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What's Driving Jake Sullivan?

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Jake Sullivan shouldn't be back yet. A tear in his right knee, spraining his medial collateral ligament, is supposed to keep him from playing basketball for four to six weeks. That was 11 days ago. Yet as the University of Iowa Hawkeyes warm up on one end of the court 40 minutes before game time on a Saturday night, Jake is draining jumper after perfectly arched jumper at the other end. His blue knee brace is around his right ankle as if to say: What injury? I don't even need this stupid thing.

For seven to eight hours a day, Sullivan has run his knee on the treadmill, run his knee under water, iced his knee when the swelling got too big, massaged his knee when it got too painful. Those four to six weeks didn't stand a chance, and his dad's buddies back in the Twin Cities knew it. When they read that Jake would miss up to a month and a half, they put together an office pool. The bet: how many days before his scheduled leave would Jake be playing again. No word yet from Bill Sullivan, Jake's dad, on who won.

Bill's back in Oakdale right now, the suburb where Jake grew up, waiting for the game to start. He knows nothing can keep Jake from playing basketball — not movies, not parties, not high school football games and certainly not injuries. "We had to find ways to keep him out of the gym and driveway," Bill recalls of Jake's childhood.

His mom, Jane, is somewhere in Hilton tonight. She makes it to a couple more games a year than Bill. Bill is Oakdale's police chief, and his job commitments keep him from making the three-hour drive. Both Jane and Bill are worried Jake's coming back too soon. But that's Jake. He was cleared. He will play. Actually, Jane and Bill are kind of glad Jake's back, too. Basketball can occupy his time again.

Jake has Obsessive Compulsive Disorder. Imagine a clock, Bill says, moving around and around, the movement representing the constant, ever-changing thoughts a person has. With Jake, it's like the clock sometimes stops at 2 a.m. It won't move. Jake fixates on that thought. It just keeps pestering him and frustrating him and sometimes angering him. He can't move beyond it. He can't not think about it.

Jake told Jane and Bill about some of the thoughts he was having in high school (they won't say what exactly), and they decided to get him help. Jake's been on medication since. But tonight, if the knee holds, he'll get his real therapy, his real drug. Basketball is a release for Jake. It eases his mind, his parents say. He's happy playing it. That's why they were worried what the four to six weeks away would do to him.

But it never came to that. Yesterday's practice went well (he's been practicing on it this
rebounds, couple of loose balls. He misses a long three from the right wing and gets a 15-foot blocked by Reggie Evans along the baseline, but Jake allows Pierce only two points — not that Pierce’s 7.2 points per game is ISU’s concern. (That would be Evans, who has 14 at the break and has put ISU’s big men in foul trouble.) Iowa leads 40-28.

Jake starts the second half. With 15:35 left, after an awkward land from a missed jumper a few possessions ago, Jake drives the lane from the left wing, and is fouled as he tries to spin past the defender. His right leg, looking like it slipped on a banana peel, flails wildly to the side as he spins. As Jake grimaces and walks to mid-court to shake it off, there is a hitch in his step.

His knee gets sorier as the game goes on. He finishes with eight points on 2-8 shooting with two rebounds and two assists. He held Pierce to six points, although, with the game winding down, Pierce flew by him in the open court and only an ISU foul kept him from dunking. A big ol’ dripping ice pack is tied around Jake’s knee as he limps (it looks to be hurting him now) off the court, and his team defeated 78-53 by Iowa.

John was proud of his team and his team defeated 78-53 by Iowa.

In the bowels of Hilton Coliseum, the media stand outside Iowa’s locker room door, waiting for Coach Alford. They talk about Jake’s leg slipping on the banana peel as they wait. “He wasn’t the same today,” one guy with a notebook laments to another. The door swings open. Alford says he’s proud of his team and yes, he thinks they can play this way more regularly and no, Jake wasn’t 100 percent. Nevertheless, Iowa prepared for him in practice all week.

Eustachy’s psyche seems to be nearly as affected by the game as Jake’s knee. “I thought we tried, we just got beat in every category: free throws, shooting, rebounding ... We hooked a tiger, and we knew it.”

Everything comes out as a whisper, despite his being hooked up to the mikes and amps in the press conference room. “He tried real hard,” Eustachy says of Jake. “He’s just a sophomore. I appreciate his effort. His knee — he just wasn’t right. Jake [perhaps sighing now] ... I was proud of him.”

