



Arts

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DAVID ROMPF

FALSE VERTIGO

Our little life, Prospero tells us, is rounded with sleep.

Long past midnight, a lamp flashes on as my mother screams into my room and then disappears. For most of my adult life I have slept without barriers between body and dreams; she sees me sprawled naked with only a sheet twisted around my legs, blankets piled at my feet because the house is always too warm and I often wake up drenched in sweat. But none of this matters now that my father has fallen from the hospital bed we've installed for him in the den.

I pull on a shirt imprinted with "Got Coffee?" on the front, a gift from my parents, and up my legs goes a pair of khaki shorts ready for a middle-of-the-night emergency when we must call the paramedics or flee the house. I run down the hallway to find my father spilled before us, curled up on the carpet, a sight no child or spouse should ever have to see. He is conscious and moaning softly. I kneel down and hold him, and with my face close to his I say, "Dad, what are you doing down here?" My first impulse is to bring calmness to the scene, so I try to speak with soothing reassurance. We are clasped together on the floor, son and father, and I am overcome by an irrational belief that holding him will instill the strength he needs to rise up and return to bed. Behind us my mother is panting and panicked. She says she will call someone—911, or my sister and brother-in-law, who live next door. We don't need to call anyone yet, I tell her. But that determination is my own panicked conjecture. I haven't properly considered whether he has been injured by the fall; he could be bleeding internally, or a bone might have snapped. Yet my father, I know, already worries that the foiled nighttime

journey, from his bed to a destination in his dreams, might send him back to the hospital where he spent almost three months, and where he vowed never to return. Although I try to replace the turbulence with tranquility, something inside me, in my body once still and sleeping, lurches and reels.

“I guess I was going somewhere,” he says. “Don’t be mad.”

“No one’s going to be mad,” I say. “We’ll get you up and put you into bed. Are you in any pain, does it hurt anywhere?”

“No.”

“Okay, I’m going to lift you and when I lift you you’ll have to sit on the bed first before lying down.”

I turn him from his side so that he can grasp me for support.

“Be careful!” my mother implores, her voice rising and strained.

“I’m being careful!”

The heaving has reached my skin and I can feel myself trembling.

“Dad, hold me tight,” I say. “Pretend you love me more than anything in the world.” My request is one version of a new joke between us. When he’s in bed and needs to be shifted for comfort, or lifted to a sitting position before moving to his wheelchair, I instruct him to hug me as if he genuinely cares, as if he really means it, and every time, no matter how often I say it, he smiles and complies.

I begin the delicate action. Although he lost an alarming number of pounds in the hospital, he feels heavy, his flesh and bones laden by gravity and exhaustion. It is called dead weight but I try not to think of those two words together. This weight is alive and saddled with fear. In my flustered and half-dressed state, my own muscles seem to recoil.

“On the count of three, Dad, we’re going up. Are you ready?”

“Ready.”

The adrenaline and the quaking unite in a surge—*one, two, three!*—and it happens so fast, like an upward bolt of lightning, that I don’t know how we manage to stand up together, how my father lands on the bed, startled but safe, not yet releasing his grip because he adores me more than anything in the world.

To bed, to bed with us all, each of us dispersed into night.



More than a year earlier, my father began collapsing, first at home in southern California where my parents have lived for fifty years, then on the streets of New York, during a visit with me. Dizziness, stone gray skin, the body folding upon itself, blackouts. One morning he fell unconscious in the hallway near his beloved kitchen. Upon waking, he vomited into a shallow pan my mother kept ready for these spells. On a mild autumn day in Manhattan, we left my apartment for an early dinner, heading down Ninth Avenue, and halfway through a crosswalk, only a block from my building, my father stopped. His face grizzled and his eyes clouded with a shocking, spectral emptiness. He struggled to stand, and as he was about to collapse to the pavement my mother and I hooked our arms through his, held him upright, began taking careful steps to the curb. Pedestrians rushed past us like water swirling around midstream boulders. A few glances registered our floundering trio but the molecules charged on, and as we reached the other side of the street my father clutched a signpost. “I can’t make it,” he said. “I’m sorry.” We held him until he recovered, then turned around and slowly made our way back to the apartment.

For twelve months the pills hadn’t worked because the condition for which they were prescribed did not exist in the man who swallowed them.

I call it the Year of False Vertigo—a time wasted by misdiagnosis and fraught with nausea, fatigue, and labored breathing.

