

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

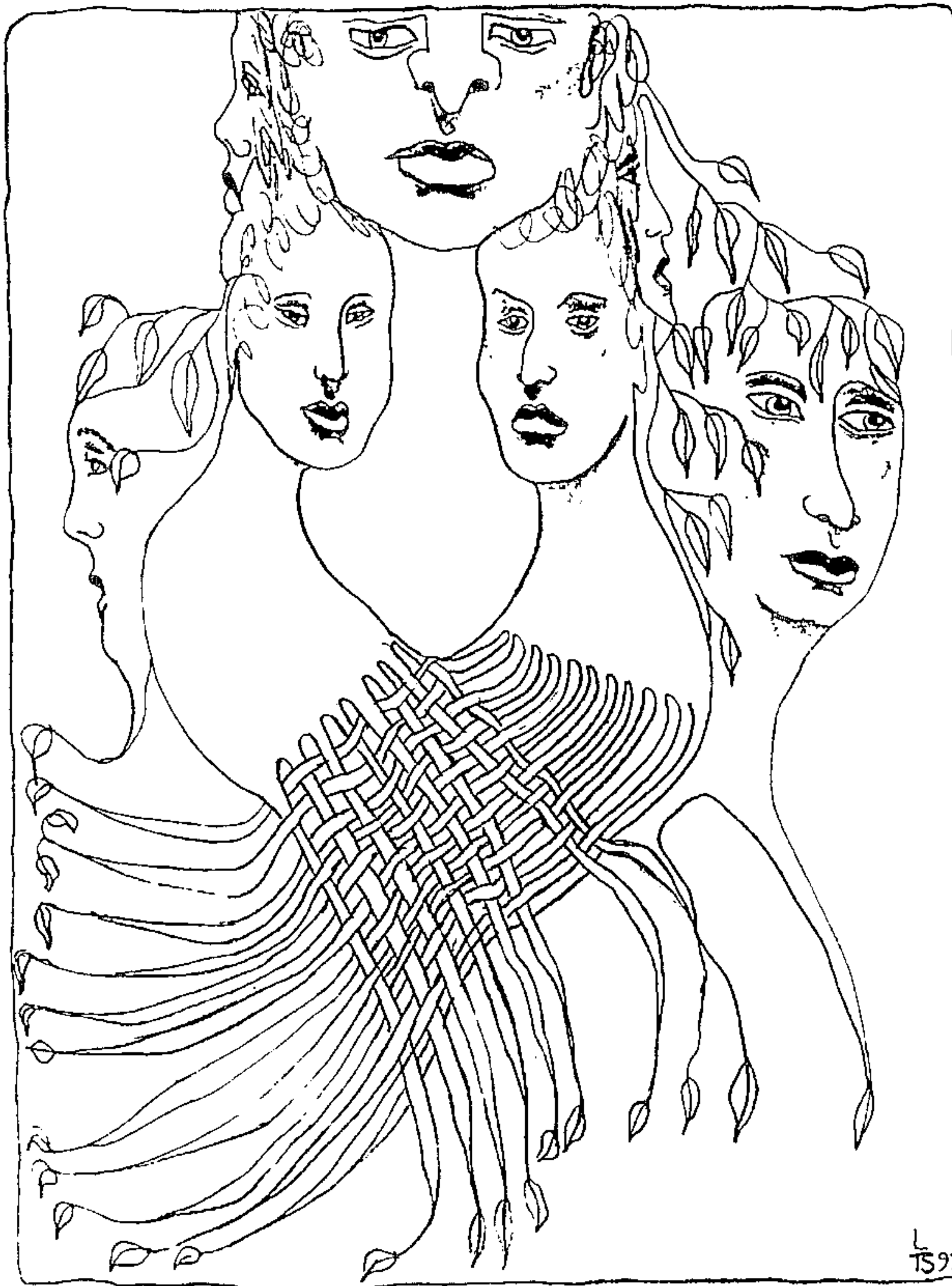
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In this issue:

Medications and Alternative Treatments



Summer

The fullness of summer has come.
Rich, lush, lazy days slowly winding by
like a river in no hurry to reach the
sea.

Summer is contentment.
Blooming. Satisfied. Abundant.
And not for me.

Born in July, I'm a summer's child.
But it's a heritage I have denied.
Not for me this fullness, warmth and
restful peace.
I'm more at home with autumn's sad
good-byes,
with turning 'round and spinning
down
and things that die.

And winter, that's a place I go
An old familiar face I know.
Alone and cold with rage untold
And frozen fingers
that can't let go
and don't know why.
'Til spring returns and new hope
burns.

Yes, I can tolerate the spring,
the breath of life it brings.
My heart begins to melt
and all is well for just a while.
I start to smile.
But with the hope there follows fear
of coming tears and autumn's loss.
I count the cost and as I do
The summer comes
but not for me,
and then it's gone.

The fullness of summer has come.
Can I trust it just this once?
Can I stay for a season
Of gentle contentment,
however fleeting it may be?
Could this be the summer for me?

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Judith Machree is an author and a survivor. You can
read more of her poetry and prose at
http://members.xoom.com/J_Machree.

Introduction To This Issue

Welcome to MV's discussion of medications and alternative treatments used by trauma survivors. Many different views and opinions are expressed here. We got so much great material, some will appear in future issues. Most of these opinions are given by laypeople who do not have medical training or qualifications (this includes myself). They're offered as the personal experiences and beliefs of those who wrote them, and nothing more. I urge you to thoroughly discuss any proposed alternative therapy, or medication decision (pro or con) with at least one well-trained physician who understands the long-term effects of early trauma or abuse.

Personally, I think the whole idea of alternative therapies as well as the frequent client bias against traditional medical treatments (such as prescribed drugs) is an extremely interesting area to explore from a psychological perspective...especially since our client-readers and writers (including myself) are trauma survivors. Is some of our resistance to traditional recovery methods due to our ingrained need to feel "in control" of the things that happen to us, and the materials that are taken into our bodies? Do we (sometimes) need to resist

authorities so intensely that we unconsciously program our bodies to reject the "helpful" medications doctors prescribe? Are favorable responses to medicine aided when we like and trust our doctors, as Dr. Torem suggests in our Therapist's Page (Pg 6)? If so, how many of the recovery alternatives work via the placebo effect (ie, we believe we will feel better if we do these things...and so—voila!—they work!) And when these non-traditional methods work, how much pleasure do we get in telling 'experts' "I know more about me than you do!"

My guess is that these and many other factors play a role in the effectiveness or failure of trauma treatment...even in psychotherapy itself. And while my "scientific side" cringes, these views deserve a hearing. If a traumatized person functions or feels better due to the placebo effect, who cares...as long as no one is harmed?

Also, it is possible that science has not taken the time to seriously evaluate some non-traditional treatments; it is possible something measurable and reproducible is going on. However, I do have to let my "scientific side" remind everyone that

untested herbs, treatments, etc. can and do result in overdoses and dangerous combinations of chemicals in the body, as well as serious loss of cash for non-effective remedies. Just because a substance is called "natural" or "herbal" does not automatically make it safe to use under any or all circumstances. And (this is my scientific-side talking again) if one product or treatment is said to cure everything from Asthma to Zits, please think twice before putting your money down.

Also: before you decide that you "have to put up with" a vast number of really uncomfortable side effects because your doctor ordered a particular medication...why not talk over the side effects you are experiencing with the doctor? Explain how you're feeling. Maybe the dosage can be changed, or a different medication will work better. Suffering in silence is a big mistake.

OK. That's enough disclaimer from my soapbox. Read this issue, check things out yourself and make up your own minds.

— Yours in healing, Lynn W.

MV

Radical Healing

I know what it's like
a healing of body—
bone muscle blood
covered by white gauzy
shroud melting thready
stitches binding flesh
that changes from
nerve-screaming pain into
scars tough and
shiny even under
a waning moon

I know what it's like
a body off kilter—
rocked under the weather
of raging epidemic and
the common cold
moods of ice
in the blood sweat
soaked bedding fever
burning skin and eye
and tired brain
nights of silent howling

Somewhere we remember
a march of human history
combat ethnic cleansing

spreading epidemic of
war against them
war against ignorance
war against germs
against nature ourselves
"primitive" societies
death and dying
and madness madness

How then can we speak
the trees the color of
evening returning to the
nothing untouched by
human hand Perhaps
to find and sew the
many threads four
directions plus the up
down and deep within
ourselves celebrate the
many voices dancing

dancing with a
many headed medicine
healing heart healing
spirit, mind and body
blending animal vegetable
mineral healing wind

of homeopathy the
test of a sweat lodge
energy cleansing of
exercise diet the

breath the breath
a shiatsu touch the
silver twirl of acupuncture
essence of flowers and
flowering trees the
language of herbs
tai chi song of
movement ayurvedic
vata/pitta/kapha the
shamanic way trans-
formative psychology

extend the arm's reach
healing earth cosmos
other arms weaving
and reweaving touch
the thread attend
the sing welcome to
the celebration

By Living Earth

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News about Naltrexone

Hi Everyone,

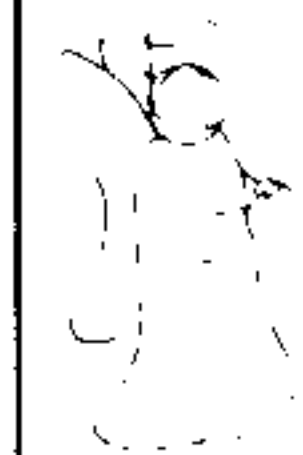
I'm Ismael, our new name for our gang. We used to go by 'Tony', but since that is also the name of one of our alters, it's not feeling very fair to use one person's name and not the others, you know? So we've picked a name that's in no way connected to any of us at all. We arrived at this one because a co-worker's son is named Ismael, and they are Mexican, and while Jews pronounce it "ISH-mah-el", Mexicans pronounce it "Is-maEL". Whenever my co-worker says her son's name, it sounds so beautiful, like bells ringing. I just love it. Since it evokes such a good feeling inside, we've chosen that for ourselves as a unit.

Anyway, there is an article written in the Sept. 1999 issue of the *Journal of Clinical Psychiatry*, issue 60, (9 pages) on the use of Naltrexone in the treatment of dissociative symptoms in bipolar disorder (BPD) clients. My former psychiatrist, with whom I'm in solid contact, sent me a copy, because it verifies a theory we've both had (he and I) for years.

Narcotics are the ONLY medicine that has ever seemed to work for me; in 1986 I had several recurring episodes of kidney stones, and on my first bout, I ended up in the ER thinking I was dying. The pain was so great it overrode my dissociative abilities, and I finally crawled myself over to the hospital. They confirmed I had stones, and refused to let me leave without them first giving me a shot of Demerol. I argued with them, saying I'd be fine (not realizing that I would not, indeed, be fine), but they wouldn't let me leave without the shot. So I got the shot and a prescription. I didn't like the Demerol, so they gave me other narcotics which I didn't like, until they upped to Percocet, which turned out to be a wonder drug for me. *Who cares about the stones?* I thought; suddenly all my social phobias were gone; I could go to school; I wanted to talk to people I met rather than hide from them as I normally did...I felt "well." Naturally, I continued to take the pain pills long after I needed them for the stones. How could I give up a med that made me so un-depressed and sociable?