“I thought I was 100 percent when I came in,” Jake says after Eustachy shuffles away. “I don’t know if I was 100 percent as the night wore on.” Jake, how did you come back so early? “Lot of hours in rehab. Just a lot of hours in rehab.”

Lots of hours in rehab

Now think about Jake’s disorder. Easy to assume, isn’t it, that that’s why Jake is back. Don’t, his parents say. Don’t confuse the disorder with his desire. But still, well, I don’t know.

“I think that it is a little bit of a part of it. But I don’t think his desire will ever fade off completely,” Jake’s 18-year-old brother and room-mate Nick says. He adds about Jake’s rehab, “He was always in the training room. After eating a late dinner, Nick says Jake would take off at 10:30 p.m. to rehab some more. “He was all about getting back. Especially for that Iowa game.”

Obsessions are the recurrent thoughts and compulsions the repetitive behaviors of the obsessive-compulsive patient. Obsessive thoughts cause anxiety that is quieted by compulsive behavior. Carrying out these behaviors does not result in any permanent change and in fact, the Obsessive Compulsiveness worsens, according to www.1-obsessive-compulsive-disorder.com.

“Obsessive Compulsive Disorder is a major form of anxiety disorder,” says Norm Scott, ISU associate professor of psychology. Scott has not treated Jake, nor does he know specifically Jake’s history with OCD.

But he does know how it works. “The person feels trapped by these intrusive thoughts” — and they are quite intrusive, Scott says — “and these repetitive actions” — sometimes to the point of exhaustion — “but if they don’t engage in the compulsive behaviors they get quite overwhelmed by anxiety, and so it’s a vicious cycle.” According to the Web site, OCD is the fourth most common mental illness in the United States — affecting about 5 million people. It’s caused by low levels of serotonin in the brain, Scott says. If the levels are low enough, suicidal tendencies can develop. Drugs such as Prozac and Anafranil are used to treat patients with OCD, Scott says.

So what if the serotonin is low, and the obsessive thought is one of failure and the behavior that best alleviates this thought of failure is
putting a basketball through a hoop? "OCD really gets in the way of people's lives," Scott is quick to point out, but later adds: "However, that compulsion could, might, may lead to enhanced athletic performance. The difference between a premiere athlete and the OCD person is that the premiere athlete [can] close down the practice for the day. The OCD person may feel compelled to keep going at it until it's absolutely perfect, even though that may result in exhaustion."

As far as what Jake thinks, well, he never talks to his brother about it — Nick didn't know he had it until last December — and he didn't talk to me about it. Jake's a tough guy to get a hold of.

We'll start with the games. Thirty-two of them are scheduled between early November and early March and a lot of them are away, and the team doesn't leave the day of an away game, it leaves often a day or sometimes two before tip-off, so that eats up a lot of time, days even. If the games are at home, players still need time to prepare and that often means arriving at Hilton two hours (or more) before the tip and forget about interviews before the game.

After a two-hour game, the team often practices every day thereafter until the next game, at three hours per practice. Sometimes they have "shoot arounds" on game day, taking maybe another hour or so. Not to mention all the conditioning that goes on after practice or because Eustachy likes to keep his boys strong during the season and who knows when the calisthenics stops and the practice begins or vice versa? The media certainly don't because they are barred from watching practices. Even if Jake doesn't have a game at night, his afternoon is still shot because he spends it practicing.

That brings us to his mornings, and Jake as student — which is not just some trite reference to yesteryear's collegiate athlete with Jake because Jake won the ISU Athletic Council Academic Award last year and his A- in Psychology 360 was a much better grade than I received. Anyway, if the athlete wants to stay on Eustachy's good side, which is always hard to do, he must never miss a practice, which is in the afternoon, which means scheduling his classes in the morning.

On top of that, Jake has a girlfriend whom he spends his free evenings with, so much that Nick rarely even sees his brother anymore and so much that not one of the 20 phone calls I have made since November asking for Jake have been returned. So Jake is available right after practice (not a good time for an in-depth conversation — too many people around, athletes are too tired and thinking too much about what comes after practice) and introduces us to media relations.

They really don't like the press, or at least it appears that way from time to time because they refuse to hand out home phone numbers of athletes if the athlete is unlisted, and they sometimes refuse to allow the media to talk to the athletes after games. But not all the time because I have spoken with Jake alone once after a game. We sat in court side seats while the janitors cleaned the floor and removed wrappings and cups and popcorn bins from Hilton. Jake answered questions thoughtfully but never delved into details, sometimes stopping to sign autographs for kids or shake hands with old men who said things like "we need your threes." The interview seemed awkward for both of us: the surroundings too unfamiliar, the people, too wanting. This is hardly conducive to good quotes or at least good rapport building with a relative stranger.