Throughout this period of vertigo that was not vertigo, my father was succumbing to a weakened heart, his aortic valve failing to circulate enough oxygen-rich blood through his body to his brain, hence the shallow breaths, reeling space, and floors taken by undulating swells. Finally a new doctor curtly proffered two options: heart surgery tomorrow, or a hospice for the last few weeks of life.

My father chose tomorrow. A surgeon opened his chest and replaced the defective valve with a new one made from bovine tissue, a routine but

invasive procedure completed in seven hours and without incident. But nearly three months later my father, at eighty-two, still lay in the hospital fighting two infections, one so rare that a specialist said he would write about it for a medical journal. Liquid flooded his lungs and the surrounding chest cavity, requiring needles to be inserted for draining the water and mucus dammed up in his torso. Several times daily a respiratory therapist administered vaporized medicine to help him breathe. By the time he finally was discharged, his muscles had atrophied. Two young paramedics carried him over the threshold of our house on a gurney. He could not walk; he could not dress or clean himself or prepare his own meals. The man who had worked on his feet as a meat cutter for thirty years, the man who all along wanted to be a comedian or a chef, would be cared for at home by those who had once depended on him.



What was true vertigo? Multiple versions comprise the real deal. In one, calcium particles accumulate on the canals of the inner ear, which conveys signals to the brain about the body's movement relative to gravity. With the inner ear cluttered, the signals become confused and dizziness ensues. In another, a buildup of fluid triggers a change in pressure, leading again to the sense of a world set in careening motion, often to the sound of ringing. In yet another version it appears as an infection that causes inflammation around the inner ear's nerves, obfuscating the sense of balance. Head injuries, strokes, and migraines can be the source too, but my father had experienced none of these.

Three variations of movement exist in this realm of true vertigo. In the first, known as objective vertigo, you perceive stationary objects moving around you. You are still until thrust into motion by perceived external activity: a paradox in which the things in your midst, though they may be fastened to the floor, have caused you to brace yourself—to sit down or stay sitting, to reach for someone's shoulder. In subjective vertigo the objects are steady, unwavering,

motionless, but now you feel as if *you* are moving in the fixed and immediate surroundings of a planet revolving at a rate detectable only by the slow glide of the sun, which of course is not actually budging for anyone.

And then there is pseudo vertigo, not to be confused with False Vertigo. Pseudo vertigo is the actual medical term describing an intense feeling of rotation inside your head. Objects around you may or may not seem to be moving; your body may or may not be moving; what certainly is moving is your mind in warped revolution around the universe.

Vertigo, from *vertere*: to turn; a whirling or spinning movement. Or this explanation from the elliptical definition displayed in the first frames of the trailer for Hitchcock's movie: "A feeling of dizziness...a swimming in the head...figuratively a state in which all things seem to be engulfed in a whirlpool of terror." Jimmy Stewart, in the character of John Ferguson, is stricken with the condition; he stands on a chair to test himself and immediately faints while gazing out the window to the streets below. His affliction is a blend of objective vertigo and acrophobia. San Francisco doesn't so much spin as it does fall. In the lobby of my New York apartment building, on his last visit before his surgery, my father sat on a bench no higher than Stewart's chair, quite still and peering straight ahead while we waited for a car to the airport. My mother and I paced, checked the time, stepped out of the way of people entering through revolving doors—doors that spun and stopped, spun and stopped—and in motion as slow as the sun's, my father suddenly fell to the floor.



Fearing he will drift again from his bed, my mother begins sleeping on the floor next to my father in the den. Down the hallway is their bedroom of five decades, with a California King mattress that is now too high for my father, and the room itself too detached from the center of activity. He wouldn't like being marooned in a far corner of the house. Besides, the den is his favorite room, where the large-screen television stands tall and

wide, and where he has taken thousands of naps on a sofa now stored in the garage while the hospital bed takes its place. Here he can look out a window to the street and feel, briefly, the morning sun on his arms. In the den he remains within earshot of the dining room table and he doesn't feel he's missing our interactions.