Ironically, at the same time, I was studying chemistry as well as neuropsychology in college, and it didn't take me long to put together my own theory that if antidepressants and antipsychotics worked by "filling" certain neuroreceptors, then narcotics did the same.

It works like this (in very basic language): each cell in your body has receptors (receivers) on them (picture little children with their hands out, waiting for food to fill



MANY THANKS TO OUR ANGELS!

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Call Chris McMillin: (310) 530-1151 or (800) 533-5266

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their empty stomachs). When a depressed person takes a medicine for depression and it works, it does so by filling that receptor (the hungry child is given food), and the receptor feels "full." That's the "ahhhh..." feeling.

Well, I've tried every med in the book—SSRIs, everything—and nothing works for me...

Then I get this letter from my old doctor with this article, and wow... The whole thing sounds like they were writing about me. They studied dissociation (which included derealization, depersonalization and altered perceptions in several sensory areas); analgesia (lack of pain versus presence of pain); tonic immobility (feeling immobilized, paralyzed due to fear or other emotions); and tension. The results fit perfectly: all of the symptoms improved greatly except the tension. It improved slightly but not that much, which makes sense if you think about it. Tension is long-built within us multiples due to our multiple-abuse, and will not easily be wiped out by a pill.

It's very exciting news for me because I have long thought that this med might work for me. My doctor works with mostly multiples, and has a client whom he says is so much like me/us it's amazing, and the client is responding well to it.

The article says Naltrexone reduces dissociative symptoms in patients with BPD for "unknown" reasons... Well duh! If it is sitting in the opiate receptors, satisfying them (they are no longer "hungry"), then they feel satiated and happy!

There is so much in the article. I won't go on to include all the information because then I'd have to copy the whole thing, and I just want to put out there that for those of you who have tried everything and are at your last wit's end, this may be worth trying—or at least discussing with your

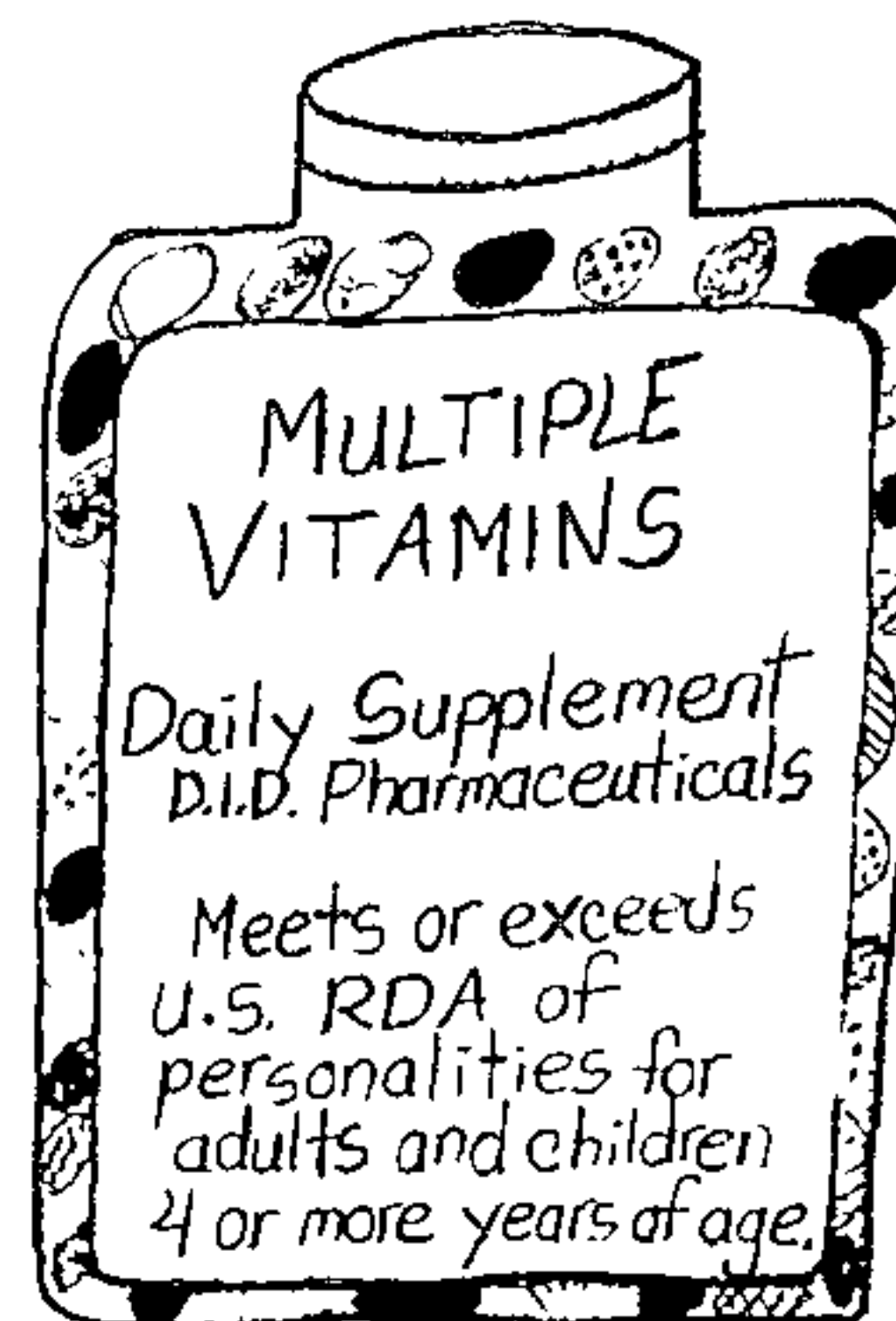
doctor. Especially if you have responded positively to pain meds.

Naltrexone is also called ReVia, and is being used a lot now for self-mutilative behaviors, obsessive/compulsive behaviors, as well as persons with the diagnosis of OCD, Borderlines and although the article doesn't say multiples, I wonder if other doctors are trying it on multiples, since the article does focus on dissociative symptoms.

Naltrexone is not known to be addictive. Thought I'd share that with you. I try to share anything that has a ray of hope in it at all with others. I know too well the road of suffering.

Right now I am not a subscriber to MV due to financial troubles, although I was for some time in the past. So if any of you want to correspond with me via email, it's Tonyfl@pacbell.net.

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Alternative Therapies and Healing Childhood Trauma

By Anne & Others

Alternative therapies have much to offer the survivor of trauma. They provide an avenue to healing that is outside the traditional medical model which often presumes that the "doctor knows best" and relies on interventions that can take the power away from the patient/client. One theme that alternative therapies have in common is a core belief in the person's innate ability to heal—an internal drive toward wholeness and health. In and of itself, this core belief can be very empowering to the healing survivor of trauma. Alternative therapies can help us access this healing capacity and use it more actively, more purposefully, and more consciously.

Trauma impacts a person on many levels: physical, emotional, cognitive, and spiritual. Because trauma impacts us on so many levels, it makes sense to incorporate healing therapies that can directly address each of these components. I view each of these four areas (physical, emotional, cognitive, and spiritual) as the threads that weave together in our being and in our healing.

I think that most of us turn first to psychotherapy to heal the wounds from childhood trauma. Psychotherapy is, for us, the most central place that we work on our healing. We have been blessed with a therapist who has a lot of awareness and knowledge about how trauma impacts a person on all of these levels and who is able to work with us on many of these levels. However, there are many ways in which alternative therapies, in conjunction with psychotherapy, can facilitate and support our healing. We have found the use of alternative therapies to be extremely helpful as an adjunct to our own therapeutic work. Alternative therapies have helped us to move through those awful 'stuck' places, to process memories, to

release the physical pain associated with body memories, to sleep better, and to improve our overall health. Very often, we will be working on a particular piece of trauma to which there is a physical component, and we will address it in our appointment with our chiropractor. She helps us to further release some of the pain or distorted thinking that comes with the remembered experience. I have often thought that we would spend much more time in the state of despair if it weren't for her assistance.

One of the most beneficial aspects about some of the alternative therapies that we have used is that once they are learned (like Emotional Freedom Technique, flower essences, or the Tapas Acupressure Technique) we can use them on our own. As we all know, emotional crises and flashbacks rarely happen 'tidily' in our therapist's offices! Some of these techniques can be used on your own to help yourself get grounded, to process information, and to contain overwhelming emotions.

We have used many different forms of alternative medicine over the years and wanted to share one example of how we have incorporated one of them into our healing work. One day, after our therapy session, we came home and immediately felt an overwhelming urge to harm ourselves. It was very, very intense. We knew that we didn't want to hurt ourselves but we couldn't figure out where the impulse was coming from. We decided to try using the Tapas Acupressure Technique to try to get some relief from the self-destructive impulse and to get more information about its source. With the use of this technique, we were able to get more information about the context of this particular piece of trauma and how that led to our overwhelming feelings of helplessness and being trapped—feeling that there was no way out.

We went through the Tapas procedure, which includes steps to know more about a trauma, to make a positive statement about it (like: "we survived") and then to clear how the trauma is stored in your body/psyche. We did this and although the information we accessed was difficult and painful to know, it gave us a context for our emotions and therefore more choice about how we would respond. When we finished, the impulse to self-injure had dissipated and we knew more about our experience and ourselves. We had some pretty big feelings of sadness and some anger and fear, but they felt manageable. We then addressed this new information in our next therapy session. We felt rather proud of ourselves for being resourceful, for not self-injuring, and for increasing our awareness about our experiences. I'm not sure we could have done this so efficiently without the Tapas technique.

There are so very many types of alternative therapies out there and it's hard to know where to start. Every type of alternative therapy may not work for every person. We suggest talking with your therapist to see if he or she knows of anyone in your area who is trustworthy and skilled with survivors of trauma. There are multitudes of ways that these therapies can help: we believe that these modalities can help us access our innate healing capacity and that they can be an important part of weaving together the threads of ourselves on our healing journey.

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Alternative Health Resource List for Trauma Survivors

Compiled by Anne & Others

This is a list of some of the alternative-medicine modalities that can be especially helpful for those healing from trauma. Many of these modalities, when used in conjunction with psychotherapy, can greatly facilitate the healing process and help one to move stuck feelings and/or energy. The modalities we have found most useful in our own healing are the Emotional Freedom Technique, Neuro-emotive Technique, Tapas Acupressure Technique, and Perelandra's flower essences and energetic processes. We hope that this list can be helpful in expanding your own healing process.

Note: this list is by no means comprehensive. There are many other techniques and therapies that can be beneficial, but these are the modalities with which we are familiar. We also recommend being careful in the selection of any alternative health care practitioner, as you would with the selection of a therapist. Make sure that the person has proper credentials and knowledge about healthy boundaries and ethical practices.

Emotional Freedom Techniques TM

<http://www.net-energy.com/index.html>

<http://www.emofree.com>

This variation of Thought Field Therapy provides a simplified version of the basic TFT procedures. This website provides in-depth information on incorporating TFT/EFT into one's life. Features the "Palace of Possibilities", an extended set of essays on living well and using energy psychotherapy methods as a part of eliminating unconscious obstacles to success.