Not that Jake likes to build much rapport with strangers anyway. His dad says he's a very private person. But he sets that aside at press conferences because he does know how to give sound bites for the 10 o'clock because he's been a star for a while, and he knows what the papers and cameras want to hear. Still, he's hesitant to let someone sit down with him that he doesn't know and just talk about life. And remember, he's a smart guy, so when questions within that first and only interview turn to his obsessive-compulsive disorder, something he thinks "isn't that big a deal," he maybe forgets to return phone calls from a relative stranger after the interview's over. Phone calls that want

"I really think it's the desire," says Nick Sullivan, Jake's brother. "I think the majority of it is anyway. He loves the game and he wants to be the best, and he wants to go to the league [the NBA]."
severely sprained ankles or other various injuries. Jake also only went out twice in his high school career, or at least that's how Nick remembers it. "It was all about working on his skills," Nick says.

To a degree, it still is. This past summer, Jake was either running or jumping rope or lifting weights or, of course, shooting baskets. Once at Beyer Hall, Nick shot around with Jake, "and he'd always be like 'All right, we're going to go one more time around the key.' And he'd do it, and he'd make all five shots, but then he's like 'just one more' and we'd do it like five times. I don't know if that has anything to do with it, but he always just keeps going and going and he never stops. He'll come home on Saturday's after a game sometimes at four in the morning and he'll tell Shane [Power, a teammate and roommate of Jake's] he's not going to work out tomorrow. And then he'll get up at 9 on Sunday and do it anyway."

When I asked Scott about practicing in Beyer Hall and Jake's relentlessness to improve — and if this is characteristic of an OCD patient — Scott was ambivalent. "I don't know how I'd distinguish that from the person who simply enjoyed the competition or enjoyed trying to beat their own record. I think it could be a little of both." He added that the OCD patient might practice 50 sets around the key rather than five.

"If Jake had not been diagnosed with OCD, he'd still be the same basketball player," Bill, his father says.

"I really think it's the desire," Nick says. "I think the majority of it is anyway. He loves the game and he wants to be the best, and he wants to go to the league [the NBA]."

Jake thinks his disorder probably has something to do with how much he practices or at least how much he's practiced. He's on medication and the only time Nick or Mike notice he may have skipped a dosage is when he cleans his room. "Jake's a sloppy guy," Nick says. He and Mike never head to Jake's room. Too sloppy. But when he decides to clean, "I mean, it'll be like midnight or one o'clock and Jake will be cleaning his room. He doesn't do it that much now. It's not like he's washing his hands 100 time a day."

Which is a common behavior for OCD patients, Scott says. As is ordeliness — doing things over and over again.

All this talk about OCD helping Jake, and the truth is, Scott says, it could hurt his performance as well. You need to be mentally flexible to perform well on the basketball court and the recurrent thoughts and compulsive behaviors may not allow that, Scott says.

After all Jake's a 6-1 white guy with the demeanor of a scorer, which in college basketball is hardly reserved for 6-1 white guys, to be quite honest. Most of the white guys on today's college basketball courts are either very tall or come off the bench and shoot very well. Luke Recker at Iowa is white, but he has about 3 inches on Jake and is just a bigger guy. Not that Jake isn't strong because he is; he bench presses more than Tyray Pearson, the starting center. No, it's just that Jake plays the off-guard, the same position Michael Jordan plays. The one that requires Jake to get off quick shots and create still more so his team can win because often, if you have a good off-guard, you depend on him and you need his points to win basketball games. His stats this year, as of Feb. 21, have him averaging 16.8 points per game, while shooting 50 percent from the three-point line, second best in the nation. And last year, as a true freshman, coming off the bench in the beginning and starting by the middle of the season, Jake averaged 11.4 points per game and won the Big 12 Freshman of the Year award. So how much of that was OCD?

OCD doesn't have to be about thoughts of basketball, Bill says. But remember it helps Jake relax, so maybe if the thoughts aren't about basketball they're still putting him in the gym, draining jumper after jumper, so maybe his disorder helps his performance despite the fact that the disorder's thoughts aren't about basketball. Maybe it doesn't. His parents don't know, Scott doesn't know, his brother doesn't know, his roommates don't know, Eustachy doesn't know. If Jake knows, he's not telling.