The Life and Death of Tommy Lake

By Michael Gordon, Ph.D.

Flakes from the season's first snow remained iced and intact on the cold black granite of Tommy Lake's gravestone. With each passing moment more crystals joined forces until the roughhewn surface developed an airy white mantle. Three of us stood at Tommy's final resting place restless, pained, and chilled by the stiff wind.

You can never gaze at a child's grave without having to tamp down sprigs of sadness that sprout from deep inside. Even when you look at moss-covered, worn stones chiseled by colonists, you hesitate a moment at the ones inscribed with the words "infant son" or "beloved young child" or "who died in his fifth year." Of all the melancholy that can arise in the world, none compares with the ache that comes from contemplating what it means to die too young.

We had traveled the ten miles from our offices to the Meadowbrook Cemetery because we had to see where the boy had been buried. The psychiatry resident who had worked only briefly with Tommy was shaken by his death and hoped to derive some sense of closure around a situation so fraught with what might have beens. He was joined by his co-therapist, an earnest and soft-spoken psychology intern whose pale skin was reddened by the wind's assault. I came along because it seemed that I should, if only to offer what comfort a clinic director might provide young trainees who never thought that a case could end up with a sandy-haired 14 year old lying still beneath the frosted ground.

If you were to inspect the death certificate that was issued for Tommy, you'd see

that the cause of death was listed as “diabetic ketoacidosis.” And that diagnosis is true to a point. Tommy died because he lapsed into a diabetic coma from which he never emerged. However, identifying the final step along the road to Tommy’s demise may work for record keeping but not for understanding what actually lead to his passing. It’s like saying that it was the collision of body and car that caused a fatality when it was really the drunk driver’s failure to observe a stop sign.

True, Tommy suffered from diabetes, a disease that puts people at a higher risk for a premature demise. And it’s also true that he had a form of the disorder that was especially hard to control. But when I tell you the details of his final two years, you might agree that diabetes wasn’t the most of his problems.

If you were to read the file that I’m now holding in my hands, you’d find the following facts in the section marked “Identifying Information.” Tommy Lake was the third child born to Rhonda and Steven Lake of Milton, New York in June of 1984. Shortly after Tommy’s third birthday, the Lakes separated, never to be joined again. The household currently consisted of a 15-year-old son, Edward, a 17-year-old daughter, Jessica, and Mrs. Lake’s live-in partner of three years whom everyone called Sonny. Tommy saw his biological father perhaps two times per year, usually for the holidays, and his two stepsisters by mother’s first marriage somewhat more often, but they were older, married, and living far away.

Tommy was referred to the child psychiatry clinic two years earlier by his diabetologist, Dr. Patel, a local specialist who was known more for his technical expertise than for his bedside manner or psychological mindedness. At that point, Dr. Patel was frustrated with Tommy’s unwillingness to manage the Type I Diabetes

Mellitus he developed two years earlier, at the age of ten. During a warm Tuesday evening in the middle of a Milton Little League baseball game, Tommy sank to the ground near third base and lost consciousness. He was rushed to the hospital where the ER staff determined with admirable speed that he was indeed diabetic and required insulin therapy.

By later that evening he was again alert, having been injected with the first of what was supposed to have been a life-long, uninterrupted course of three-a-day doses. The exact quantity of insulin was to have been determined by the color a pale white paper changed when it reacted to contact with Tommy's urine. The colorless liquid found its way into the boy's blood stream through a tiny opening in a hypodermic needle. In theory, Tommy was to jab the needle into his thigh, push the plunger down, and return to his activities.

The problem was that Tommy failed miserably at keeping up with his medical regimen. He would inject too much or too little insulin, forget to eat the right foods at proper intervals to maintain his blood sugar, and sometimes skip the whole process altogether. Tommy's laxity landed him in the hospital four times during his eleventh year and three more times the next, when he was referred because of his medical noncompliance. Dr. Patel, having been consistently unsuccessful at lecturing or scaring Tommy into greater caution, hoped that mental health professionals could find a way to get the boy to care for himself. His cover letter suggested that Tommy's irresponsibility was life threatening and should be redressed swiftly.

The report I have here relates in dry clinical tones further details of Tommy's difficulties. Mrs. Lake told the clinicians during that initial interview that Tommy had

recently begun to lie, usually about whether he had tested his blood sugar. He had also stolen money from her wallet, spending it on game cartridges for the computer play station that held his attention hostage for hours.