Flower Essence Society

<http://mail@flowersociety.org>

Flower essences help to rebalance negative emotional states such as fear, anxiety, depression, and poor self-image. They are classified as 'vibrational' or 'subtle energy' medicine. Like many other natural therapies, flower essences act on the level of the

individual's innate healing capacity or healing intelligence.

Global Emotional Self-Management Systems TM

<http://www.gem-systems.com>

This website features updates and more information about Instant Emotional Healing and energy therapies. You'll find more tips and instruction, along with tapes, courses, and other products and services related to Emotional Self-Management. E-mail the above authors and explore links to relevant websites.

International College of Applied Kinesiology (ICAK)

<http://www.icakusa.com>

An interdisciplinary approach to health care that draws together the core elements of many complementary therapies. Included in the applied kinesiology approach are specific joint manipulation techniques, various myofascial therapies, cranial techniques, meridian therapy, clinical nutrition, and various reflex procedures.

Nambudripad Allergy Elimination Techniques*

<http://www.naet.com>

<http://www.allergy2000.com>

Another method of eliminating allergies and toxins.

Neuro-emotional Technique

<http://www.compwellness.com/eGuide/index.htm>

A methodology of finding and removing vertebral subluxations associated with specific negative emotions that have been "locked in" to the nervous system. The treatment supports the return of psychological balance.

Perelandra

<http://www.perelandra-ltd.com>

Perelandra is a nature research center founded by Machelle Small Wright. Machelle has done extensive work with nature research, energy research, and flower essences. Perelandra provides a catalog of all their essences as well as other publications including: energy cleansing processes, MAP (Medical

Assistance Program), and co-creative gardening, to name a few.

Tapas Acupressure TechniqueTM*

<http://www.tat-intl.com>

TAT (Tapas Acupressure Technique) is an accelerated information processing technique, useful in the treatment of traumatic stress, allergic reactions, and fixed negative emotional states. Based on Traditional Chinese Medicine.

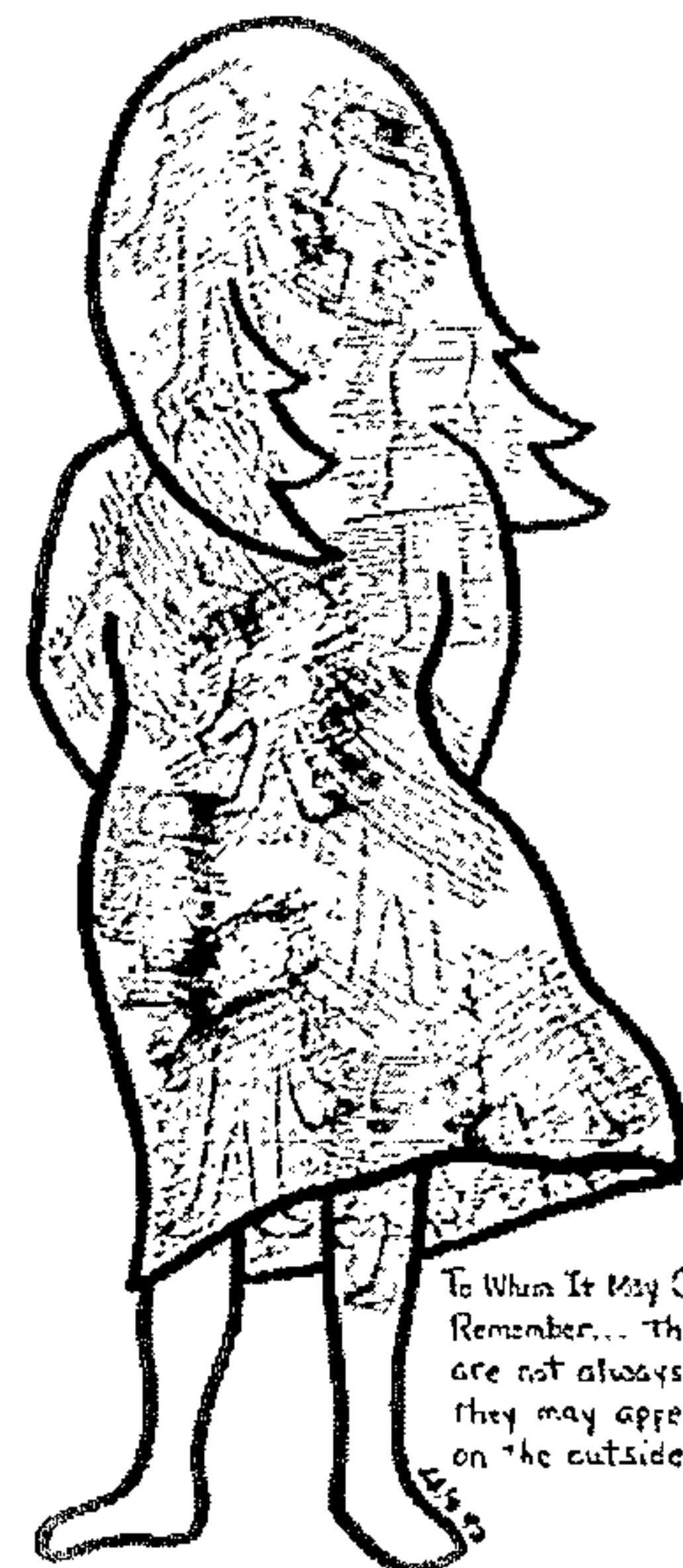
Overview:

<http://www.compwellness.com/eGuide/index.htm>

This Internet site provides descriptions of 90 different alternative health modalities—a nice first stop if you're just starting to explore this area.

I would like to thank my chiropractor, Julie Ann Caryl, DC, for providing many of the descriptions on this list. In addition, the descriptions marked * were taken from the following source: *Instant Emotional Healing* by Peter Lambrou and George Pratt.

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To Whom It May Concern
Remember... Things
are not always as
they may appear
on the outside.

Therapist's Page

By Moshe S. Torem M.D.

Moshe S. Torem, M.D., is medical director of The Center for Mind-Body Medicine in Akron Ohio. Dr. Torem is a fellow and past president of ISSD. As head of the Department of Psychiatry and Behavioral Medicine, he operated the Dissociative Disorders program at Akron General Medical Center for 10 years. He is also a professor of psychiatry at Northeastern Ohio Universities College of Medicine. Dr. Torem publishes and presents in numerous professional journals and forums. The following article is based on a chapter by Dr. Torem in *The Handbook of Dissociation: Theoretical, Empirical, and Clinical Perspectives*, Plenum Press, NY 1996. However, this material has been modified and updated for June, 2000.

The Role of Medication in Treatment of Dissociative Disorders

In all aspects of treatment for people with dissociative disorders, my first suggestion is to treat the person, not the illness. This rule is especially true in prescribing medications.

There is currently no one specific medication or combination of medications that "cure" patients with a dissociative disorder. But the use of psychotropic medications can be quite helpful in treatment. For many patients, distressing symptoms such as anxiety, depression, poor concentration, insomnia, restlessness, nightmares, panic states, exaggerated startle response and phobias, can be reduced or eliminated with a proper choice and dosage of available medicines.

For those patients who have other psychiatric conditions in addition to a dissociative disorder, such as major depression, bipolar disorder, panic disorder, obsessive-compulsive disorder and others, medication can greatly improve overall functioning of the individual.

However, appropriate use of medications requires a trusting doctor/patient partnership in which the patient feels comfortable expressing questions and opinions about the effectiveness and risk of medications. Mutual trust also fosters honest reports on the use or misuse of prescribed drugs.

Not only the safety of medications, but their effectiveness, is dependent on the doctor/patient bond. The 'placebo effect' is not imaginary. It is a well-studied response to shared expectations of patient and doctor. It can be positive and enhancing the medicine's effectiveness, or it can be negative, making the medicine less helpful to the patient. I believe the prescribing doctor should spend 20 minutes to an hour establishing rapport and understanding with the patient to encourage a positive medication result.

When one clinician conducts psychotherapy, and a different clinician prescribes medication, the two treatment providers need to reinforce each other in a positive framework, where the patient is concerned. Conflicts between treatment providers may impact the patient's response to medication in a negative way.

Special Considerations

Before I discuss various helpful medications, both patients and clinicians should be aware of the ways dissociation can interfere with a successful use of medicines.

1. Because most patients with dissociative disorder have a history of past trauma, they may reenact traumatic events in their relationships with the treating clinician. Professionals should be aware of possible sabotage in treatment, including use of medicines.

2. Amnesia which accompanies dissociative disorder may interfere with the patient's compliance or proper use of medicines.

3. In dissociative identity disorder, hidden personality states may covertly sabotage treatment, while external states appear compliant. The professional and the patient must be alert to possible use or misuse of medications, the potential for overdosing, and suggesting undesirable side-effects to undermine positive medication results.

4. One troublesome aspect of medicating dissociative disorder patients occurs when the patient in some personality states requires medication for serious depression, anxiety or even psychosis, while in other personality states the patient feels rather symptom-free and claims not to need medications. This situation poses a dilemma for the prescribing physician, who must decide whether medications should be used only if the symptoms are shared by all personality states of a patient, or even when dominant states are seriously symptomatic and the patient is dysfunctional.

5. When a dissociative patient also suffers from an additional psychiatric disorder, it is responsible treatment to prescribe medications for the co-morbid condition: major depression, obsessive-compulsive disorder, attention-deficit disorder, etc.

6. Many side-effects of medications are similar to typical dissociative symptoms, such as changes in heart rate, perspiration, breathing, blood pressure, blurred vision, urinary and gastrointestinal distress, etc. It is difficult to determine whether such symptoms are simply 'dissociative events',

side-effects to medications, or are a completely different medical condition. All possibilities should be considered. Hypnotic suggestions to bring about a shift to another personality state which may be asymptomatic can be helpful.

7. Certain medications can actually trigger dissociative episodes. These include the decongestant pseudoephedrine; the antihypertensive nifedipine; anti-inflammatory agents such as ibuprofen; corticosteroids, such as dexamethasone; antibiotics, such as norfloxacin and ofloxacin; and antiparkinsonian agents, such as benzotropine.

Helpful Medicines

(This is a condensed list, not comprehensive. Proper dosages, full side-effects and contraindications should be determined by the prescribing physician after suitable literature review.)

Treating PTSD Symptoms

Chronic trauma leading to post-traumatic stress disorder (PTSD) changes the way the brain functions. Chronic nervous system arousal may lead to insomnia, nightmares, flashbacks, impulsivity, emotional storms, aggressive behavior and/or compulsive reenactment of the trauma. For these symptoms, anti-epileptic drugs have been found somewhat effective. Most studies have been with carbamazepine (Tegretol), valproate (Depakote), and clonazepam (Klonopin). Recently the FDA approved sertraline (Zoloft) for treatment of PTSD.

Treating Anxiety Symptoms

Anxiety symptoms include not only restlessness and tension, but shortness of breath, urinary frequency and urgency, diarrhea, tension headaches, poor concentration and numbness, among others. Anxiety has been known to cause more frequent dissociative episodes. Several groups of medicines can be used to control anxiety.