In the initial weeks and months at home, my father often woke in the late quiet hours not knowing where he was or where we were; he needed reassurance or a glass of water, or a cracker with a piece of cheese. My mother, at first, tried to sleep in their bedroom, but after my father's midnight fall she wanted to be closer to him. She gathered two blankets and a pillow and began lying on the floor in the den. For her there was no other option but to sleep side-by-side, as they've done every day since they were married. In the evening they watch TV, my father lying in his bed and my mother sitting on a small black folding chair, and between eight thirty and nine, she says, "Want to go to sleep?" Which means that she is tired and that my father's eyes might already be half-closed, his head nodding. If I'm home, I watch TV with them, and when I hear my mother's question I know it's my time to stand up, say that it is getting late, and wish them goodnight as I place my hand in my father's. Soon after he came home from the hospital, we began shaking hands as we parted before sleep. Not shaking, precisely, but my hand goes into his and his into mine and we both squeeze hard, a wordless pact of unity beyond illness and bodily demise. Afterward, I place my hand on his chest, pat him once or twice, and tell him to rest well. This is the tucking-in of my father, the ritual before the unknown of the night ahead. As soon as I am down the hall, my mother has begun preparing: lowering his bed, pulling down the blankets, changing his pants, raising the bed, giving him a sip of ice water and maybe a pill to settle his stomach, and finally lowering the bed again. My mother's blankets and pillow are stacked on a chair, but she does not make her bed, such as it is, until I have disappeared into my room. Making a dignified bed on the floor next to your husband calls for privacy. A single blanket is laid out in the narrow space we walk over during the day, where we stand to care for

my father. She has refused a cot and she has refused an inflatable mattress. If she could leave Michigan with nothing, as she did fifty years earlier, she could do without a proper bed. She is seventy-three when she begins sleeping on the floor and she will turn seventy-four when her husband is still confined to the hospital bed, and every night she takes her place next to him.

One evening when I have come home from visiting my sister next door, the house is dark and the front door locked. My mother and father have turned in early. I have a key and quietly let myself in. Walking past the den, I see my mother on the floor, covered in blankets, the first time I have observed her in this vigilant nighttime station. She is awake, and will likely remain so for hours.

“Good night,” she says.

But it is all too much for me, and I tell her that she should try to sleep in her bedroom.

“This can’t continue,” I say. “You’ll get sick and then what will we do? Dad will be fine for one night. No one can be expected to sleep on the floor forever.”

“Who else will do it, and what if he tries to get out of bed and falls again?” She is starting to cry. “I might not get any sleep but at least I’ll be able to go to my grave in peace.”

It is all too much, and the years have not diminished our respective stubbornness. I should have tiptoed past the den and not said anything. I should have remembered the story of my mother as a teenager locking herself in the bathroom, demanding her parents’ permission to marry the man who was nine years older, the man who would become my father. Flesh of flesh, Milton wrote, bone of my bone; never be parted, bliss or woe. Sleeping and awake, my mother and father are pledged together in a restless dream.



Today movement is resisted, beginnings obstructed.

“No, no no!” My father’s arms tense against the wheelchair and his face reddens. “Not today. I am not going to do it today.”

The object of his refusal is exercise. Leg lifts, squats, and tentative steps in a walker, lifting a ball and then a bottle of water over his head: he doesn't want any of it. But vocalizing his contempt, putting up this colossally childish fuss, is itself a sign of will, a healthy signal of needing to assert himself. He wants to choose what to do or not to do, a basic expression of liberty—my father as a free state of being, inciting a revolution of his own design. Revolution: to revolt, to overthrow and repudiate his dependence. But also to turn around, to travel full circle to a departure point more desirable than his current place in the world, to turn on an axis of desire, back to youth and vigor. Months earlier he could not have protested with such panache. Now his combative brio makes me laugh, which causes him to escalate his self-directed drama. A one-man revolution on stage, an intimate audience in conflict: we want him to regain his strength and walk again, we want him to obey us by doing his exercises, and we want him to fight and defy.

In ardent dissent he has pushed himself away from the table and sits with his hands on his lap.

“We'll do a mini-version of your exercises today, how about that?” I say.

He offers a pout. Without speaking, he stretches out a leg and begins his lifts, ten on each side.

“That's a good way to put it,” my mother says from the kitchen. “Mini-exercise. Use psychology on him.”

I am grateful he doesn't hear her.

When we get to the walking sequence, he stands from his wheelchair without assistance, a feat that was impossible a few months ago. I am in front of him as my mother takes her position behind the chair. He starts with decisive steps forward, trying to show that he can move quickly when he puts his mind to it, declarative steps that seem a continuation of his earlier drama. But then he begins to wobble and his back bends. The fading bravura is difficult to watch. I tell him to stand up straight to strengthen his back muscles. “Straight, Dad, straight,” I say, with measured, gentle firmness. “Head up, look at me.”

“Stand up straight, stand up straight!” he barks back. “Look at me, look at me, that’s all I hear!”

