

## BEAUTIFUL MINDS

# COPING NOT SUFFERING

## More to man than schizoaffective diagnosis

By **JEFF EDELSTEIN**  
Staff Writer

Dan wants to make one thing clear.

"I was diagnosed with schizoaffective disorder. But I don't identify myself as my diagnosis and it has very little to do with who I am. I cope with it, I do not suffer from it."

In other words, don't consider Dan damaged goods.

"I don't wake up in the morning and say, 'God, I've got schizoaffective disorder. How am I going to get through the day?'" Dan, 42, said.

Today, Dan is a social worker.

His route to his vocation was not the typical one, however.

"I got a bachelor's degree from Rutgers," Dan said. "I wanted to be an actor. Instead, I was delivering fish."

He was also abusing drugs and alcohol.

He was also involved in the self-help movement known as est.

Founded by Werner Erhard in 1971, est was vilified as a cult, forcing the organization to change its name to the Landmark Forum.

"I had gotten obsessed with (est)," Dan said. "I started having problems with it, and it might have been a trigger for what was to come. I didn't want to do it anymore, but they were doing the hard-sell. I ended



Dan talks with *Trentonian* reporter Jeff Edelstein about how he copes with schizoaffective disorder.

Trentonian Photo/BOB CASTELLI

up in the hospital. And then I ended up even more into drugs and alcohol."

And then, one day while living in western New York, Dan had what he refers to as a "psychotic break."

"I thought I was a police detective," Dan said. "And then I started acting on it. I went outside and started directing traffic. I've got to say I was pretty good at it."

No matter how astute Dan may have been directing traffic, real policemen

didn't find his behavior helpful.

"They came and took me to the hospital," Dan said. "They gave me a shot of Demerol, which knocked me back to my senses. I was in some bizarre reality."

And it was very real to Dan.

"When you're in psychosis, you believe it's all real," he said.

While in the hospital, Dan was put into a drug

and alcohol treatment program.

He did very well. "I'm very proud to say I've been clean for 15 years," he said.

He also spent a lot of time in therapy.

"It really helped," Dan said. "And then I thought to myself, 'Hey, I could do that.'"

So Dan went back to Rutgers and got a master's degree in social work.

Since then, he's held a

variety of jobs, from working with kids to working with severely developmentally disabled people.

"So much needs to be done for people who must cope with mental illness," Dan said. "It's totally off the wall. The magnitude of suffering that people go through — it's too much. So much needs to be done, and a lot of it has to come from the community."

As Dan works and copes with his disorder, he admits there's no telling what tomorrow is going to bring.

"There's no guarantee for anyone with mental illness that they won't have another episode," Dan said. "It's the same way a recovering alcoholic can never say he'll never have another drink. You just never know."

But Dan is not standing by idly.

In fact, he has a little program of his own that could benefit anyone.

"I eat right, I sleep well, I go to work every day," Dan said. "I have a social life, and I have hobbies. I play piano in a blues band, as a matter of fact."

For more information about NAMI (*The National Alliance for the Mentally Ill*) or for help call NAMI-Mercer at (609) 777-9766.

You may also call the NAMI helpline at (800) 950-NAMI(6264). NAMI's Web address is [www.nami.org](http://www.nami.org).

### A mixture of 2 mental illnesses

What is schizoaffective disorder?

Schizoaffective disorder symptoms look like a mixture of two kinds of major mental illnesses that are usually thought to run in different families, involve different brain mechanisms, develop in different ways, and respond to different treatments: mood (affective) disorders and schizophrenia.

**Symptoms of Schizoaffective Disorder:** The two major mood disorders are bipolar depression and manic-depressive illness.

**Seriously depressed people:**

■ Feel constantly sad and fatigued

■ Have lost interest in everyday activities.

■ Are indecisive and unable to concentrate.

■ Sleep and eat too little or too much.

■ Complain of various physical symptoms.

■ May have recurrent thoughts of death and suicide.

**People experiencing a manic mood are:**

■ Suffering from sleeplessness.

■ Compulsively talkative.

■ Agitated and distractible.

■ Convinced of their own inflated importance.

■ Susceptible to buying sprees; indiscreet sexual advances, and foolish investments.

■ Prone to cheerfulness turning to irritability, paranoia, and rage.

**People with chronic schizophrenia:**

■ Appear apathetic.

■ Are emotionally unresponsive.

■ Have limited speech.