The benzodiazepines in general are relatively well-tolerated. Side effects can often be reduced by adjusting dosage. Common side effects include oversedation, fatigue and confusion. In

some patients, these medicines will increase agitation, rather than reduce it (a paradoxical response), which leads to insomnia, hallucinations, and rage reactions. Benzodiazepines should always be discontinued gradually, to prevent undesirable or dangerous withdrawal symptoms. Overdoses, in combination with other drugs or alcohol, can be lethal.

Among the useful benzodiazepines are intermediate-acting types such as lorazepam (Ativan) and alprazolam (Xanax); and long-acting types such as clonazepam (Klonopin), diazepam (Valium), chlordiazepoxide (Librium) and clorazepate (Tranxene).

Sedative antihistamines, such as hydroxyzine (Vistaril, Atarax) and diphenhydramine (Benedryl) have some antianxiety effects. They aren't habit-forming. Benedryl is available over the counter. These should be avoided by patients with asthma, glaucoma, emphysema, chronic pulmonary disease or shortness of breath. Avoid alcohol use when taking these medications.

Buspirone (Buspar) has a sedative effect. It is safer than benzodiazepines for people with a history of alcohol and substance abuse. It requires a week or more of the optimal dosage to be effective. Side effects include headaches, dizziness, fatigue, numbness, upset stomach.

Beta-blockers such as propranolol (Inderal) and others have been used since the 1960s for treatment of performance anxiety. Side effects include slower heart rate, dizziness, fainting or depression. Inderal has been used experimentally in an attempt to control rapid switching in dissociative disorder.

Patients with severe anxiety may benefit from small doses of sedative neuroleptics such as perphenazine (Trilafon); thioridazine (Mellaril); and chlorprothixene (Taractan). Neuroleptics have a variety of side effects, some serious. More recently, the atypical neuroleptics have been used with fewer side-effects and good results. These are risperidone (Risperdal), olanzapine (Zyprexa) and quetiapine (Seroquel).

Treating Depression

Depression symptoms include the feelings of helplessness, hopelessness, sadness, and no vision of future improvement. If a dissociative disorder patient also has major depression, bipolar depression or dysthymic disorder, I treat these conditions first according to standard practice for the mood disorder.

Several options are depression treatment include the tricyclic antidepressants; monoamine oxidase inhibitors (MAO inhibitors); selective serotonin reuptake inhibitors (SSRIs); and other antidepressants.

When choosing an appropriate antidepressant, I consider a number of different factors including safety (SSRIs are the safest; tricyclics and MAO inhibitors are least safe.)

Symptom profile is another important consideration. Some depressed patients have low-energy, excessive sleep, and weight gain. They can benefit from energy-enhancing medications such as: fluoxetine (Prozac), bupropion (Wellbutrin), protriptyline (Vivactil) and others.

Other patients combine depression with agitation, restlessness, insomnia and weight loss. They respond better to the more-sedating antidepressants such as: trazodone (Desyrel); amitriptyline (Elavil); doxepin (Sinequan); trimipramine (Surmontil); maprotiline (Ludiomil); mirtazapine (Remeron) and paroxetine (Paxil). Some patients have depression with obsessive-compulsive disorder (OCD) symptoms. They benefit best from antidepressants such as: sertraline (Zoloft) citalopram (Celexa) or other SSRI medications.

Side effects (gastrointestinal, heart rhythm and others) vary among all these medications, and should be considered according to the individual patient's sensitivity.

Other factors that should receive prominent consideration include the patient's previous experience or familiarity with a particular medicine, which can influence its placebo effect positively or negatively, and other medical conditions which may be affected by the medicine.

With previously-traumatized patients, it is important to solicit patient input and encourage as much choice and empowerment as possible. This improves the likelihood of cooperation in taking the prescribed medication.

Issues of weight gain are a particular concern of many. Some patients will refuse to take medications such as amitriptyline (Elavil), doxepin (Sinequan), and maprotiline (Ludiomil) that may lead to weight gain of 10 pounds or more. Less weight gain is associated with fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), nefazodone (Serzone), bupropion (Wellbutrin), protriptyline (Vivactil) and tranylcypromine (Parnate).

Recently the FDA has been considering the approval of a new class of antidepressants which work by being selective norepinephrine reuptake inhibitors. The specific substance considered for approval is called roboxetine. It has been used successfully in Western European countries.

Sensitive physicians need also be aware of the patient's financial situation and discuss it openly. Can the patient afford this particular medication?

Treating Flashbacks and Poor Impulse Control

These symptoms are common in patients with dissociative disorders. Low doses of certain neuroleptics such as perphenazine (Trilafon), chlorprothixene (Taractan), and haloperidol (Haldol) can be effective, but should be used with great caution. Decrease dosage and discontinue once symptoms subside. The new atypical neuroleptics such as risperidone (Risperdal), olanzapine (Zyprexa) and quetiapine (Seroquel) have been found very useful for impulse control and have fewer side effects.

Treating Rapid Switching

Propranolol (Inderal) and clonazepam (Klonopin) can be tried to control this symptom. The success rate improves when combined with hypnotherapeutic centering techniques.

Other helpful medications:

Fluvoxamine (Luvox): an SSRI with special application to those with obsessive-compulsive symptoms or ruminating thoughts. Don't take this medication within three weeks of using an MAO inhibitor.

Naltrexone (ReVia): for DID patients who also deal with alcohol or opiate addictions, this medication may help reduce cravings. May also improve control of self-mutilation tendencies, binge-purge cycles, compulsive sexuality and compulsive exercise.

Nefazodone (Serzone): an antidepressant that may aid insomnia without disturbing REM sleep, is also helpful for anxiety control.

Risperidone (Risperdal): a neuroleptic that claims to have reduced serious side effects. Effective in reducing flashbacks, control of rapid switching, severe anxiety, panic and agitation.

Venlafaxine (Effexor): an antidepressant that reportedly has no anticholinergic side effects and has a dual action feature, blocking reuptake of serotonin and norepinephrine.

Gabapentin (Neurontin): This drug is FDA approved for epilepsy. However, it has been found effective for the control of anxiety and mood swings. Even though these are off-label uses, the drug is relatively safe and is not metabolized by the liver but secreted through the kidneys.

Citalopram (Celexa): this is the latest selective serotonin reuptake inhibitor that has clean linear pharmacokinetics, with few drug interactions.

Insomnia:

The latest medications include zolpidem (Ambien) and zaleplon (Sonata).

*Therapist's Page, Cont'd.***Mood swings:**

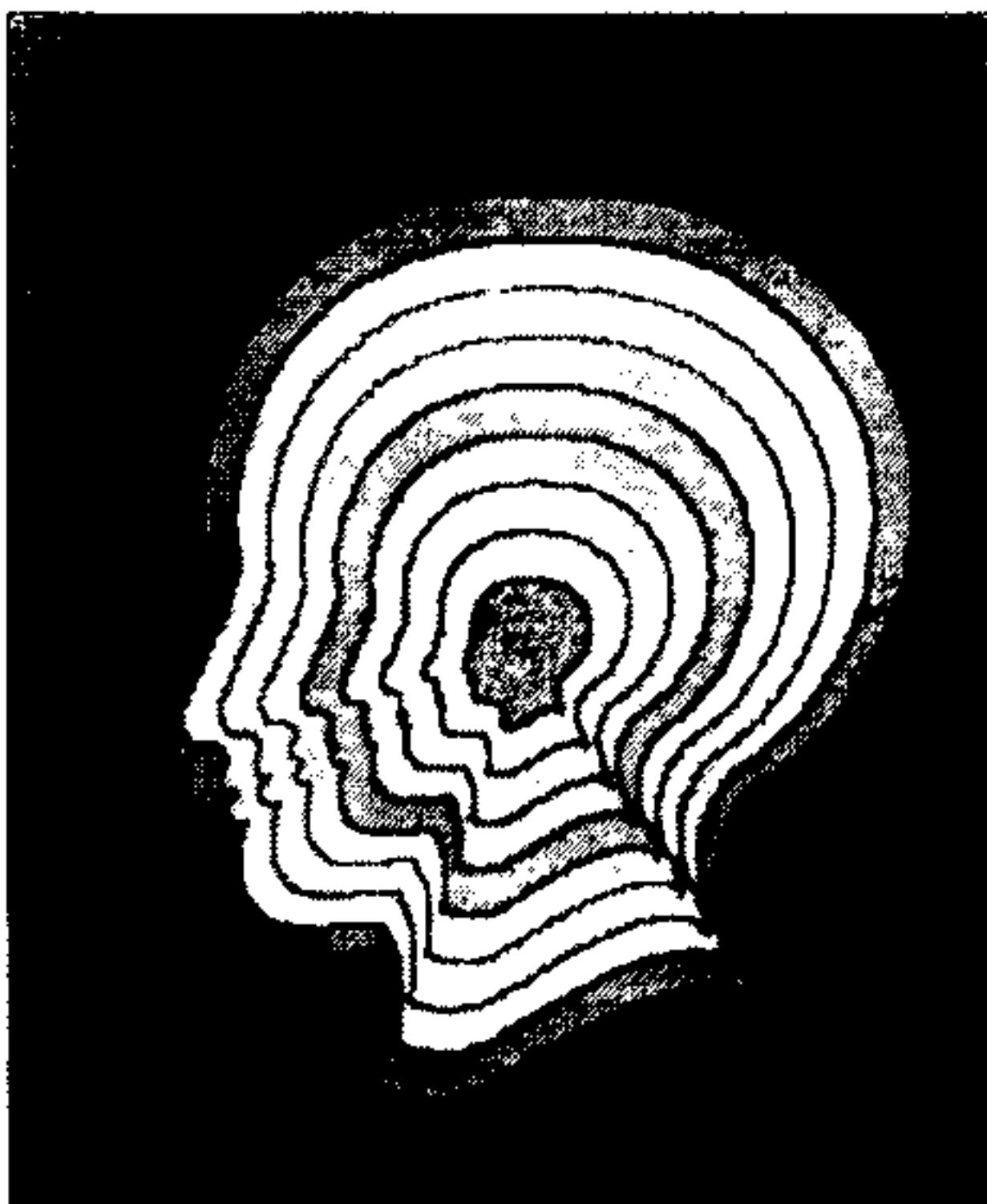
Some dissociative patients with mood swings do respond to the traditional mood stabilizers such as lithium and Depakote. Recently the FDA approved Zyprexa as a mood stabilizer.

Treating Sleep Apnea, Leg-jerking

Some dissociative patients who have worked through trauma issues continue to suffer from insomnia, snoring, leg-jerking at night, and daytime confusion, headaches, depression, sleepiness, etc. When referred to a sleep lab, they were found to have obstructive sleep apnea, sometimes with nocturnal myoclonus. Treatment involves the use of a continuous pressurized air perfusion machine, to assist the flow of oxygen to the brain. Some medications such as Klonopin or Cenemet are used to relieve the leg-jerking symptoms. Improved sleep resulted in dramatic improvement of the patients' daytime symptoms, including dissociative symptoms and daytime functioning. In persistent cases of dissociation, the possibility of sleep apnea or other medical conditions may be worth checking out

MV**Dissociation**

below the noise of the soul
the noise of the spirit
dient to know it
but we need to know more
to the chorus
of the Healing Self.

