depression, and suicidal ideation. Adhering to the prevailing standard of care, she relied on a combination of pharmacotherapy and supportive psychotherapy. In contrast to Ross and his colleagues at Chestnut Lodge, Narad was acutely aware that Osheroff had a life beyond the hospital—family, children, friends, a Bluegrass band that played weekly gigs and a thriving nephrology practice and business that he was at risk of losing if he could not return to work within the next three months. The losses he faced were not “symbolic” but real, and the likelihood of those losses increased every day he spent in the hospital.

Dr. Narad was also aware of Osheroff’s prior outpatient experience with antidepressants, which had only limited effect. But where Chestnut Lodge saw this as evidence that medication

wouldn't work, she saw a different problem entirely: insufficient doses and inconsistent adherence. At Silver Hill, nurses would ensure proper administration and close monitoring. "With use of antidepressants,<sup>24</sup> it's very important that they be taken regularly over sustained period of time under close supervision," she explained.

"There was more to it<sup>25</sup> than just giving him a pill," Narad later reflected. She prescribed Elavil (amitriptyline) to address the depression and 150 milligrams of Thorazine (chlorpromazine) to calm his agitation. She also ordered "a lithium work-up in case [it] were later chosen for treatment." For his first few weeks, he remained on one-to-one supervision—partly for safety but also because "no one wanted to be associated with him" while he continued pacing menacingly and occasionally grabbing food from other patients' plates. When Ray first arrived, "he would eat like an animal," but this "changed significantly as a result of his improvement there."

By mid-August Osheroff was showing the first signs of improvement. They were subtle. Narad attributed this to the amitriptyline. "The marked improvement in O corresponded with the expected time of the effect of the Elavil which would be about 2 weeks," she noted. Ray later recalled a more dramatic moment of awakening approximately ten days after his arrival. "I woke up in the morning and knew that something had changed." The morning had always been his most difficult time—"a transition from my dream to my nightmare, from my recollections to the stark reality of all my losses." But this particular morning, as he "sat in my armchair and drank some of the steaming coffee that awaited me," he felt something different. "For the first time<sup>26</sup> in a year I was able to feel sadness, not just the bleakness of depression, but the sadness that leads one to the normal emotion."

He called his aide, Ann, into his room. "Listen, something is happening to me. Something has changed." When she looked at him and began to cry, he too started weeping—the first tears that carried actual emotion rather than despair. He shared that he was not only a doctor but also an accomplished musician. "I used to play the banjo in the Dixie Land Band at Shakey's Pizza Parlor." Because he had not yet recovered the fine motor skills to use a pen or pencil, he

asked to record a poem he wanted to recite, so that he could share it with Joy, Bob, and Dr. Board.

### The Banjo Man

They stopped the music at Shakey's and all the musicians have gone  
The Dixie Land Band and the Banjo Man, except for the Piano Man, Joe  
They turned the lights down low so that darkness filled the room  
Put a quarter in the player piano but it didn't play a tune.  
The parking lot was empty and all the cars were gone  
When the door of Shakey's opened and in walked the Tall Man named Joe  
He sat himself down at the piano and got himself ready to play  
That old Five Foot Two medley that he had in the happier day.

"I was a good doctor<sup>27</sup>—just not for myself," he told her. The moment of awakening that Ray would record in his memoir proved fleeting—and the recovery that followed was neither linear nor swift.

### Gang Aft Agley

In mid-August Bob received an unexpected call that would shatter his carefully laid plan. It was Ray. Almost five months had passed since the two had last seen each other and months since they had spoken directly. "I'm feeling better," Ray told Bob, his voice stronger and more coherent than it had been in many months. "I think my depression<sup>28</sup> is lifting; I'm responding to medication, and I'd like to go back to work."

His appetite had returned with a vengeance. "I'm eating lobster," he continued—perhaps the greatest sign of health and recovery for a man raised in an Orthodox Jewish family. Bob could hardly believe his ears. Rather than expressing joy and gratitude that his friend was recovering from what had appeared to be a potentially permanent disability, his disappointment and alarm were palpable. "He was doing so well<sup>29</sup> at Chestnut Lodge," he told Dottie Smith after learning of her excitement about being able to visit for the first time in more

than seven months. The news threatened everything he had worked toward during Ray's absence—his salary increases, his succession rights, his application to open a new dialysis in Woodbridge plans, and his entire vision of his professional future.