The trainee clinicians noted that Mrs. Lake was exasperated, deeply overwhelmed, and desperate for help dealing with Tommy. She talked at length about how flooded she had become with family demands, from worrying about Tommy to keeping Sonny happy enough that he wouldn't take off and leave her alone to helping Jessica with school work she found too hard. Mrs. Lake freely admitted that she often contemplated suicide as a way of unburdening herself. She told the intern that she thought about overdosing on Tommy's insulin so that he would be left to worry about himself.

I could go on for pages, as did the clinicians, describing the facts of Tommy's life and the many problems that burdened everyone in the family. Suffice it to say that the family was, in Mrs. Lake's blunt terms, one "big miserable blob of depression." Everyone acted out that depression in his or her own manner, but the end result was a family that would meet even the strictest criteria for "dysfunctional." At the center was suicidal, despairingly unhappy Mrs. Lake who was more often than not incapacitated by a crushing sense of helplessness.

The supervisor of the case, a much-beloved faculty member by the name of Dr. Bowden, was deeply adherent to one particular sect of family therapy. He was well known for his writings on the subject, especially his facility for understanding all of a child's problems as a necessary byproduct of a family system that somehow malfunctioned. It didn't make any difference if the child was overactive or underactive,

obsessive or impulsive, too happy or not happy enough, oppositional or passive, anxious or exuberantly oblivious, the problem was conceptualized in terms of parent-child perturbations.

Forget that most of these problems could emerge from other factors biological, intrapsychic, educational or social. For Dr. Bowden, all problems were fundamentally family problems. And the only treatment he considered appropriate was family treatment, even if a call to a teacher could alleviate school-inspired stress or a chat with a caseworker might help hasten the day when a child wouldn't have to float in the limbo life of foster care, or a harmless medication could quickly and effectively help a child concentrate when nothing else had worked. Because the only tool Dr. Bowden valued was the hammer of family therapy, everything to him looked like a family-forged nail.

Dr. Bowden and his minions had arrived at the firm and unwavering conclusion that Tommy's noncompliance was the inevitable consequence of mother's need to take responsibility for everyone around her. Based on her accounts of her early life, they came to understand that her overly-developed sense of responsibility was a predictable byproduct of her parents' stumble down drunk by noon, hardly worked a day sober, I'd rather have a drink than feed the kids brand of alcoholism. In voguish clinical terms, she had been parentified as a child, unable to get it out of her head that her reason for living was to take care of others, even those whose responsibility was to take care of her.

According to our intrepid band of family interventionists, Mrs. Lake's insistence on caring for Tommy precluded him from having the opportunity to develop self reliance. He instead became heavily dependent on her, developing a symbiotic

relationship just like those little fish that fuse to the dorsal skin of the shark. Almost a year's worth of sessions was devoted to helping Mrs. Lake feel more comfortable letting Tommy develop an independent sense of himself. If Tommy didn't toe the medical line, his defiance was interpreted as passive aggressive way of expressing his mother-directed rage at her not babying him. Whenever they could, they pointed out how his actions had the effect of keeping him tied to his mother.

I happened to observe one of these sessions because my responsibility as a training director includes evaluating a student=s progress so I can report back to the graduate school. The afternoon I sat behind the one-way mirror, Mrs. Lake, Sonny and Tommy were draped on their chairs obviously displeased with one another. After a minute of uneasy silence, Mrs. Lake erupted with Tommy-directed agitation. She railed about how he should be responsible, that she shouldn't have to remind him every damn minute, that Dr. Patel said he should be able to handle his own medication, and that he was going to kill himself if he didn't act more sensibly. Mrs. Lake, showing that she had internalized the therapists' tack, said that she refused to baby him one bit more.

Tommy looked down while his mom vented. He was terribly pale, caved in, and so thin that what should have been tight fitting jeans hung loosely over his bony legs. After a while, the maternal storm abated long enough for the therapists to intervene by asking Tommy what he thought about his mother's concerns.

Tommy responded woodenly, saying that he knew he should be more careful but that he forgot, that it was a pain to keep peeing and sticking, peeing and sticking, that he knew he should be good, but it was hard. Mom parroted back what she had heard

from therapists, saying that he shouldn't act out his depression self-destructively, that he could get her attention in other ways, that she wouldn't enable his dependency by hovering near him.

At one point mother leaned over, her arms holding on to the worn red fabric of the 1950s style chair. Her skin was pale and creased, her teeth browned from chain smoking, and her belly snug against her Miller Brewery t-shirt.

"I can't take it any more Tommy. You've got to take care of yourself else you're going to die and I can't stop it."