“Talk to me while you walk,” I say. “Talk to me like you’re crazy in love with me.”

Now he smiles but he doesn’t speak. His anger has been performance too, another assertion of freedom. He can afford to be truly angry or to feign anger. Worry over offensive behavior has become frivolous, another waste of time.

As we proceed across the living room, I feel my own legs weaken—a reaction, I think, to seeing my once-active father falter. Whenever I take him down the patio ramp in his wheelchair, walking backward with gravity pushing his weight against me, I worry that my legs might fail. I inch down the ramp, comforted only by knowing that if I tumble backward from a misstep or nervousness, I’ll hit the cement first, with my father landing on top of me, as if he loves me more than life itself.



My father’s ears have been blocked for weeks, perhaps months, our voices at the kitchen table eliciting a blank stare. When I speak to him, he often turns to my mother and asks her to repeat what I’ve said. For days he has had a tickling sensation in his ear canal, the locus of real vertigo, and lately he turns the volume up high on the TV. He will need to have his ears examined and flushed. My mother has scheduled the appointment, along with another for his eyes, to coincide with one of my visits from New York.

In the doctor’s office, we have waited more than an hour past our appointment time. My mother tells me, with resignation, that it is always like this with this doctor, consistently at least an hour late. My parents sit patiently; I do not. I get up from my chair with the intent to complain at the front desk but I sit down again because I don’t want to create ill will with the staff. My parents might need to come back here; I fear they would be blacklisted, marked as difficult or confrontational. Instead, in a small notebook I carry with me

everywhere, I take notes about the circumstances: the number of people in the waiting room (seven), the time we have waited (seventy-five minutes past our scheduled appointment), the voices and attitudes of the front desk staff (unapologetic; apparently unconcerned; gabby amongst themselves).

On its own the long wait would have been irritating—a profound disrespect for a patient’s time. But for us it is entangled with a larger narrative of delay, one whose plot line begins in this office filled with stale air and bleak filtered light. The doctor who is behind schedule, who perhaps booked too many patients for one day or simply lacks concern for anyone else’s time, is the same doctor who incorrectly diagnosed my father with vertigo, and every minute that passes magnifies my preexisting resentment.

Before we arrived, I asked my mother why she was still bringing my father to this doctor—this doctor whom we had all cursed and, in our imaginations, hauled to court and eviscerated for medical malpractice. The answer: the nearest ear doctor approved by my parents’ insurance is located several miles farther from their house, too far for convenience, a drive that requires taking the freeway, which my mother now avoids whenever possible.

Many months before this appointment, I had begun referring to him as Dr. Vertigo.

Although I did not approve of my father continuing in his care, and I never wanted to find myself sitting in his office, or meeting him, my first obligation was to my parents, not to servicing the animosity accumulating like deadly plaque in my veins. And, truth be told, I was curious. I wanted to see what he looked like and how he behaved; I wanted to hear his voice as he spoke to my father. Brewed together, rage and nosiness make a powerful potion. I wanted to ask him how a physician tells the difference between vertigo and a malfunctioning heart, an organ that is, after all, only inches away from the ears. I imagined coming face to face with him, my spittle spraying him with my blend of bitterness and desire.

When my father’s name was finally called, I got up from my seat and pushed his wheelchair down a long gloomy hall. My mother followed. To

the right I saw Dr. Vertigo's private office, patient folders stacked on his desk, the bookshelves full, walls crammed with framed credentials. He was nowhere to be seen but his presence could be felt. He had worked here for decades and the décor was original: dark brown paneling from the sixties or seventies, ratty carpet, worn furniture—a homey, comfortable space, except for the lack of windows.

My hands tightened their grip on the wheelchair as I pushed my father into the examination room. And once again we waited, the three of us.

“We always have to wait this long,” my mother reminded me.

“Every time?”

“Every time.”

Everything looked outdated here, too—the examination chair, the medical equipment, the laminate floor. My mother had described the doctor as being old, with a hunched-over posture. One day she told me, “He looks at least a hundred, if you ask me.” The overhead lighting glared and the air seemed thin and cool. I concluded, in my agitated and irrational state, that the entire building should be condemned, torn down, and replaced with an orange grove. I began scheming to raid the front desk and demand to know why an eighty-two-year-old man in a wheelchair, a man who was misdiagnosed by the proprietor of this establishment, has had to wait nearly an hour and a half past his appointment time.