*By Norma***An Important Message for Women****By Roberta L.**

A few months ago a friend told me about her recent experience of surgery for breast cancer. Her experience and recent comments from other survivors, both with and without DID, regarding their fears and reluctance to have annual exams, prompts this article. I hope you will read it and seriously consider what I have to say.

Having a number of women friends and organizations that I belong to, not all of which have to do with survivors of childhood abuse or DID, the subject of annual gynecological exams comes up occasionally, and I can tell you that among the non-DID or abuse population, there are many who do not like and some who do not bother with annual pap smears or mammograms. They cite reasons of discomfort, embarrassment, shyness, lack of time and a certainty that they are "feeling fine, so why bother?" For some of these women, what they are saying (which comes out when questioned about the benefits out-weighing the problems), is that they don't want to know if anything is wrong. But when I ask survivors about why they don't have regular exams, in addition to these reasons, they cite fear as the number one reason. Fear of doctors, fear of being triggered into flashbacks, fear of being touched, fear of being molested.

Pay attention, cancer is a horrible way to die. Especially if it is avoidable. And we all know that receiving treatment when cancer is in its early stages dramatically increases the survival rate. The best way to detect it early is through annual exams by your family practitioner, a visit to your gynecologist, and annual mammograms. We are survivors. We have already suffered enough for one lifetime. I believe not having annual exams and taking the risk that such exams reduce is another way of letting our abusers win. If our fears, based on our past, keep us from taking care of ourselves in the present, then we are letting the abusers continue to dictate our life. We are fighting this very thing in other areas of our life: why do we neglect this? I urge you who are in therapy to make this an issue for your next session and continue to work on it until you are able to make and keep an appointment with your doctor for an exam. The consequences for not doing so could mean a painful death. I am not going to make this more palatable by phrasing it more politely because I want you to realize how serious it is. I want you to face the bare truth of the risks you are taking.

There are things you can do to make yourself more comfortable or more relaxed about exams. One is to discuss it with your therapist and recognize what your reluctance and fears are about and address them. Another is to ask a friend for a

recommendation to a doctor or a clinic. If you can't get a recommendation then call some doctors and ask if they have worked with survivors before. If you have never been for a pap smear and gynecological exam, you might want to have a female doctor for the obvious reason that at least they know what it is like.

I recommend that you ask to talk with the doctor before you undress so you meet on an equal footing instead of meeting a stranger for the first time while you're wearing a hospital gown. You have that right, so don't let a nurse insist you undress first. You are hiring the services of the doctor and if you don't feel comfortable with her you are not obligated to undergo the exam. (If you leave after speaking with the doctor, there might be a fee for her services.) Tell her that you are a survivor and will need for her to do some things in order for you to be comfortable enough to go through the exam, and then clearly state what you need. You may want her to tell you what she will be doing during the exam so you won't be surprised and so you can ask questions about her reasons. You may want to ask questions of your own and address certain concerns so she may check out those things specifically during the exam. If you have never been examined before you may have questions about existing damage from the abuse. You are doing two things at this stage: one is assessing her willingness to address your concerns and take you seriously, and the other is giving yourself time to become comfortable in her presence. During the exam you may need her to tell you each time before she touches you that she is going to do so, and what she is going to do, such as "I'm going to examine your right breast for lumps now." My doctor says, "This may be cold" or "this may hurt a little," so I'm not as jumpy. This takes some of the "what is she doing and what is she going to do next?" anxiety out of it.

If you have DID and you are afraid you may switch, you may choose to inform your doctor of your diagnosis. You can ask to not have it written in your file, which is what I did. On the way to the doctor's I usually tell everyone inside where we are going and why, but when I get into the examination room I talk inside and tell the littles to stay back, for this is a grown-up thing that needs to be done and littles don't need to be a part of it if they don't want to be. One more thing you might want to do is ask for a copy of the doctor's written notes. I generally do this with all my doctors because I forget what they have told me about the exam. You have the right to copies of your medical records.

Now go ahead and make that call. Don't put it off any longer. It could save your life!

MV

Look Before You Leap

By Marie Martin

Author of How to Heal Tips for MPD/DID. <http://mmartin.freesevers.com> MA@mmartin.freesevers.com

I used medicine because of the strong urging of my therapist. Unsatisfactory results prompted this article so that others may look before they take a similar leap.

L is for Label

Sure, I read the label. Paxil is the new social wonder drug. Even television commercials say so, right? Who needs to worry about some 'possible' side effects? Well, I certainly did. Sleep became my ultimate desire. After taking Paxil for a few months, I needed naps constantly throughout the day. Not only that, I was numb. Call it nerves, or whatever, I couldn't physically feel or respond to a simple touch by my husband at all. I felt so lifeless.

Weight gain was another issue! My whole body bulked up. I didn't add just a few pounds, either—but 40! And I didn't eat much more than usual, so go figure! I'd always been skinny, and put on some weight with my childbearing, but nothing compared to this. I'll never believe labels that say "some weight gain" again!

O is for Opening my Eyes

A few incidents caused me to really take note of reality while on Paxil:

- My young son saying, "Mom, why do you have to sleep all the time?"
- I no longer fit in any of my clothes, and couldn't afford a new wardrobe.
- My husband's hugs meant absolutely nothing to me anymore. (Neither did any other kind of physical contact with him. I felt nothing at all during sex!)
- My normally very-high functioning lifestyle was non-existent. No longer did I attend extra college courses, keep up with my freelance writing hobby, meet with my friends, nothing. All I did was sleep outside of work. All I wanted to do was sleep, too.
- The thought "I'm not in control" kept going through my mind.

With all these, I turned to the one thing I know I could depend on—a 12-step program. I've used Al-Anon's before, and know others out there are similar, so I took inventory and took action!

O is for Out with the Old

What I thought to be truths about why I was on Paxil, I examined thoroughly.

- I was on the drug to stop feeling suicidal. This concept seemed true at first. However, all the drug did was numb my feelings, not solve any problems!
- Paxil was supposed to help me be calm. Well, it went beyond this concept and made me feel comatose!
- Paxil was supposed to help me be able to be around more people, socialize—Only if they were in my room while I was sleeping would this have been possible.
- My doctor and therapist want me on it, so it must be a good thing. Ha! Thorough checking proved the following

A. My therapist was an alcoholic, drug user before, and unknown to me at the time, was back using again. Of course he believed in drug therapy!

B. My medical doctor didn't even believe in MPD. I'll still never know why he felt it ok to prescribe meds for something he doesn't believe in.

K is for Knock Yourself Out

Now I needed help at this point. It should be easy to quit taking Paxil and continue on with your life, right? Wrong! Withdrawal symptoms were terrible. I had extreme headaches, nausea, dizziness and irritability. Nothing helped, so I had to continue on Paxil so I could work. Without the drug, I couldn't even get up without my head spinning wildly and my stomach heaving.

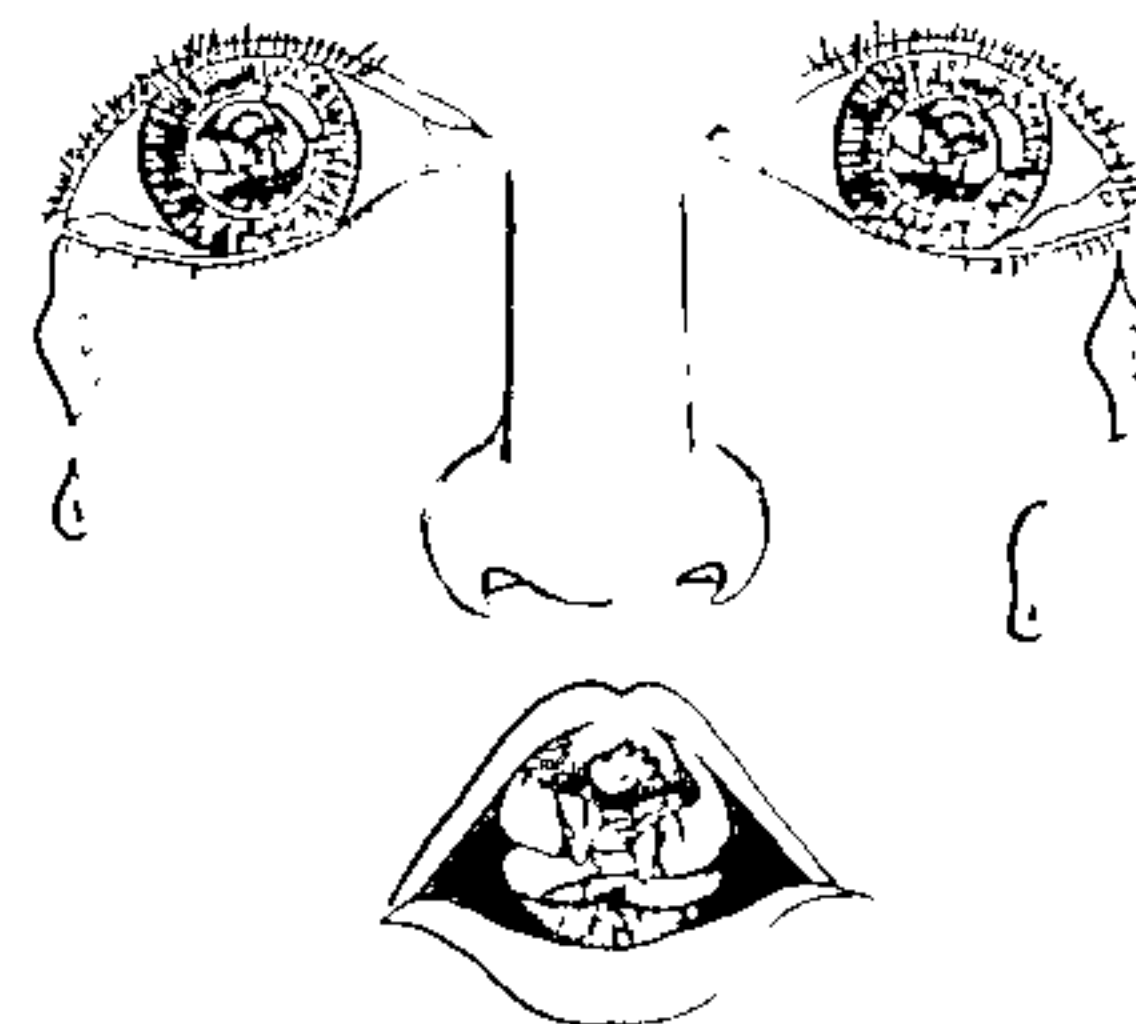
I called pharmacists, doctors, hospital nurses—anyone I could find to

get me through each day. After my husband installed a computer, I hit the Internet and typed in Paxil. Lo and behold, there it was! A chat board just for folks on this wonder drug popped up. I couldn't believe the messages I read. There were others—many others—just like me out there with these same problems. It blew me away, to say the least. Over time, I found through tips from others there how to decrease the dosage, substitute different herbs and over-the-counter products to finally get off Paxil.

Also one of the best helps besides that chat room was a book called *The Weigh Down Diet*, by Gwen Shamblin. Originally I started in a workshop where this book was used by participants at the same time I started to get off Paxil. This book offers a unique approach to gain control over your body from food, drugs, anything! It was very helpful—full of wonderful tips!

