

Trapped in A Fugue: Jimmy's Story

By Mindy Appel, ACSW, LCSW

He was the first-born male in a loving Jewish family. He came into the world destined for greatness and surrounded with love. He fulfilled every family prophecy and expectation throughout school, and became class valedictorian. He graduated with honors, scored a nearly perfect score on the SAT test, and was accepted by every college to which he applied, except Princeton. He never got over the fact that Princeton had turned him down. This first major rejection (as he saw it) started him on a downward spiral which would end, ultimately, with his death at age 40, alone, in a hotel room, absent friends, absent family, and beset with the psychiatric demons that had threatened him for years.

Jimmy was not accepting of failure or falling short. From an early age, his desire to be perfect led him to obsessive compulsive behaviors ranging from uncompromising perfectionism to obsession with washing his hands in a deliberate manner throughout the day. Always suspicious of family and friends, the prodromal signs before psychotic episodes began to appear early in life. He was socially awkward from an early age, and exhibited unusual behaviors which further isolated him from his peers. But nothing in his upbringing could account for his descent into the abyss of schizophrenia. His sister was born when he was five, and they forged a partnership together as best friends and mutual protectors, which nothing could sway. But in the final analysis, all of the love and encouragement of his mother, father, sister, and extended family could not compensate for the inner turmoil he faced daily.

As a young man, his bar mitzvah at age 13 placed him again in the family spotlight. Even at the tender age of 8, his sister saw his desperate need for approval and tried to take care of his emo-

tional well-being as much as she could. He, in turn, became her defender and protector from what he perceived to be dangerous and over-bearing parents. Seeing her brother (whom she truly adored), go through the torment he frequently experienced, and shared only with her, she determined (while still in grade school) that she would devote her life to helping people who were struggling emotionally.

Jimmy's family, throughout these years of inner struggle, was in complete denial as to the reality of the situation and the depth of Jimmy's needs. They felt responsible for his psychosis, and as they were unable to accept that responsibility, it became easier and easier to deny its existence or to accept that a son of theirs could be mentally ill. Living day to day consumed them, and dwelling on things they could not "fix" was counterproductive and even destructive to their son's emerging psyche. So life went on, with each day resulting in more being swept under the family rug. Meanwhile, Jimmy was exhibiting more and more symptoms: disorganized speech and behavior, decompensation, regression, and psychosis. His lack of trust made friendships difficult due to his inability to attach to others.

Jimmy left for college, and once he arrived there, he found himself among 2500 other valedictorians from across the country. He discovered, to his chagrin, that his innate intelligence was not adequate for the cut-throat academic competition at that level. He was a loner, and preferred his own company to social gatherings in which he never participated. Lonely and alone, and experiencing less than A's for the first time, he plodded through college doggedly, barely keeping his head above water. He was consistent in denying that his increasingly isolative and antisocial behavior and periods of losing contact with reality were symptomatic of deeper problems. His trips home reflected his altered state of reality and he affirmed

again and again that everything was fine, and that he was happy making grades at the top of his class. Part of Jimmy's illness during college was an extreme level of narcissism and grandiosity which led to cocky and arrogant behavior. The incongruence of his life versus his perception of that life was drawing him further and further away from reality.

When the truth finally surfaced and he was about to flunk out of college, he was sent to the local Mental Health Center and it was suggested that he take some time off from school and graduate a semester late. Entering into psychiatric care at that time resulted in the first confirmation by Jimmy and by his family that perhaps his problems were more serious than time, love and support could correct. His first treatment with anti-psychotic medications (Haldol, Prolixin, and Cogentin) began at that time. Jimmy was inconsistent in the administration of these medications because he disliked the detached emotional feelings and felt that he was not living life to its fullest in the zombie-like, drug-induced calm. His conscious decision to eschew medical advice and deal with his psychosis head on would eventually spell disaster.

Upon graduating from college, Jimmy applied to a number of law schools, and was accepted at only one which was located in the mid-west. He moved out to Iowa, and although he made frequent phone calls and sent many letters back home as to his outstanding progress there (he reported all A's, and an invitation to the Dean's house to be honored, etc.) his ruse was uncovered when the school sent his grades home and he had all D's and F's. Shortly thereafter, his mental state deteriorated and he arrived home one day with only the clothes on his back, no food, no money, and in a disoriented state of mind. Realizing that the situation was critical, he was hospitalized (one of many times) and released shortly after with the recommendation for medication management and follow-up therapy.

As the years passed, Jimmy never held a meaningful job commensurate with his intelligence and became more and more a social anomaly. His beloved sister followed in his footsteps to another college in upstate New York, from which she graduated about the time he was returning home from Iowa. She continued her education in graduate school in New Orleans, and established residency there, earning a masters degree in social work and becoming a board certified social worker. She worked in both private practice and at a series of hospitals, and was on the job on July 24, 1992, when the call came in from home that Jimmy was dead.

She rushed home to New York to comfort her grieving parents, and tried to make some sense of what had happened. The coroner's report indicated that Jimmy had died of asphyxiation. There was no indication of foul play. A bright light was extinguished on that summer day almost 15 years ago, and all of those left behind are filled with questions and no answers. A man of infinite promise became trapped in a disturbed state of schizophrenia.

The story of Jimmy's journey is told in order to help someone else who might recognize themselves or a family member in this description. In this way, Jimmy will always live on to help others even though he could not help himself. His mother felt a tremendous sense of guilt because she thought she had done something wrong and was not a good enough parent. It is essential that there be more parent and family education concerning treatment and medications available in such cases. Only in destigmatizing those with mental illness can we hope to get them the treatment they need and cut down on the denial and ignorance of the true nature of mental illness. Jimmy's life was a testament to the need for that process – may his legacy be in increasing the awareness of others in similar situations before it is too late. □

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