Tommy just looked down and said nothing. His black sneakers grazed the gray floor tile and moved in a slow circle around each chair leg.

The trainee tried to get Tommy to respond to his mother's concern.

"Sounds like your Mother is telling you that you either take care of your diabetes on your own or it's all over for you. What do you think about what she's trying to tell you."

More silence, three or four more revolutions of his left foot along the floor. And finally, because nothing prods conversation like prolonged silence, Tommy looked up, turned toward his Mom, and said, "Sorry Mom, I just forget."

I remember walking out of the dark observation room relieved that I wasn't the supervisor on this case. Clearly this was a complicated situation as are all situations when a family light on coping resources has to contend with a heavy chronic medical condition. Knowing Bowden's style, I also wondered how well the team had explored other options for managing Tommy's condition. For better of worse, I'm a more practical, problem-solver sort of a clinician, less directed by the force of a particular

theoretical or technical bent. I would likely have pursued a more comprehensive approach but, then again, it wasn't my case. I just had to fill out the intern rating list, slip it into the return envelope, and move on to another task.

Despite all the carefully scripted and rehearsed interventions implemented by Bowden's team, Tommy remained inconsistent in his self-care. In November he once more found himself in the hospital averting Dr. Patel's angry gaze. The incident, coinciding as it did with Sonny's departure from the household, provided the therapists with another bounty of family dynamics to chase.

For the next month or two Tommy, Sonny, the siblings and Mrs. Lake all met in a cramped office to redouble therapeutic efforts. To the therapists's delight, the whole family showed signs of freer communication, deeper insights into how they all handled (or often mishandled) stressful events, and a brighter communal outlook on family life. Tommy even got openly angry with mother and Sonny, leaving aside for a few minutes his chronic tendency to take out on himself what he'd like to take out on others. The team=s judgment was that therapy had helped the family to let Tommy separate from his mother without resorting to dangerous and immature tactics.

Because Tommy became somewhat more compliant around his shots, the therapists and family decided that matters had improved sufficiently to justify a hiatus from mental health services. Mrs. Lake promised to contact the clinic should the situation change, especially if Tommy's greater store of motivation showed signs of depletion. On a late Tuesday afternoon, family and therapists shook hands and exchanged wishes for an easier future.

As I flip through these pages of carefully recorded progress notes, I see that the following transpired: Not more than two months after treatment termination summaries had been written, discussed, and signed, a call came into the clinic from a woman who identified herself as Joan Southern, Tommy Lake's foster mother. Because the trainees who had worked with Tommy had returned to graduate school so that they could jump a few more hurdles, the social worker spoke with Mrs. Southern at some length. The foster mother told her that Tommy had come to live in her home about a month earlier after Mrs. Lake had been hospitalized following a suicide attempt. Because Dr. Patel was concerned that Tommy would not take his insulin if mother were not available, he called social services so that they might put him in foster care. Rather than explore other family options (Tommy had an aunt who lived in the next town over), he was removed from the home and placed in the Southern household.

The foster mother reported that Tommy had been perfectly compliant with his care during the past two months. Sure, she needed to establish a clear routine and keep after him, but she didn't find the task onerous and, besides, she wasn't about to let him end up in the hospital because of a missed injection. When the social worker asked if she felt she was babying him, Mrs. Southern asked prophetically, "Isn't the first job to make sure he'll be OK?"

The next note was written three weeks later by the social worker. Tommy had returned to his home after mother had been released from the psychiatric inpatient unit. Although she was feeling much better, she was still unable to get Tommy to take proper care of himself. Only by accident did she find out that he had missed two doses the day before. Fortunately, she discovered his sins of omission before disaster struck. She was

calling the clinic to schedule another appointment with the expressed desire that we "finally get this kid on the right track."

According to the record, the last session involved just Tommy and his mother. Once again his self-care had deteriorated. And, as before, his only response was that he just couldn't remember, especially when he got involved in some other activity like watching TV or playing basketball in the neighborhood.

Now I would imagine that you're thinking what I'm thinking by this point in the story of Tommy Lake. I bet you're wondering why in the world someone didn't stop and say, "Sure, Tommy should have been able to take care of his diabetes but, for whatever reason he couldn't, at least when he was in his mother's charge. And speculate all you want about reasons why, the bottom line is that the responsibility overwhelmed both mother and son. Didn't if dawn on anyone that the first order of business was to make sure Tommy took his medicine? Shouldn't the priority have been to worry more about his health than whether he was shouldering the proper amount of personal responsibility?