■ Have confused thinking.

■ May suffer from hallucinations and delusions.

■ Perplex others with their strange behavior and inappropriate emotional reactions.

**Difficulty in Distinguishing Illnesses**

People with:

■ **Affective disorders** usually appear normal between episodes of illness and do not become more seriously disabled with time.

■ **Schizophrenia** victims rarely seem normal, and their condition tends to deteriorate, at least in the early years of the illness.

This distinction is not always as obvious as the description suggests. Emotion and behavior are more fluid and less easy to classify than physical symptoms. Seriously depressed and manic people often have hallucinations and delusions. Mania can be impossible to distinguish from an acute schizophrenic reaction, and psychotic or delusional depression is important enough to rate its own classification by some psychiatrists.

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NMHA, 2001 N. Beauregard St. 12th Fl., Alexandria, VA 22131 or contact the local office (the Mental Health Association in New Jersey) at (609) 989-6574.

## AA's doors open to dually diagnosed

By **STEPHEN ROW**  
Staff Writer

"Our liquor was but a symptom," the "Big Book" of Alcoholics Anonymous declares, implying a more serious malady underlies an alcoholic's compulsive desire for drink.

For the founders of AA the malady was viewed as a spiritual one which was only overcome by surrender to a "Higher Power" and rigorous adherence to a Twelve Step program.

While the principles of AA's 12 steps remain, the progress of research in mental health, particularly in brain chemistry, has led to new insights not only into chemical dependency and addiction but also into the realization that alcoholism and addiction are only different faces of a far greater spectrum of mental illness.

The problem is AA has striven since its founding in the 1930s to maintain a strict adherence to its "primary purpose," which is to "stay sober and help other alcoholics to achieve sobriety."

While some AA groups stick religiously to a program which focuses solely on alcoholism, increasingly AA has come to real-

ize that many alcoholics — and addicts — are afflicted with other forms of mental illness.

Many people who suffer from depression, bipolar disorder, schizophrenia and other affective disorders will self-medicate to relieve the emotional pain of their mental illness.

"At least half of the people who have been treated for mental illness have a co-occurring substance abuse disorder," says Robin Unnold, Mentally Ill Chemically Addicted Coordinator for MHANJ (the Mental Health Alliance in New Jersey).

Unnold is a strong supporter of AA and believes it still serves an invaluable purpose, not only for the person who suffers solely from addiction and/or alcoholism, but also for the individual who is "dually diagnosed" (i.e., also suffers from an affective disorder, schizophrenia or another mental illness).

However she does insist that some of the old mores which the "old timers" in AA embrace can be detrimental to those who have a dual diagnosis.

■ One is the idea that an individual must be "clean and sober" for at least a year before they can

begin to work on their psychiatric problems.

"I think that that is a big mistake," she answers to that dogma. "You need recovery from both illnesses if you're going to get anywhere. If you have an illness which is going to interfere with your substance abuse recovery you won't recover from the substance abuse (and vice versa)."

"It has to be dual recovery," she said.

■ Unnold also takes issue with AA diehards who condemn the use of any medications, including anti-depressants, such as prozac and its cousins.

"I think that those of us who are not doctors shouldn't play doctors," she said. Asked if doctors are getting enough education about alcoholism and addiction, Unnold said the old adage that MDs know nothing about alcoholism is no longer true.

Her response to consumers or patients who encounter a physician who is uninformed?

"Fire their ass!" she said.

Meanwhile, there are many AA groups out there, Unnold says, which not only open their doors to people with a mental illness but actually focus on

#### ABOUT THIS SERIES:

In an effort to raise awareness about mental illness *The Trentonian* is publishing several articles during Mental Illness Awareness Week which began Sunday.

Today's article is the fourth in an eight-part series chronicling the lives of individuals and families who have battled mental illness.

While their stories have tragic elements, they are also heroic, as these individuals have overcome social stigma, personal denial and the complicated labyrinth of the medical profession and the ever-changing laws which define what is and isn't a disease.

such individuals.

"There have been psychiatrically recovering AA meetings out there for sometime," she said, listing several in the New Jersey area.

For a list of meetings in the Greater Trenton Area for "psychiatrically recovering" alcoholics call the Mental Health Association in New Jersey or call Dual Recovery Anonymous at 1-877-883-2332. A list of meetings can also be found on the Internet at [www.draonline.org](http://www.draonline.org).