I'm NOT by any means medically certified. So my story may not be of any help to you. However, if you are advised to take drugs of any kind, even by a certified medical professional, my advice to you would be: look before you leap!

MV



eb '98

Medical Treatments and How We're Treated

We take a pill for anxiety and another for depression, every day.

In crisis we take Valerian Root pills. They all seem to help

When taking Valerian Root, we cuddle stuffed animals

Nurse Sally (an adult alter) is the only one who gives drugs.

Years ago, we were given Thorazine (a tranquilizer). The doctor was surprised that it did not help. (We were mistakenly diagnosed with chronic schizophrenia.)

By Sally

The diagnosis of DID never stands alone. In my own case and in my exposure to many other traumatized, dissociative people during countless hospitalizations, it is commonplace to encounter a pattern of major depression or at least dysthymia, anxiety, panic attacks, intermittent psychosis that may produce a misdiagnosis of schizophrenia or schizoaffective disorder, mood swings that closely resemble bipolar disorder, persistent insomnia, eating disorders, migraines, and self-harm behaviors. Perhaps no other psychiatric diagnosis carries with it such a variety of symptoms.

In today's world of psychopharmacology, the first line of defense against all these problems is a pill. And not just a pill, but usually, a daily handful. In my encounters and in the literature, I have seen much evidence of improvement that may be credited to the prescriptions written by insightful, caring psychiatrists. Often, antidepressants pull people back from the brink of suicide, and sometimes a mood stabilizer will successfully augment other drugs. Antipsychotics are capable of restoring a crazy inner world to order. Antianxiety drugs can make a torturous day bearable, and sedatives can grant blessed rest.

However, among the ranks of DID patients, there is a significant percentage like myself who are treatment refractory. The word refractory means "resistant to treatment or cure." It basically means, "nothing works." It is an awful condition fraught with frustration, disappointment, and anger at oneself and at doctors, and physical and emotional pain from maddening side effects without noticeable improvement in symptoms. It is crazy-making. It is expensive. It makes one want to just quit trying.

Over ten years of treatment, I have been on over forty medications. None have worked. At this point, my psychiatrist is resorting to experimental drugs to combat my recurrent major depression. The literature supporting their use for

depression is anecdotal and it requires someone like me who already has great difficulty with trust issues to call upon courage and desperation to comply.

Additionally, two rounds of ECTs have not helped me and I have been turned down for one reason or another by clinical studies now being done on Repetitive Transcranial Magnetic Stimulation and Vagus Nerve Stimulation. EMDR, Thought Field Therapy, acupuncture, bodywork...I have tried them all with little or no success.

It is nearly impossible to describe how demoralizing it is to drag myself into my psychiatrist's office yet another time and have to report that once again, this or that drug is not helping. He, and others before him, has been dedicated to finding an answer, but as caring as he is, I believe it is hard for him to hide his own frustration at my unresponsiveness. And I try, I really do, not to complain about the side effects like twenty-five pound weight gains and weeks of three hours sleep per night, but it is sapping me of my resolve to keep agreeing to new, additional, and higher dosages of medications.

I write this today because I know I'm not the only one out there who suffers from this lack of response. In fact, at my last appointment, my doctor told me that I could expect to start seeing more and more in the lay literature about treatment refractory depression and about the new research being done in this area. A "magic pill" can't come soon enough, as far as I'm concerned.

Whether your depression or other sequelae of DID originate from biochemical brain imbalances or from your history of trauma or both, I have slowly come to believe that it is highly probably some of us will never be "fixed" by medication. Neither do I place a huge amount of trust in psychotherapy. Instead, I believe that the answer eventually must come from inside of us.

You may crave a complete cure or would settle for merely learning to live more fully with your affliction, whatever that is. But I believe that we only get better if 1) we truly choose to improve 2) we do a lot of hard work in solitude—through self-examination, journaling, meditation or prayer, and a positive attitude, and 3) we take a very proactive role in our treatment. I, for one, am weary of waiting on someone else to find a solution to my problems. If my psychiatrist can't find the right pill; if my therapist can't seem to ask the right questions; the only other answer is for me to heal myself with their support along with the same inner strength that helped me survive an abusive childhood. It is slow; it is painful; it is lonely work, but

treatment refractory does not equal impossible, and I mean to prove it.

By CE

One thing I have realized, is that I have to take care of my feelings and body when going to seek help in the medical world.

Going to the doctor/dentist wasn't a problem for me, until the others inside me let me know what I had gone through.

There are a lot of steps I go through even to make an appointment. First of all, I don't go to the doctor on a whim anymore. Meaning, I am more aware of what my body is trying to tell me.

If I have to go to the doctor or dentist, I listen to what the others are feeling, saying, and prepare them too. It has been a long road to realize this. I do a lot of observing myself, as to what my body goes through, and I note the changes. I learned to do this so I can get through an appointment.

This didn't come easily. I learned this skill when I was diagnosed with diabetes.

I still dissociate sometimes, so I don't have to feel anything of the exam. I am fortunate to have a mate who is willing to go with me if I need backup. He mostly goes when I see a new doctor or I need to have a med change. That helps, because it's hard for me to remember sometimes. I am glad to say that, as I recover, I am more aware of what is going on.

One recent experience was with a new doctor for my diabetes. I was having trouble with one of my diabetic meds and sought help because it was taking my blood sugars down too low after I ate. The doctor was rude, didn't listen to me, and she wouldn't even let me explain. I wasn't going to take this treatment! My husband was with me that day. He couldn't believe the treatment I was receiving, either. But he never expected what happened next...and frankly, neither did I.

I stood up, told the doctor I didn't like the way she was treating me. I got my file and left the room. She looked at my husband with a dumbfounded look as to why I was leaving. He turned around and told her, "You did treat her rudely!"

The good thing is, I stood firm, even though I was shaking and upset inside. I got up, and took care of myself, and kept my self-respect. I know I did the right thing for myself and my others.

By Maria and Herfam 99

I was diagnosed officially with MPD in 1984. For years, I was unable to find any therapist or psychiatrist to treat me, who would believe in MPD or believe in my molestation as a child.

I had suffered for 46 years with MPD and post-traumatic stress disorder, bipolar disorder, panic attacks, and anxiety attacks, with multiple attempts of suicide (about 30 times that I'm aware of.)

After the last attempt, when I was released from the hospital I was given the name of a psychiatrist who dealt with MPD. He saw me once for free, even though he wasn't covered by my insurance. He definitely diagnosed me as MPD, and told me about another doctor who he thought would accept my insurance.

The other doctor didn't take my insurance either...but she sent me to Dr. C. and finally I found this godsend, who blessed me to become 'normal'.

The first time I saw her, I knew she was what I had needed all these years. She told me about EMDR (Eye movement desensitization and reprocessing.)

The first day we did the EMDR treatment was such a miracle. I started seeing her twice a week.

During the Thanksgiving holiday, one of my personalities went crazy and started threatening my friends. When I became aware of the threats, I became determined, more than ever, to end this once and for good.

I had always wanted and tried to integrate my personalities... I just never knew which of the 26 would be the survivor.

By December 20, 1999 I had become integrated into one person. Normal. I had become a normal human being. This was my gift from God to me. Finally my prayer was answered.

Every one of me was glad to become One, especially the babies. They were so tired, they welcomed the union of one.

No more tears or pain from the past. I can think, talk, and remember all details of what happened to me as a child. What used to bring the most awful tears and tormenting dreams, now I can laugh at. No tears. No nightmares.

I finally have peace of mind, and I am on my way to be married.

My children are so happy, for finally they have a mother who is normal. After all the years of them coping with all my personalities, they are glad to see me as one person, happy and with a smile on my face everyday...no tears in my eyes.

I want to thank Dr. C. She was such a godsend through her training with EMDR. She brought me the happiness I have so long deserved. I truly believe this treatment is a miracle.

By Z.F.S.

MV

Videotaping Integration

By Ellen

In late 1998 and early 1999, I had a major breakthrough in therapy that opened the doors to my creativity, taught me how to process trauma more effectively, and ultimately led to a series of integration and solidification within my system.

The breakthrough, in and of itself, doesn't sound spectacular. I was working with a particularly difficult alter, Catherine, who was having trouble verbalizing her trauma. I discovered that we (just about everyone in my system) process things kinesthetically, rather than visually, and we began working with clay, sculpting the trauma in order to process it. One sculpture led to another, and the result, after three months, was 12 sculptures that led to, and documented, Catherine's integration. The process of creating and working with the sculptures was so eye-opening for me, my therapist suggested that I share the experience with others by making a video. Surprisingly, I found myself interested in the idea. Although I had been through years of group therapy, I have always been shy about telling others what I was going through. I was afraid that they wouldn't be interested, or would be traumatized by what I was saying. Now I felt a need to tell the world about my experience. Catherine had empowered me to want to tell my story, in the hopes that it would help others learn about integration.

Deciding to actually make the video, however, required a number of acts of bravery on my part. First, I had to write out a script. It was the first time I had done any serious writing in a long time, and it felt good. I felt the pull to tell my story even more vividly as I wrote. The next problem was how to fund the filming. I was pretty sure I would need a professional's help, as I didn't have the skill with a videocam to film and edit the whole thing. And needless to say, my funds were extremely limited. However, at about that time a small inheritance came through for me. After some agonizing on my part, my system made it clear that I should take part of that money and invest it in the video. Producing the video involved more acts of bravery. After talking to a video consultant, I decided to narrate it myself, a big decision for me because it would mean giving up any anonymity I was holding onto. I was declaring myself on camera, for the world to see. I was saying "Hey world, I have something to tell you!"

Next, I had to get up the nerve to ask other people to get involved. I had decided to try to re-enact some scenes from my therapy sessions to try to capture the true experience, and had to ask two therapists

to donate their time and energy. Surprisingly, they were more than willing to volunteer. I was amazed to find they actually thought I had something to offer.

The whole thing took three months to film and edit, and though I had big moments of doubt, I became more committed as I went along, fueled by creative energy, and growing confidence in myself. All sorts of technical and artistic problems presented themselves: how to sequence segments to tell the story properly, how to film the sculptures to show them off, how to match the narration with the visual images effectively. Filming the therapy segments was difficult, as it required me to switch on camera, and act some things that had been intense for me. But everyone in my system was behind this project, and more than willing to cooperate and help out. My system, through the work they had done with Catherine, had finally fully accessed their creativity, and were eager to exercise it. I never would have completed the video without the organizational skills of Grace and Ruth, Sarah's drive and determination, the support of the spiritual leaders, not to mention the enthusiasm of the littles. Re-enacting portions of my therapy that had involved Catherine re-affirmed that although integrated, she was still very much a part of me, very much "there."

When the whole thing was done, I was still nervous about the outcome. Yet I have shown it to at least six therapists who have been very encouraging and enthusiastic about it, and one of the Dissociatives who has seen it said it turned her whole attitude about integration around—before she saw it she never "believed" in integration, but after viewing it, she definitely sees it as a possibility to work towards. That in itself is almost reward enough for the whole effort.

I wish I could afford to give my video away to everyone who wants one, but I have to recover copying costs, and would like to replace some of the production costs. If you are interested in a copy of "From Trauma to Integration: Catherine's Story," it is available for \$25 for Dissociatives on disability (please include a copy of your benefits statement) and to all others for \$55. Send a check or money order to Ellen Heavner, PO Box 822745, Dallas, TX 75382. Phone 214-365-0640.