In other words, when the doctor finally tapped on the door of the examination room, I was not feeling good about him. I was not feeling good about anything except the depth and quality of my anger.

And as soon as he entered I liked him almost immediately.

He made eye contact with each of us, said hello to each of us, and shook each of our hands. He was a short man made shorter by age. His hair was as white as his doctor's coat. With steady hands and a natural gentleness he examined my father, plucked a tickling hair from deep within the ear canal, and swabbed away excess wax, depositing the amber bits into a small paper cup. When he was not speaking, I sensed his unspoken communication with

my father, and with us, and although I could not confirm it I believed he felt an affinity with the patient because of their similar ages: one old man helping another. I had not forgotten about the Year of False Vertigo, but I now saw the doctor's earnest intent to alleviate suffering. Was intent itself enough? Of course not, but in the examination room it seemed a humane and potent starting point. I observed that my father was comfortable with the doctor—not an easy achievement with a man who held stridently negative opinions about the legion of doctors who had treated him.

But Dr. Vertigo's likability had been a problem all along, a potential distraction from seeking a more aggressive, probing investigation into a medical condition that could have been addressed before it became an emergency.

For my mother and father, likability amounted to trustworthiness, an equation, misguided though it was, aligned with their demeanor: mild-mannered, polite, unpretentious, and unassuming—some would say Midwestern, or even Canadian, as they were both born close to the border, and my mother's maternal great-grandparents were from the northern territory, and my father, fifty years after leaving Michigan, still said "eh" or "hey" at the end of his sentences. They embraced the understated presence of Dr. Vertigo and accepted his quiet confidence at face value. They were comfortable with him. But comfort can become an insidious balm. For my parents, an eager preference for niceness in the arena of medicine—and who doesn't want niceness there or anywhere?—suppressed doubt and preempted a search for second opinions. In life my parents avoided confrontation and they were not inclined to question Dr. Vertigo's diagnosis. Second opinions involved the implication of disapproval: the risk of seeming unlikable in turning their backs on a likable doctor. It was my parents' way of being in the world—and surviving, despite hidden risks—without adding turbulence to an already difficult ride. As a child I watched and absorbed their style, and, after all, I am their son, and whether it was genetics or conditioning, I had acquired their alignment with likability and niceness. In the early days of my father's dizziness, when I sat in my apartment three thousand miles

away, I too had not suggested a second opinion. While I was relieved that vertigo had been deemed the culprit, in the back of my mind—far back, in the darkest crevices—I had feared it was something else. Before my research, I knew nothing about vertigo, its treatment, or whether it could become life-threatening (which, of course, it can: dizziness can cause a deadly fall). “Nothing strengthens authority so much as silence,” Leonardo da Vinci scribbled in his journal. We were model citizens of silence, which in turn meant that we could unwittingly render ourselves ineffective in protecting our own well-being. Our silence had bolstered medical authority by preserving an unchallenged diagnosis. After my father’s surgery, when we were pitched into the machinations of medical and insurance bureaucracies, our heads would spin with such speed and tilt that vertigo itself seemed nothing more than a pesky afterthought.

My mother and I sat patiently and quietly as Dr. Vertigo tended to my father’s blocked ears. Out in the waiting room, during the long delay, I had sent a text to my sister: “I want to ask the doctor how vertigo can be distinguished from a heart problem. What do you think? Should I ask? I need to know.”

“Go ahead and ask,” she responded.

I formed the question in my head, each word in place, each pause and emphasis planned. Silence would play no role now. I would be polite, of course, because that’s how I was brought up, and my upbringing couldn’t easily be peeled away and discarded like the wax from my father’s ears. I tried to quell the internal seething fury, the feeling that my own chest would burst open of its own accord. I sat with my back straight, my notebook and pen on my lap.

As I watched the doctor work on my father, I realized that it was too late to ask the question, too late to help my father. The question and the answer could not make him feel better or turn back the time. The question might satisfy my curiosity, and the answer might feed my rancor or put it to rest, but that was all.

The question, in other words, was mostly selfish. And, besides, it might have disturbed or embarrassed my parents. They still liked Dr. Vertigo despite the

infections and pneumonia and changing of diapers and sleepless nights and all the indignities that befell us in the aftermath of the year that shared his name.

The wax gone from my father's ears, every little noise in the examination room seemed amplified.

"I can hear everything!" he said, looking astonished as he turned to my mother and me. The sounds were symphonic, beautiful, and strange: the rustle of the doctor's coat, the buzz of the white lights above, and the capping of my pen.