Following Ray's call,<sup>30</sup> Bob began telling colleagues and hospital administrators that Ray had "defied his doctors, abandoned real therapy, and had gone to a facility that didn't believe in psychotherapy—only in drug treatment." None of this was true, but Bob's words carried weight in Ray's absence. When Louis Bader shared the news of Ray's recovery, Bob sneered, "I don't believe in helping<sup>31</sup> people by giving them a bottle of pills." Two years later, during a brutal cross-examination, Phil Hirschkop reminded Bob of the call with Ray—asking what he thought upon learning Ray had regained his appetite. "Well, he was overweight<sup>32</sup> when I knew him," Bob responded—before acknowledging that it was a positive sign.

## **A Tortuous Recovery**

The daily nursing notes between mid-August and early October reveal the tortuous path Ray traversed on his road to recovery. Early optimism—"Seems to have improved very much during the two weeks of his hospitalization"—gave way to setbacks: "Appeared depressed. Could not get out of bed" and "Poor personal hygiene. Did not mix with other patients." Progress emerged in fits and starts: "Appeared much more at ease<sup>33</sup> and relaxed," followed by "Went to group therapy but left early. Unable to tolerate discussions."

As his medication took hold, new concerns arose: "Became extremely agitated. Became rude and hostile. Extra Thorazine given." But intellectual engagement returned: "Engrossed in reading literature on the treatment of depression and talked about his plans to initiate legal proceedings against Chestnut Lodge." Personal recovery followed: "Felt good that his sexual feelings have reawakened" and "Does not mention wife at night, perhaps because female patient is in hot pursuit of him." The evening hours remained challenging, with nurses noting he would "show increased agitation, irritability, and provocative behavior at night—becoming

preoccupied with his losses and acting belligerently with the staff.”

But by the end of August, there was little doubt that Ray was making significant progress. He had asked the evening nurse if there was a piano on the unit. “I need music to find myself,” he said. That same night he was heard softly humming, “When the Saints Go Marching In,” while writing in a spiral-bound notebook. Narad encouraged this intellectual processing. She supported his exploration of intimate subjects, including “the significance of my being a woman doctor and what that revealed about his relationships with other women—including his mother and his estranged wife.” They discussed his grief<sup>34</sup> over losing his children and his anger with Joy for refusing to visit him throughout his hospitalization.

About this time Ray also developed a relationship with a female patient at Silver Hill. What began as friendship evolved into romance. The staff discouraged it with limited success. He began shaving and changing clothes prior to meeting her in the day room—a marked shift from his earlier disregard for appearance. They began taking daily walks<sup>35</sup> and would engage in “deep conversations.” I found someone “who sees me as a human being again,” he told the staff. A nurse’s note from early September reports, “Patient in his room with a female patient for a while. She was in bed with him. Told to leave. The woman was warned and left the room

“You know, We are David and Lisa. Yes, David and Lisa,” he told Narad—referring to Theodore Isaac Rubin’s 1961 novella and Frank Perry’s 1962 screen adaptation about two emotionally damaged teenagers in a residential treatment facility. In the story David suffers from an obsessive fear of being touched, while Lisa retreats into rhyming speech to protect herself from a traumatic past. Through their tentative friendship, they help each other heal in ways that traditional therapy could not. For Ray, emerging from his own institutional nightmare, the parallel was unmistakable: two broken people<sup>36</sup> finding their way back to humanity through connection rather than isolation. Though it did not last, Narad saw the relationship as evidence of improvement rather than cause for concern. “The fact that he could sit down and have a conversation with anyone was significant,” she explained. “Now he was opening up,<sup>37</sup> being friendly—you could actually have dinner with him and he’d behave reasonably.”

## **Testing the Waters and Discharge**

As Ray's mood stabilized, Narad granted him passes beginning in mid-September to visit New York and Washington, DC. By then Ray had progressed through measurable clinical milestones: His sleep patterns<sup>38</sup> had normalized, his appetite had returned, his personal hygiene had improved and his social interactions had transformed. In late September, he spent a day in New York City with his longtime colleague Dottie Smith. They went shopping and dined at restaurants. At one point they encountered a colleague from DC. "I stood frozen in my tracks as if my heart stopped," Osheroff recalled. "This was a test. I walked down the hall with Dot on my arm. We exchanged pleasantries and bid each other goodbye."

"How did I do?" he asked Dottie afterward.

"Terrific," she replied.

"Not bad for a refugee<sup>39</sup> from a loony bin," he responded.

He also made two brief visits to DC in preparation for his eventual discharge, meeting with Arnold Westerman to discuss his business. He attended Yom Kippur services in a local synagogue—a time that was particularly difficult because it marked the anniversary of his trip to Luxembourg to see his children and evoked feelings of longing and yearning for his family. That evening he "returned emotionally drained but articulate." He "said the service made him feel both empty and full," adding, "This year, I have something<sup>40</sup> real to repent for—and a reason to ask for another chance."

