It was 1979. Mom was in-my-face and mad as hell. Screaming at the top of her lungs how I was the child of Satan. She believed she was working for the FBI in an operation valuable to the country. She didn't sleep. Not much anyway. Sleep occurred during the day only -- and only for a couple of hours. These are all diagnostic criteria from the Diagnostic Statistical Manual (DSM-IV) for BiPolar 1.

She talked constantly, forcefully when she thought herself to be alone and instantly down to a whisper if someone walked into the house. A voice spoke inside her head, keeping a running commentary on every move she made and she was constantly answering to that voice. This is a sure sign of schizophrenia (http://www.mentalhealth.com 2002). She was perpetually on the move -- shaking her fist, pacing, answering the voice in her head, while screaming into the mirrors in the house. She made many faces. Mom had lost interest in all activities she had formerly enjoyed. Not long before she had been the president of United Methodist Women at our church. Now she didn't even care how she dressed -- or even if she got dressed at all. She went nowhere. She accomplished nothing -- still more BiPolar criteria. Mom suffered from psychotic delusions. She believed she had sexual relationships with both John F. Kennedy and Abraham Lincoln. These delusions are prevalent in many with Schizophrenia. Mom had used Dad's credit cards repeatedly until they were in financial crisis. Dad decided to put her on an allowance. This didn't stop her excessive spending. She would write hot checks all over town, still more DSM-IV diagnostic criteria of BiPolar Disorder. She allowed strangers into the house several times and inadvertently gave away my Dad's shotguns, rifle, rotor tiller and chain saw. She doesn't
remember any of this. She offers no explanation or acknowledgement of any of these behaviors. Some would call this denial, but in schizo-type disorders, often the victim of the disease has not been able to identify that they have anything wrong. Mom has never admitted anything more than a case of arthritis -- not ever -- in 30 years of suffering.

Co-existence of both BiPolar Disorder and Schizophrenia has a name. That name is Schizoaffective Disorder. After 30 years of suffering, many ineffective treatments, three different diagnoses, it is time to delve just a little deeper into my mother's disease. Although the diagnostic criteria for Schizoaffective Disorder are specific, treatment can be challenging and long term outlook for each client will vary.

BiPolar 1 is a mood disorder characterized by one or more manic episodes but not necessarily demonstrating depressive episodes during the time frame (Halgin, R. 2002 p.283). Twice Mom has been diagnosed with BiPolar 1 Disorder.

Schizophrenia is a thought disorder which is degenerative, "...severe, chronic and disabling disease..." (Siegel-Itzkovich. 2000.) Twice my mother has been diagnosed with Schizophrenia.

Schizoaffective Disorder, though, is a combination of both the previous diseases. The victim will have symptoms of the mood disorder (manic or depressive activity) as well as hallucinations and delusions -- symptoms of the thought disorder (Schizophrenia). As time has raced on, my mom has been treated with medications for one or the other of these diseases but never with the delicate balance of medications necessary to treat both diseases -- i.e. Schizoaffective Disorder. Because of this, and the degenerative nature of this disease, the disease has all but destroyed this woman, leaving her with very erratic thinking and even signs of dementia. She is only 64.
How would we know its Schizoaffective Disorder that Mom is suffering from? The diagnostic criteria are very specific. The mood-disorder symptoms are inflated self-esteem, grandiosity, decreased need for sleep, talkativeness, flight of ideas, and buying sprees. The schizophrenic symptoms include delusions, hallucinations, possibly paranoia and also very strange beliefs (www.mentlhealth.com, 2002). Although men and women are equally affected, men will usually have symptoms beginning in their teens to twenties while women will usually be in early adulthood (late teens to 30) at the initial onset (Siegel-Itzkovich. 2000). My mom was 29.

Seeking treatment for someone who does not believe they have anything wrong can be quite challenging. Fifty percent of the people suffering from schizophrenia deny their disease (www.schizophrenia.com). This is because the part of the brain affected by schizophrenia is also the same part that we use to analyze our own behavior. Therefore, they just don't think anything is wrong. This though, should not be confused with being in "denial", as they literally can not make this association in their brain (www.schizophrenia.com).

Mom was also convinced the neighbors were spying on us and that they had planted microphones and other listening devices into the walls of our house. These are signs of paranoia associated with Schizophrenia. She demonstrated some very strange beliefs such as thinking she was missing different parts of her body -- frequently her eyes, or sometimes that her eyes had been switched with someone else's. Usually she accused a neighbor of these things and she did so with much cursing, swearing and other vulgarities. As research shows, any violent tendencies are usually acted upon in the home and toward family members or friends (Siegel-Itzkovich. 2000). Although my mom showed all of these very typical signs of suffering from BiPolar
Disorder as well as Schizophrenia, it took us over twenty years to get continued and semi-
suitable treatment for her.

The process we went through with Mom and the state of Kansas in order to obtain

treatment was tedious. First we had to contact the District Attorney's office. The legal

requirements state that a person must be "a danger to self or others" (schizophrenia.com 2002).