MV



Partner's Page:

The Devil's Bargain

By Richard

Suppose you were lying flat on your back in a hospital bed dying of some terrible, incurable disease. And suppose, deep in the night, a mysterious visitor offers you a deal. "I'll save your life, but you don't get something for nothing. In exchange, you have to give up your sexuality, give up your ability to function in the world, give up the right to sleep with your partner, and gain a lot of weight."

Would you take him up on it, or would you say, "Thanks for the offer, but I think I'd rather die."

Every day, survivors of childhood sexual abuse and those who love them, accept a similar devil's bargain called medication (meds for short).

My wife's doctors put her on medication early. The unpredictable mood swings, the wild manic energy followed by black crashes, the inability to rest at night, and more, made the need obvious. This was before we knew about multiple personalities, uncontrolled switching, and repressed memories. All we knew was that her behavior interfered with her ability to work, relate to me, and make progress in therapy.

As her therapy continued and more memories surfaced, she became depressed and suicidal and had to take more meds. At her highest dosage she took:

- 150 milligrams (mg.) of Zoloft for depression

- 1,500 mg of Depakote and 1,500 mg. of Neurontin to stabilize her moods.

- 4 mg. of Klonopin, 1 mg. in the morning to relax during the day, and 3 mg. at night to rest.

- 30 mg. of Bentyl to relieve cramps from a spastic colon.

All these medications had side-effects, primarily slowed metabolism, severe drowsiness, and reduced interest in sex.

Loss of sexuality—As the meds slowed her metabolism, my wife's periods became irregular and finally stopped altogether. Her gynecologist worried about premature bone loss and prescribed progesterone so she could have a menstrual cycle and keep her hormones flowing.

The same meds that kept my wife's moods from swinging too high or too low also ruined her interest in sex. She didn't lack love, there was just no response from her body.

On the rare occasions my wife's libido did rev up, the medications interfered with her

orgasms. "It's like my orgasm is up on a shelf, and I can't quite reach it," she said.

Snoring—My wife needed sleep medication. When we first met, she had the odd problem of falling asleep easily, but being unable to rest. She slept tense, not moving a muscle for hours on end. As her therapy progressed, she would fall asleep, but other personalities would then come out and use the body, keeping the body from resting.

All of this added up to constant exhaustion throughout the day, and almost gave her sleep deprivation psychosis.

The Klonopin helped my wife rest, but it also caused her to develop sleep apnea, a disorder where the sleeper snores loudly and stops breathing dozens of times a night. This deprived me of sleep until finally, in desperation, I moved into the guest bedroom. We slept apart for the better part of three years, which made us feel more like roommates than husband and wife.

Weight gain—My wife gained a lot of weight on the medications.

"I don't think she would naturally weigh more than 150 pounds, but the meds slow down her metabolism and add at least another 50," my wife's therapist told me. "Everyone I know on these medications gains 30 to 50 pounds.70;

Lethargy—By far the hardest side-effect for me to accept was my wife's utter lack of energy. She could sleep all night, get up and putter around a bit, go back to bed and sleep until noon, get up and eat lunch, go back to bed and sleep three more hours.

She could spend hours reading, or lying on the couch watching television. She would go for days wearing the same pajamas and not bathing. Meanwhile, the dog never got walked and the house was a mess. It was all she could handle to do a load of laundry now and then, load the dishwasher once a week, and update the budget occasionally.

While much of the lethargy was due to depression and other effects of heavy-duty therapy, we estimate that at least 50 percent of it came from being on several meds that reduce physical and mental energy.

Coping

In my experience, there are three important factors in dealing with the side-effects of your partner's medication.

Awareness—If your partner is on meds, be aware that all meds have side-effects and these will inevitably show up. There's

nothing you can do about it except be aware that it will happen.

Medications vs drugs—My wife never allowed me to call her medications 'drugs'. This may seem like splitting hairs (it did when she first confronted me about it), but the difference is important. Meds are prescribed and monitored by a doctor to help you get well. Drugs are bought illegally on the street to get high. If I hadn't kept firmly in mind that my wife took these substances for medical reasons, I could have easily thought of her as a legal junkie. Not good for my attitude or our marriage.

Research—I learned the hard way that you must do your own research on the side-effects of your partner's medication. I depended on my wife to tell me about her meds, and she got her information from her psychiatrist (meds doc).

But doctors seldom tell their patients the whole truth about side-effects. The reasons are quite sensible. Not all side-effects show up in all people, and doctors don't want their patients panicking over imagined reactions. Also, doctors fear that if their patients know too much about side-effects, they won't take their medication.

Sensible, yes, but that lack of knowledge didn't help when we were trying to deal with real side-effects.

For example, my wife's meds doc didn't warn her about gaining weight.

"My psychiatrist discussed every other side-effect, but for some reason she didn't tell me the medications would make me gain weight," my wife said. "When I finally complained, she finally told me the meds I'm on slow down the metabolism so you're less active, and increase your appetite so you eat more."

So support people need to do their own research. Go to the local public or university library and look up your partner's medication in the Physician's Desk Reference (PDR). Talk to her meds doc or therapist. Look up the meds on the Internet. No matter how you do it, do your own research! It would have helped me a helluva lot.

Recovery

As my wife began coming down the home-stretch in her recovery, she slowly began getting off the medications, which had an almost immediate effect on her energy.

"Getting off the Depakote seems to have the biggest effect," she said. "The energy I grew up with, I feel coming back, now that I'm off the meds."

Partner's Page, Cont'd.

Reducing the Klonopin cut 'way down on the intensity and volume of her snoring and allowed us to recently begin sleeping together again

She's now able to get up in the morning, bathe, dress, and have a productive day.

And just this morning she called me at work and chirped, "After my shower I stepped on the scale and I weigh 200! Do you know how long it's been since I weighed 200? I've lost 20 pounds, with no effort at all! And mostly it was just getting off the meds and being able to have a more normal life."

I must admit that the medications saved my wife's life, but they also took away her energy, took away her sex-drive, took away her figure, took away our togetherness.

In my opinion, meds are truly a devil's bargain.

My wife is more charitable about her meds (and it's her life, after all), so in fairness I should give her the last word. "The medications saved my life, but they took away the quality of my life. But to me it was worth it, because they kept me alive so I can now experience life."

MV**Books****Radical Healing**

By Rudolph Ballentine MD ©1999

Published by Three Rivers Press, NY, 612 pages, \$17.00 paperback

There's a lot of info for the money in this book, subtitled "Integrating the world's great therapeutic traditions to create a new transformative medicine."

Alternative healing is fast becoming the next new thing, although its basics are generally thousands of years old. Written by a medical doctor who turned toward alternative healing methods shortly after completing med school, some 30 years ago, this comprehensive review includes chapters on herbs, homeopathy and use of flowers, identifying your mind-body type, nutrition and detox, energy and consciousness, and much more. It also includes extensive lists of resources for products and services,

as well as a self-help outline of treatments for self-diagnosed conditions.

For those who want a better understanding of how alternative healing may help, this is an interesting reference. The readers' reviews on Amazon.com are highly complimentary. However, the text's descriptions of effectiveness are mostly anecdotal, and several of the ideas are a little too "out there" for my taste. Example: "stomach washing," which sounds like training for bulimia, to me. I found myself accepting between 10 to 25% of the opinions here as reasonable. Maybe I'm simply not sufficiently evolved for this material. Anyway—for those who like this sort of thing, there's plenty of it here. Why not read it and decide for yourself?

—Lynn W.

MV**Suicide: My Ex-Best Friend**

It was October 26th when my therapist came to see me in the hospital and told me that, in order to continue working with her, I had to give up suicide as an option. My question—for how long? Her answer—Forever. Wow! How could I do that? I knew I could not make that promise to her then, or in the next few days, but I gave her a contract and promised to work on giving up suicide. The process surprised me.

For the next few weeks, I thought of nothing else. All that thought brought me to realize that suicide had become my best friend. I could not remember a time when I hadn't had it by my side. My thinking had always been, "If [whatever] turns out as bad as I fear it will, I can always kill myself." It wasn't exactly the healthiest coping mechanism, but it worked; after all, I was in my early 30s. (I had been suicidal since I was 3 years old.)

Once I recognized the power of suicide in my life and, ironically, in my survival, it became even harder to let go. But I had promised my therapist. I continued to think about it.

It happened on an ordinary, rainy night; I do not remember the date because I did not want to remember. I waited for it to get dark, then dressed in clothes from junior high (yes, they were terribly tight). Many, many years ago, I had used cardboard and aluminum foil to make a creature that had come to symbolize my suicide friend. Around 7 PM I went out behind my house into the mountainous area and wandered, purposely getting lost.

When the time felt "right," I plopped to the ground. I looked carefully at "suicide" and, with tears in my eyes, I spoke to it. Not only did I acknowledge its importance, but I also thanked it for protecting me and being my companion for all those years. I said I knew we were the best of friends, and because of the strength of that tie that, even if I called for it in the future, it would not come to me. I talked for some 45 minutes then, using only my hands, I dug a hole in the mud, a hole deep enough in which suicide could fit. My tears flowed along with the rain. Ashes to ashes. Dust to dust.

When I was finished with the burial, I stood and walked to another part of the land. At that time, I looked up at the sky and said, "Okay, Lord, it's just you and me now. I have sacrificed suicide and have only you to hold on to now. You had better not let me down."

When I related all this to my therapist and told her suicide was no longer an option, she was pleased. She knew I could and would do it because my drive to get healthy is so tremendously strong. Now, with suicide gone, I have nothing to get in my way of that path of strength.

I must tell you that since I gave up suicide, I have faced my problems directly and come to quicker and more permanent solutions. I no longer waste my time and energy on whether or not to live; all that energy gets directly applied to the real problem. It's something I highly recommend.

By Krise

MV

Alternative Healing Methods

By Teri, Marcia, Chris and Shawn

I have been using holistic medicine for five years after exhausting every treatment allopathic medicine had to offer for my medical conditions. At the age of 27 I was diagnosed with allergies, chronic sinusitis, and severe adult-onset asthma. I was sub-existing at 50% lung capacity. Aggressive treatment for those conditions caused adrenal insufficiency, liver and gallbladder inflammation, chronic kidney stones, gall stones, duodenal ulcers, reactive tachycardia, and fibromyalgia. I was incapacitated to the point of being unable to get around without assistance. Even with the latest cutting-edge treatment, I was told I shouldn't expect much more improvement. I found it impossible to believe this was as good as it gets and decided I had nothing to lose by trying something unconventional.

Within five months, my homeopathic physician had me off 8 of the 10 medications I had been living on, and I was no longer experiencing allergy and sinus problems. By the sixth month, my lung function was up to 75% and I was able to go on a biking tour of Key West. The remaining conditions took much longer to heal, but I am now functioning at 100% lung capacity. I still experience some fibromyalgia symptoms and wheezing, but with the help of my doctor, my spouse and my therapist, we now recognize the relational pattern between the symptoms, specific alters, and traumatic memories.