## **I Ate the Lobster; I Like Lobster**

In October Ray took a brief furlough from Silver Hill to return home. He scheduled dinner with Bob Greenspan at the Lobster Shed in Alexandria, Virginia—a restaurant they had visited together during happier times, when Bob was the grateful junior associate and Ray the generous mentor who had given him his first real opportunity in nephrology. Ray arrived at the

restaurant with hope and optimism, still believing that the man he had trusted with everything had been faithfully protecting his interests during the darkest period of his life. He had no idea that Bob had been undermining his reputation and positioning himself to permanently replace Ray as medical director. When Ray walked<sup>41</sup> into that restaurant, he still believed in the friendship that had once meant everything to both men.

“After some preliminary small talk,”<sup>42</sup> Ray later recalled, “I made it clear to Dr. Greenspan that I was feeling well and wanted to come back to the practice.” He also informed Bob that, given his recovery, he no longer intended to sell the practice that represented his life’s work and his children’s financial security. The transformation in Bob’s demeanor was palpable. The mask of concern and friendship that he had worn for months fell away completely, revealing ambition coupled with barely controlled rage. The man who had promised to serve as Ray’s brother and protector was gone, replaced by someone Ray barely recognized.

“Dr. Hampers wants you to sell to me,” Bob said, his voice rising with anger and frustration. “He doesn’t want you<sup>43</sup> back there!” This was a lie. Hampers, president of National Medical Care, had said no such thing. But in that moment Ray saw clearly for the first time what Bob had become during his absence: not a caretaker of his interests but a rival who had been devouring everything Ray had built while he lay helpless in a psychiatric hospital.

Bob’s pager buzzed<sup>44</sup> during the increasingly tense exchange, providing him with a convenient excuse to leave the table. According to Ray, “He left his lobster on the plate and walked out” in search of a phone, never to return to finish his meal. His departure signaled the end of their relationship. Bob’s version of events<sup>45</sup> differed only in one telling detail: “I ate the lobster; I like lobster,” he later testified, suggesting that, even in his rage, he wasn’t about to waste an expensive meal.

The exchange at the Lobster Shed revealed more than Bob’s anger at Ray’s unexpected recovery. It exposed the depth of his sense of entitlement to Ray’s life’s work and his fundamental belief that he deserved to inherit everything Ray had built. For eight months Bob had been operating under the assumption that Ray would never return, that the practice would

eventually become his through legal succession or negotiated purchase. Ray's recovery threatened not just Bob's financial expectations but his entire conception of his own future—a future he had spent months methodically constructing on the ruins of Ray's career. But Bob had made a crucial miscalculation: He had assumed Ray would remain at the Lodge for years and that, by the time he returned, he would be in no position to challenge him.

But one obstacle remained—whether after ten months in psychiatric hospitals, Ray could demonstrate that he was still fit to practice before the expiry of leave of his absence in early December, when Bob would officially become the medical director of the Northern Virginia Dialysis Center. What Ray could not have fathomed was how far Bob was willing to go to pursue his ambition.

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<sup>1</sup> **An account from that day:** Joan Narad, Raphael Osheroﬀ: Admission Note, Silver Hill Foundation, August 1, 1979.

<sup>2</sup> **His escorts warned:** Joan Narad, interview by author, Branford, CT, October 21, 2022.

<sup>3</sup> **“He was the most pathetic”:** Joan Narad, as quoted in Sandra Boodman, “A Horrible Place, a Wonderful Place,” *Washington Post*, October 8, 1989, <https://www.washingtonpost.com/archive/lifestyle/magazine/1989/10/08/a-horrible-place-a-wonderful-place/ee4d7572-7ac0-4159-baf8-e8112a983e50/>.

<sup>4</sup> **She invited him:** Narad, interview.

<sup>5</sup> **“There was compulsion”:** Osheroﬀ v. Chestnut Lodge, Deposition Digest of Joan Narad, July 19, 1983.

<sup>6</sup> **When filling out:** Raphael Osheroﬀ, Psychosocial History, Silver Hill Foundation, August 19, 1979.

<sup>7</sup> **“a hopeless man”:** Nursing notes, Silver Hill Foundation, August 1–November 1, 1979, 1; August 9, 1979, 6.

<sup>8</sup> **Still unable to control:** Narad, interview.

<sup>9</sup> **“I don’t exist anymore”**: Nursing notes, August 6, 1979; September 8, 1979, 27; August 7, 1979, 4; August 22, 1979, 9.