Forgive a bit of preachiness here but this scenario is far more common than unique. Adults, having decided what a child should be capable of managing, doggedly endeavor to gain compliance. They set the bar at a certain level and insist it be cleared. Yet the bar can be set so high that the youngster, even under the best conditions, is bound to fail. Bad things happen when you set anyone up for a fall. And when the child does flounder, people respond more to his reactions to failure (the inevitable plummeting of motivation, the problems attending, the poor self esteem, the disruptive behavior, the depression and anxiety) than to the primary causes. In too many cases,

the adults don't step back and say, "Yeah, he should be able to take responsibility but he can't so let=s back up a bit a give him a chance to succeed."

The way I look at it, the road to hell may be paved with good intentions but the on-ramp is built with inappropriate expectations. We see it all the time: the painfully disorganized boy who should be able to remember his school books but just doesn't have it in him to think ahead; the impulsive teenaged girl who shouldn't be having sex but does anyhow and could sure use some birth control; the reading disabled youngster who should be able to complete his homework alone but becomes incapacitated with frustration unless a calm tutor sits nearby; the aggressive kindergartner who should be able to sit on the regular bus for a 15 minute ride but consistently explodes no matter how much you punish him. Just as you wouldn't expect a blind person to see, you shouldn't expect children with limitations to function as if they didn't have those limitations.

In poor Tommy's case, you'd hope that someone would have figured, AOK, he should but he can't so how about we step down expectations and ensure sufficient supervision. If his mother isn't at a point she can keep him healthy, maybe we should provide her extra support or place him with the Southern's until such time that he matured or mother became healthier."

To be fair, the current trainees who are now in their offices feeling bad raised these very questions after their first and only contact with the Lakes. They presented their concerns at a case conference just the week before Tommy died. Sitting around a large formica table we all worried aloud that good sense had not prevailed in returning

Tommy to his house without assurance that his needs would be met.

On a late fall Tuesday evening, Tommy turned off the TV in his room, moped to the bathroom to brush his teeth, couldn't find the energy to test his urine (or brush his teeth for that matter), stumbled back toward his room, and let his pants fall to the floor. Stepping out of his jeans, he slumped into his bed and drifted off to sleep, never to rise again.

His mother didn't notice him going to bed because she was sitting on the sofa in the dimly-lit den with a beer in one hand and a cigarette in the other wondering how the hell she was going to make it through the next few days without acting on the pressing urge to kill herself. By morning, intending to yell at Tommy to get ready for school, Mrs. Lake found her son pale and cold, not that much warmer than the stone that later marked his grave.

In our local paper, the obituaries are listed in narrow columns dotted with an occasional photo of the deceased. The day after he died, the announcement of Tommy's death appeared alongside a dated school picture showing a smiling little boy with a missing front tooth. On the right side of the text was the listing for a Mrs. Ada Sherman who passed away at the age of 86 in the Episcopal Nursing Home. She was survived by three children, eight grandchildren, and one great grandchild. Except in cases of auto accidents, the paper no longer notes the cause of death, but you figure that Ada Sherman died from the more natural of causes.

To the left of Tommy's obituary was information about Stuart Brownley, 62, an mechanical engineer for the firm of Olds and Pratt, Inc. While the cause of death was again unspecified, the text hinted at it by indicating that donations could be sent to the

American Cancer Society of Milton, NY. Mr. Brownley would appear to have lived a rich life, judging from the long list of his civic activities, religious involvements, and family legacies.

Mr. Brownley's column stretched well below the space required for Tommy Lake. That obituary mentioned the boy's age, grade level, and family constellation. Ironically, it was suggested that donations could be made to the American Diabetes Association, an organization that offers family support services and teen groups. What=s so ironic? No one working with Tommy every suggested that the family avail themselves of those services.

Closing the clinic folder now and tossing it across the desk, it's easy to become critical of almost everyone involved with the case of Tommy Lake. If the paper did list the cause of death, you could fairly write, "Tommy Lake died because he failed to comply with preconceived notions of how a youngster his age should handle a chronic disease@ or perhaps "Tommy Lake died because people were more interested in fixing family dynamics than safeguarding his health."

I suppose second guessing is the easiest of sports. Hell, maybe I should have been more aggressive in monitoring my famous colleague's caseload or in expressing more urgency at the last case conference. But I guess postmortems, even psychological ones, are always haunted by painful, jabbing questions that pop out at you like so many Halloween ghouls. For now, maybe it's best if I take my feet off the desk, walk over to the next office and, with my students, reflect upon the life and death of Tommy Lake.