Remembering Ron

That fateful weekend twenty-five years ago began with me feeling a vague sense of anxiety, which had its origins in the mood swings that my brother, Ron had due to the bi-polar disease he struggled with. Ron impulsively, and unannounced drove from his apartment in Kew Gardens, Queens, to our brother’s family home in Bucks County, Pennsylvania, to be with our parents who were visiting Ken, Nancy, and their children, from Florida where they lived.

Upon his arrival, I was told by Ken that Ron was particularly agitated. At the time, Ken and Nancy’s three children were young, and that they were concerned about their safety. Though not directly threatening anyone, Ron was clearly not stable. In this state Ron was paranoid and accusatory.

I recall that my father told me how, early that Sunday morning, he and Ron walked arm-in-arm down the street before he left for his apartment in New York, and that they exchanged their love for one another. Ron promised he’d seek help. That would be the last time anyone would see him alive.

No one knows what transpired that Sunday or Monday with Ron. There was limited phone contact, and the anxiety we felt about his mental state washed over us all. My parents headed back to their Florida home early that Monday, and had spoken with Ron in the evening the day before, and he insisted that he was now fine, and that he was going to his psychiatrist the next day. Early that morning, ironically, Ken had a business trip to San Diego, where me and my family lived, and he stayed with us. When he arrived the first thing Ken told my wife, Pina and I was what had transpired that weekend.

I tried calling Ron a few times that Monday, but he didn’t answer. I left messages on his answering machine. I relayed my concerns to my parents, but none of us were able to reach Ron.

The last message I left for him on his answering machine was at around 9:00 p.m. eastern time. At around 1:00 a.m. eastern I got a call from my cousin’s husband in New York. “I am so sorry to tell you this, but your brother, Ron, jumped from his sixth-floor apartment earlier. He’s dead.”

My wife and I had just fallen asleep, and Ken was getting ready for bed in the guest room. We were in shock. There was a feeling of unreality, of disbelief. As I told Pina what my cousin’s husband had just informed me of, I could hardly breathe. She went to get Ken. My head was spinning. The three of us were lost, struggling to come to grips with what we had just learned. From our bedroom on the other side of the house from our sleeping young children, we wept.

It was up to me to call my parents and inform them. As a trained social worker, I could speak openly and assess my clients’ abilities to delve into all sorts of issues, but this was me, this was my parents.

**How Society and Systems Likely Failed Him**

There was a time in the mid-1970s when coming out gay was generally tainted with fear. It was even deemed to be a form of mental illness according to the Diagnostic and Statistical Manual used by the psychiatric profession. Also, not many years later HIV and AIDS became the killer that it was, particularly targeting gay men.

Ron came out in 1975 when he was nineteen. Though he never contracted HIV, many of his close friends died excruciatingly painful deaths from AIDS. For a young adult with a diagnosis of bi-polar disease given to him a few years after he disclosed his sexual orientation, the combination of societal disparagement over LGBTQ people, and the broadening HIV/AIDS epidemic made it particularly hard for Ron.

Our family was quite accepting, and loving of who Ron was. In fact, my parents even marched in Pride parades in New York City as part of a contingent of the Parents for Lesbians and Gays organization (PFLAG). Ron knew that he was lucky in that regard as many of his friends were “disowned” by their parents and families. Still, it was a tough time for gay people in so many regards.

Ron’s bi-polar symptoms would ebb and flow often based on his compliance with medications. He hated the meds. They numbed his feelings, he would say. They dulled his enthusiasm for life, he would complain. They “weighed” him down, he thought. Still, it was the medication that tamped down the flourishing cycles of depression and mania, as well as the paranoia.

The patterns were always the same. He would decompensate while off his meds. He would find his way to a county mental health facility via an emergency room visit. He would be prescribed medications including lithium, Thorazine, and some others to alleviate symptoms of the disease.

One time he moved from New York City to San Francisco to see if he could “start all over.” I was living in upstate New York at the time. Rom had an apartment, but we were told little else about what he was doing. The distress signals were sent out, however, by his decompensated state. He was off of his meds we knew, and he was quite agitated we could hear from our phone calls with him. Between my father and I, we were able to get Ron to check into a psychiatric facility, and from there he eventually moved back to New York.

Upon his return he reconnected with outpatient services. Over the next nine years of living on his own and working, he mostly stayed with the treatment needed to keep himself on a steadier path. When he slipped, he would repeat the cycle of hospitalization, meds, and outpatient psychiatry.

It was February of 1994 that I had gone to a work-related conference in New York City. I got to see Ron and hang out with him during the free time built-in to the event. He was the old Ron I had come to love and appreciate. It was a special time for me. It was also the last time we would be together.

Looking back, I can see that the loss he experienced over a period of time, from his closest kin moving out of the New York area, to the death of friends from AIDS, was like the erosion of a foundation that he could not overcome.

Two months before he died, Ron told me that he was going off his meds because he was feeling fine, and that he was going to take some time off work to backpack through Europe. The medications were, once again, a burden to him. He had also discontinued his connection with the psychiatrist and counselor because he was tired of the stigma, he said, he wanted to be “normal.”

He never made it to Europe. He headed into the darkness that is mental illness, but this time he would not be able to, or perhaps not want to, repeat the cycle within the existing systems of care.

In less than two months he took his own life. When my parents finally were allowed to enter his apartment, they found a container of lithium with its contents strewn about the floor dated August 16, 1994, the day he died.

His suicide left me considering that, despite the compassion shown by most in the psychiatric profession, we are still lacking in our approach to mental illness. Medications haven’t improved much over the years. Our facilities tend to be maintenance only, and services have been cut resulting in the tremendous increase in homelessness.

Ron’s story should be a cautionary tale for what is needed to improve the care this country provides for its mentally ill. With stigmas still abounding, and funding still lacking, the question is, when?

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