Throughout my life I had tried the same allopathic approach with my mental health as I had with my physical health. I followed every treatment prescribed by the psychiatrists and hospital staff. I was in and out of hospitals for six years, went through three psychiatrists, three therapists, 33 different medications, and another six years of floundering on my own. After an exhaustive search, I finally found a competent therapist who recognized I had MPD. One who is willing to work with me from a spiritual foundation, respects my

choices, believes with me that I can be healed, is not afraid of a challenge, and is seeing results in her work with Multiples. When I decided to return to therapy, it just seemed logical to use homeopathy as an adjunct in my emotional healing.

Homeopathic medicine is an approach that treats the whole person: mind, body and spirit. So it is possible to take one remedy that is able to treat, for example, anxiety, depression, mental confusion, body pain and urinary infections, without side effects. With some emotional states, the remedy doesn't necessarily 'fix' the problem, but rather stimulates and boosts the mind and body's own natural healing abilities, facilitating the healing process. Unlike allopathic medicine, homeopathy does not numb or dull the pain to make emotions more manageable. Instead, the right remedy will help dissolve the blocks and defenses that separate us from the feelings, aiding in the expression of emotions so the pain can be healed at the source.

It seems to move the emotions closer to the surface, resulting in what is referred to as a 'discharge.' This is a time when one might view their emotional state as having become 'worse.' Emotions that had been stirring, begin to churn with greater intensity. Dream activity and flashbacks may increase. The alters connected with the emerging emotions and trauma tend to take over more and seem to become focused to get to the bottom of what is brewing. With the remedy helping to break up the resistive barriers, the therapy process becomes less of a struggle.

Homeopathy has been especially helpful for my alters who experience intense depression and become suicidal by helping them move through the crisis state in 2-3 days. In the past, depression and hopelessness lingered for months and often escalated to suicide attempts and hospitalization. Anti-depressants made me numb, dull in the head, listless, unmotivated and apathetic, but the rest of my feelings

were slightly less intense and "manageable" because they were repressed by the medication. I essentially still felt terrible but the medication seemed to make the people around me feel better.

Homeopathy has also helped my alters who are full of rage, hostility, suspicion and tend to sabotage the therapy process. It has been understandably challenging to get the more aggressive alters to take their remedy, but with the help of the therapist, my spouse, and the adult alters, we have been able to help them see that we are trying to help free them of the pain. Another advantage is it does not require them to take a medication twice a day for three weeks before they see results. Instead they can take as little as 3 or 4 doses of a remedy and experience results within 1 to 3 days. With the aggressive alters, the remedy helped them calm down so they were able to talk about what was bothering them instead of just being constantly angry and hostile. The remedy acts as a crack in the door so the therapist has a chance to get her foot in past the defenses and reach the person. Once she is able to do that, they are able to get down to doing the work.

In therapy we use EMDR (Eye Movement Desensitization Reprocessing) to work through the emerging traumatic memories that have been facilitated by the use of homeopathy. Neither the homeopathy nor EMDR "cause" the feelings and memories to occur. Nothing is coming up that wasn't already there. The remedy essentially facilitates movement of the blocked material from the unconscious to the conscious, while the EMDR, in simplistic terms, helps to jar loose the stuck memories and jump start the mind's processing abilities. One of the benefits of the EMDR is that we are not doomed to constantly re-living the memories that surface. Instead we are able to view the memory like a movie from a distance.

Some reports indicate abreaction that occurs during EMDR is often less painful than hypnotically-produced abreaction (Kluft, 1988). EMDR stimulates the brain's own healing ability and dramatically accelerates the information processing, allowing us to process the memories and health through the pain at a phenomenal rate. There is no circumventing the pain and emotions that are released in trauma work, but with the use of EMDR the time it takes to heal is significantly decreased. We use homeopathy and acupuncture as an adjunct to treat any post-trauma work sequelae such as body pain, nausea, fatigue, depression and grief.

Using homeopathy and EMDR has challenged us to change our perspective on what it means to say we are "worse." Instead, we have come to understand that what might be considered worse, is actually a healing. Similar to when a person is sick and runs a high fever—in the worst of it we feel horrible, we think we're not going to make it, we need something to take away the fever and misery. We tend to forget that there is a purpose for the fever. That fever has to get hot enough to kill the germs that are making us sick in order for us to feel better and the body to heal. Once that fever spikes the "worst" is over and we feel significantly better.

The same is true with emotional healing. While initially things feel "worse," we have come to understand it is repressed feelings trying to surface. It is our emotional fever spiking and it is a necessary part of the healing process. The best way to get relief is to allow the feelings and move through them. The problem is, no one wants to feel bad while going through the healing process. We want to be able to take something to lessen the pain and make the process easier. There's nothing wrong with that desire. I just found it to be an illusion.

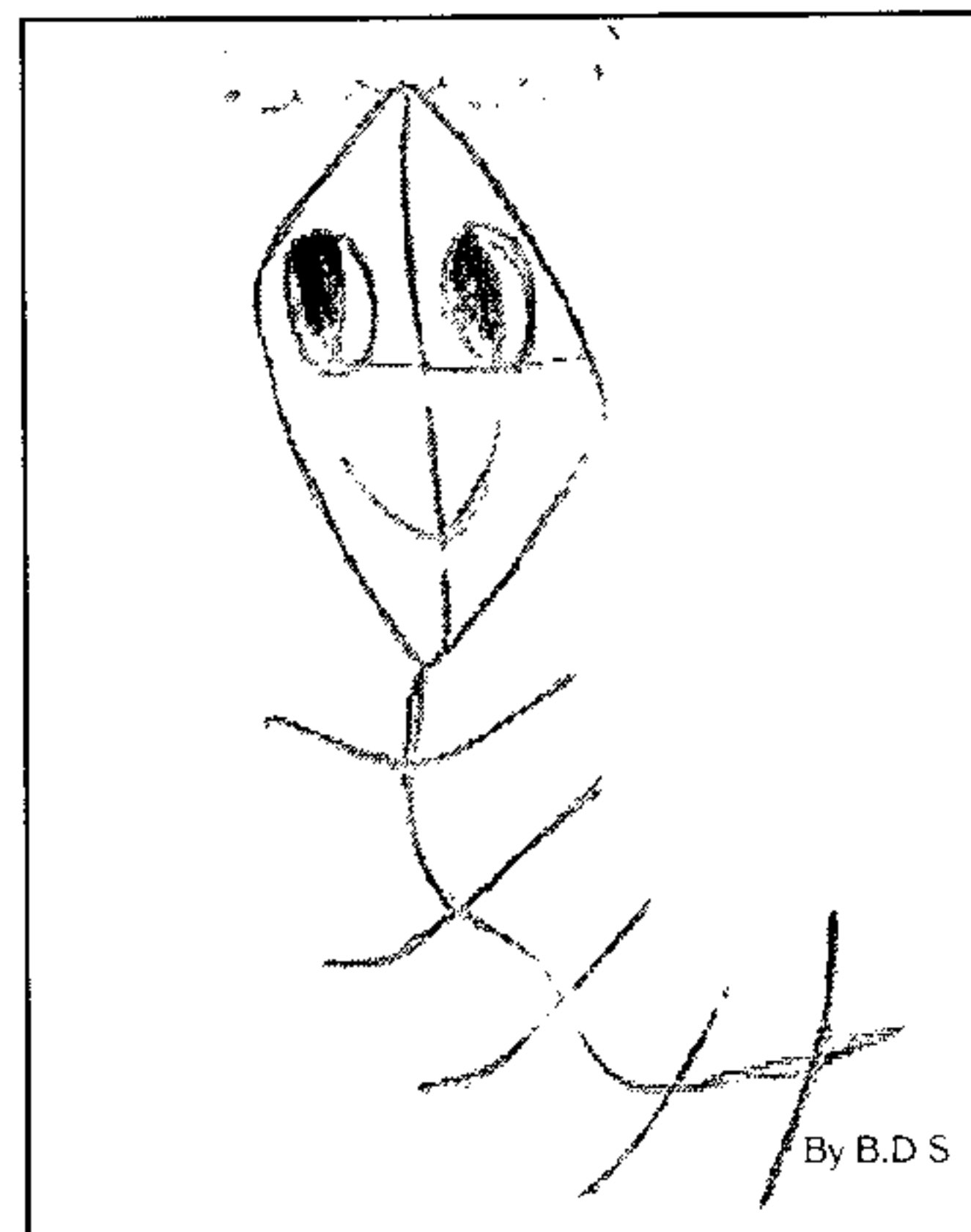
It became easier to take a Librium than to sit with the feelings and move through it. While it was easier, made me feel more comfortable and my life more manageable, it dramatically retarded my progress. By blocking or stopping the feelings with medications, I couldn't feel the pain let alone move through the pain. Medication also

caused some alters to become more agitated and aggressive because the feelings continued to build up with no release. Being repressed by the medication caused those alters to be more destructive, often resulting in near-fatal suicide attempts. This added years to our agony, caused me to suffer consequences from alters I was unaware of, and obscured my symptoms, making it impossible to receive appropriate treatment.

Undeniably the emotional discharge can at times be intense, but it is short-lived and the relief that comes with getting through the pain increases exponentially with each experience. Unfortunately the healing process is tremendously hard work and there just is no easy way around it. While I have used homeopathy to treat and cure many physical conditions, I have found with emotional conditions, it acts more as a catalyst primarily and an ameliorate secondarily. There is no substitute for the coping strategies and support that are so imperative in doing this work. It is a continuous creative effort finding healthy ways to hang on through the tough times and to create outlets for the intense emotions.

I would like as much as anyone else to just be able to take a pill and make it better, especially during the times we find ourselves engulfed in the abyss. But I've tried everything traditional psychiatry and counseling had to offer with little success and much damage. My spiritual path has led me to this place in my life and challenged me to consider a different approach to healing. I rely on faith and prayer to find my strength through the dark times. One of the greatest and most painful lessons I am learning is recognizing our despair in those dark moments is the despair of injured children who want so desperately to be rescued from their pain. No medication, hospital or therapist can rescue them or me from that pain. I have to learn to care for them, protect them and be with them during the healing just like a mother sits with a sick child in the night comforting her until the fever breaks.

When I stop looking for someone or something to rescue me from the pain, and stop fighting against the pain, I am able to find acceptance of the healing



process. My eyes open and I am able to see the lessons in my experiences. We have experienced more than a few crises where we seemed completely alone, utterly desperate, thoroughly overwhelmed, despondent and one breath away from death. Times that, unequivocally by conventional standards, warranted hospitalization and medication. Instead, we found ourselves with no other alternative but to work together and face the monster that was breathing down our neck. It was in those times that we were forced to turn inward for our guidance and strength and face what needed to be revealed.

We never could have found the motivation and inspiration to do that if we had been repressed on medication. We've been in that place before when we used medications and the outcome was nearly fatal. I had no cooperation among the alters, no connection to my inner wisdom or guidance, and my head was so fogged over I felt no connection to Spirit within me. With the use of holistic medicine and EMDR, for the first time in my life I'm making progress and seeing positive changes in me and my life. There is no one single approach that is the cure-all. Each component of my approach serves a vital role and forms a synthesis in my healing. Ultimately, I have come to understand there is a Divine wisdom within me. The body, mind and spirit know how to heal itself; I just have to be willing to listen.

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