She once walked in the street at night, naked, in the winter. Although all those other symptoms

were present, this was the proof that was needed to show a danger to oneself, as required by the

court. After a court order was issued, the police would come to our house and take Mom to the

hospital. Once at the hospital, the doctors stabilized on her medications and sometimes tried new

ones. Over the course of time she has been on Librium, Thorazine, Stellazine, Haldol and now

Clozaril. Clozaril has been more effective than the other drugs for Mom and also for many others


As with most people suffering with a mood disorder, mom would not continue her

medication after being discharged. Due to the adverse side effects of the medication, most

sufferers stop taking their meds. Also, since the victim of the disease is certain nothing is wrong,

why take medication?

Another big problem for our family, and for countless others, was insurance coverage.

The insurance company insisted on a short stay in the hospital -- usually 10 days and then

release. So, just as the symptoms began to subside slightly, mom would be back home -- just to

get worse again. Mom knew just what to say -- and what NOT to say -- to her psychiatrists when

only facing them for a limited amount of time (usually an hour or less). Light "hi, how are you,"
"how's the weather" conversation was feasible for Mom that short amount time. So, often the
psychiatrists felt the medication was working well enough. This manipulation of others is typical of someone suffering with mania (Moller, Mary D. 1990).

Left untreated, this disease continues on its destructive path eroding away the afflicted person's mind. Some chronic sufferers, such as my mother, continue with hallucinations and delusions even on their medication and require long term treatment (http://www.nimh.nih.gov 2002).

As time wore on, Mom suffered twice-yearly trips to the hospital, a roller-coaster-ride of medications, and various other radically intense symptoms. She deteriorated for 25 years before we had a breakthrough. In 1996 we found a psychiatrist who believed that long-term care was the right treatment for Mom. Although possibly still not under the correct diagnosis, she has since been stabilized and can maintain a conversation -- for the most part -- without becoming delusional. Plus, according to a npi.ucla report in 2002, symptoms of Schizoaffective Disorder tend to improve over a victim's lifetime. Although Mom still hears voices to this day and answers them, she does so quietly now, without much fanfare. Her manic tendencies to "act out" have now subsided. She has finally calmed.

Long-term outlook for Schizoaffective Disorder sufferers varies. When Mom first became sick in 1966, schizophrenia was treated as though it was a secret. It was kept "in the closet" (Siegel-Itzkovich, 2000). It still is to some degree, but public awareness is growing. In late 2001, a movie titled "A Beautiful Mind" was released. This movie is the life story of John Nash, the Nobel Prize winner, who has suffered from schizophrenia since the 1950s. The movie was superbly directed and acted. It was very realistic and therefore has the possibility of educating the general public to the destructive possibilities of schizophrenic-type diseases. The
more the population understands -- the better. Meanwhile scientists continue to search for answers to why, when and how people become afflicted -- and theories abound.

I find, reoccurring throughout my research, the possibility that this disease could even begin in the womb (http://www.nip.ucla.edu 2002) (Siegel-Itzkovich. 2000). A difference in the size of the brain in victims has been documented. Genetics are a factor as well since one has a 10% chance to contract schizophrenia if a parent is afflicted but only a 1% chance if you are the "general public" (http://www.nimh.nih.gov 2002). BiPolar Disorder presents itself in 1-2 people out of 100 (Moller, Mary D. 1990). And Schizoaffective Disorder only occurs in .05 percent of the population (http://www.npi.ucla.edu 2002). These diseases may lie dormant until a traumatic event occurs such as loss of a loved one, menopause or in Mom's case, her hysterectomy at age 29.

Therapeutic activities, also known as Psychosocial Treatments (http://www.nimh.nih.gov 2002) are something my mom has missed out. Victims need to be encouraged to fend for themselves, even in little ways. Mom can dress herself and go out to dinner but she can not cope with cooking, cleaning, shopping, any sort of money management, or various other every-day-type activities. She also has no desire to learn how. This is so sad. Long-term care (hospitalization) should progress to possibly a halfway house, then to assisted living, and conceivably to day programs (Halgin, Richard P. 2000. p55). Mom won't even try.

Once a person is diagnosed, and a treatment plan is devised, medications control the symptoms for most victims. However, the outlook still varies. According to the National Institute for Mental Health, less than twenty percent affected will recover. These odds must change.

Early diagnosis can make a huge difference in response to this disease. Although much about Schizoaffective Disorder is uncertain, the diagnostic criteria are standardized and
thorough. Once this diagnosis is made, treatment can begin. Treatment must be a combination of medications, therapeutic counseling sessions, occupational therapy and physical therapy to regain a hold on "reality." Surely long-term outlook for suffers will improve as the medical field explores options and new forms of treatment for Schizoaffective Disorder.

One additional note though, as Judy Siegel-Itzkovich stated in her article, we must remember to have a heart when dealing with someone with Schizophrenia. We shouldn't call them a "schizophrenic." There is nothing left of the person when we do this. They are "someone suffering with Schizophrenia". Somewhere, deep down, under all those symptoms and bizarre behavior, that person is still someone you love.