<sup>10</sup> **But the referral letter**: Zigmond Lebensohn to Robert Stubblefield, July 18, 1979.

<sup>11</sup> **“I knew we had to”**: Wesley Dingman to Robert Stubblefield, August 1, 1979; Narad, interview.

<sup>12</sup> **Narad’s psychoanalytic background**: David Fudala, memo to Osheroff malpractice file, telephone interview with Joan Narad, July 11, 1983.

<sup>13</sup> **“Oh my gosh”**: Narad, interview.

<sup>14</sup> **“The standard of care”**: Fudala, telephone interview with Narad.

<sup>15</sup> **The symptoms he was exhibiting**: *Osheroff v. Chestnut Lodge*, Deposition Digest of Narad.

<sup>16</sup> **He was also “relieved”**: Joan Narad and Robert Stubblefield, Discharge Notice for Raphael Osheroff, November 1, 1979.

<sup>17</sup> **Still extremely anxious**: Raphael Osheroff, Admission Testing, Silver Hill Foundation, August 14, 1979.

<sup>18</sup> **When he spoke**: Narad, Raphael Osheroff: Admission Note.

<sup>19</sup> **“When a depressive feature comes”**: Fudala, telephone interview with Narad.

<sup>20</sup> **The severity of depression**: Narad, interview.

<sup>21</sup> **Her assessment aligned**: This issue is covered in chapters 13 and 14 in considerable detail.

<sup>22</sup> **“He was so despondent”**: Narad, interview.

<sup>23</sup> **The Lodge had provided**: Jonathan Mook, “Conference with Dr. Frank Board and Ray Osheroff,” Memorandum to Osheroff file, July 23, 1986, 2.

<sup>24</sup> **“With use of antidepressants:”** = *Osheroff v. Chestnut Lodge*, Joan Narad, Deposition Digest, June 19, 1983, 9.

<sup>25</sup> **“There was more to it”**: Narad, interview.

<sup>26</sup> **“For the first time”**: Raphael Osheroff, “A Symbolic Death,” unpublished manuscript, 1983.

<sup>27</sup> **“I was a good doctor”**: Nursing notes, August 18, 1979, 15.

<sup>28</sup> **“I think my depression”**: *Osheroff v. Greenspan*, Testimony of Raphael Osheroff, 1982, 283.

- <sup>29</sup> **“He was doing so well”**: Osheroff v. Greenspan, Testimony of Dorothy Smith. 1982.
- <sup>30</sup> **Following Ray’s call**: Alexandria Hospital Meeting of the Executive Committee of the Medical Staff, December 27, 1979; Osheroff v. Greenspan, Testimony of Robert Greenspan, December 27, 1979, 20–21.
- <sup>31</sup> **“I don’t believe in helping”**: Osheroff v. Greenspan, Deposition of Louis Bader, November 1983 Date, 182.
- <sup>32</sup> **“Well, he was overweight”**: *Osheroff v. Greenspan*, Testimony of Greenspan, 2522.
- <sup>33</sup> **“Appeared much more at ease”**: Nursing notes, August 6, 1979.
- <sup>34</sup> **They discussed his grief**: Narad, interview.
- <sup>35</sup> **They began taking daily walks**: Nursing notes, September 2, 1979, 13, 14.
- <sup>36</sup> **two broken people**: Theodore Isaac Rubin, *David and Lisa* (Macmillan, 1961); Frank Perry, dir., *David and Lisa* (Continental Distributing, 1962).
- <sup>37</sup> **“Now he was opening up”**: Fudala, Telephone interview with Narad.
- <sup>38</sup> **His sleep patterns**: *Osheroff v. Chestnut Lodge*, Deposition Digest of Narad.
- <sup>39</sup> **“Not bad for a refugee”**: Osheroff, “Symbolic Death,” chap. 35, p. 11.
- <sup>40</sup> **“This year, I have something”**: Nursing notes, September 21, 1979.
- <sup>41</sup> **When Ray walked**: Greenspan v. National Medical Care, Deposition of Robert Greenspan, January 3, 1980, 59.
- <sup>42</sup> **“After some preliminary small talk”**: *Osheroff v. Greenspan*, Testimony of Osheroff.
- <sup>43</sup> **“He doesn’t want you”**: Osheroff v. Greenspan, Deposition of Raphael Osheroff, February 17, 1981, 326.
- <sup>44</sup> **Bob’s pager buzzed**: *Osheroff v. Greenspan*, Testimony of Osheroff, 325.
- <sup>45</sup> **Bob’s version of events**: *Osheroff v. Greenspan*, Testimony of Greenspan, 2540.