

SLICING THE SERPENT:  
FOUR FAMILIES AND THEIR STRUGGLES WITH CHRONIC PAIN AND OPIOID  
ADDICTION

By  
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## **Abstract**

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This excerpt, from a book length project, follows the lives of four families, beginning in the late 1990s, as the fathers/husbands slowly become addicted to the opioids Oxycotin and Oxycodone prescribed by their doctors for chronic pain. These stories coincide with the over-prescribing of opioids on a national level initiated by the pharmaceutical company Purdue Pharma. As other companies follow suit, a national epidemic ensues manifesting in over half a million deaths due to the overdose of pain-killers and heroin. This excerpt is told in the first person through the experiences of myself and the three other mothers/wives as we attempted to contain the slow decline of our spouses and their physical and mental health--loss of careers, marriages, and in one case, life, is the final outcome as these insidious drugs take over. Interviews of the eight children, friends, physicians, and addiction counselors are also utilized. Combined with additional research, areas such as: pain, suicide, self-harm, addiction, healing, the medical community, politics, and the history of opium are covered within this body of work.

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To the father of our children, Royal Miller—thank you for your own creative writing, which inspired me years ago, and your partnership in this family journey.

And lastly, I am on my knees to the Gods for my three children Ivy, Ezekiel, and Cougar—your presence in my life is a daily celebration of love—a thousand kisses.

This work is dedicated to our eight children whose lives are forever impacted by the serpent—may your knives be that much sharper—‘un-bow your head’ and wet the stone.

An excerpt from a book-length project—

June 2, 2020--

**Slicing the Serpent:**

**Four Families and Their Struggles with Chronic Pain and Opioid Addiction**

By Maggie Rush-Miller

## **Introduction**

**February 2017**

I know that, as I write these words, everything will have changed. And as you read these words, everything will have changed again. They will seem outdated—old news, for this is how fast the life of opiates transform, as if opiates are a long scaly snake, twisting through the lives of families—into the hospital rooms where families sit, waiting for the outcome of an overdose, slithering into the courts, and parks, and parties, and schools, and the Fed-Ex boxes where the newest chemicals have been shipped from China. This serpent coils around the shareholders of the pharmaceuticals, the cells of the addicts who have stolen their grandmother's cups and saucers. It spirals into Mexico as heroin is shipped over, under, and through our borders. This giant, narcotic beast is slowly devouring everything in its path. Today, its oozing scent is at my door.

Two years ago, I drove up to our white, stucco house. In front is the desert dirt that I have lived in and around for fifty-three years. I ease up to the low wall where the three pink cement steps are centered. Twenty minutes ago, my husband and I had begun one of those conversations that I was tired of—deeply, shamefully, sick of—

Having been transferred to a new doctor, which had been communicated through a letter, which should have arrived early enough to ensure the filling of prescriptions in time for a smooth transition (one without withdrawals nor increased pain) but wasn't, my husband had to take off from work—again—to make a seventy eight-mile drive where he would be seen at seven am (the morning before, he was five minutes late and the nurse refused to see him, telling him to come back tomorrow) by a new doctor, in order to assist in the management of his chronic back pain of twenty nine years, which, for the last eight, was being treated with fentanyl, the same junk that killed Prince who died in an elevator as he was on his way to meet with an addiction specialist.

The conversation became a replay of many, many back-and-forths—Anton attempting to explain, needing, I can imagine, some sort of understanding--empathy, or sympathy. I react with panic. Then I accuse: What happened? Why did you? You didn't? How are we supposed to?

The effects of a shot had rendered the entire bottom of his body numb. Anton had used his hands to force his feet to recreate the needed gas and brake actions while driving. He had traveled in this style for the better part of fifty miles instead of, as suggested by the nurse, waiting there in the office for the return of feeling in his lower limbs—reckless, dangerous, and oh, so sad. For the better part of fifteen years, Anton has battled chronic back pain, severe nerve damage, and opioid addiction. My empathy has run dry.

Living with chronic pain and addiction is like being covered by a giant, wet, blanket, capturing everything—the kids, the dogs, the furniture, the holidays, the conversations, the emotions. It smells of rotting, molding cloth. It smells of shame, and panic, and excuses, and untruths, and forgotten ambition, of dreams put on hold, of everything put on hold—it smells of shackled stagnation.

In the next ten chapters, I will attempt to present an accurate portrayal of what has been our life for over two decades. Like a continuous snowfall, we are all weathering the storm. Yet, I am well aware of other families' struggles—indeed tragedies, as if hit hard with hurricane-force winds—where homes are lost, families broken and separated through incarceration, forced poverty and abuse. While not a competition, the experiences of all who are caught in the web of the opioid epidemic vastly differ, and so I do not speak for all, only for myself, and *my* family and *my* friends. Why? Because I was there when this epidemic began—in 1998, my husband had his first back surgery and was prescribed his first round of OxyContin. Was this the moment? Did that prescription “hook” him, leading him down the dark, dangerous tunnel of addiction? I cannot say. I have my suspicions.

Addiction, like a serpent, is insidious, invisible, and deadly. I believe that it surrounds us all, in forms of junk food, fast food, nicotine, caffeine, big screens, tiny screens, alcohol, and even fitness. And in my estimation, there is always someone who profits from our weaknesses—in the billions and trillions of dollars, setting small and subtle traps for us to become snagged, paying with our bank accounts, with our health, and for many, with our lives.

And in this book, you will find not only my story, but that of three of my closest friends and their families, for they too, have been caught, trapped by the complications of chronic pain and opioid

addiction. That is how an epidemic manifests—spilling into towns and communities like mine. My two dear friends and my older brother, their spouses and kids—four families, different yet similar in our struggles to find balance. They have given us the gift of their experience in the form of testimony. This takes courage, stepping into a place of complete vulnerability. I am beyond grateful for their words, their trust and their partnership. Together, as said, we weather the storm, leaning upon each other like a small grove of trees, blocking the wind while regaining our strength.

Yet, keep in mind, these four stories represent four hundred stories, four million stories—all across America, thousands of families continue to struggle with opioid addiction. And if one person is suffering, know that there may be (if they're lucky) an ever-widening circle of family and friends, co-workers, employers, teachers, doctors, nurses, EMT personnel, firefighters, lawyers, politicians, entire communities attempting to find solutions to the various complexities of this epidemic. My story is her story is his story is their story.

My hope is that this journey, this searching, may reveal something that you didn't know or weren't aware of, for everyone knows someone addicted to opioids—everyone. That is what an epidemic means. We are all touched, all affected, we are all part of a larger story whose end is not yet in sight. Maybe, within these four stories, you might find something you didn't have before—a bit of patience for a colleague, sympathy for a neighbor, strength and courage and comfort, or a plan of action for your own anger, fear or despondency. This is my hope.

## **Chapter 1**

**2016**

There were two perfectly even tracks in the dirt, smooth, curving, starting on the driver's side of the car, coming around and ending at the stairs, as if a child had pushed a toy truck through the dust or two toy trucks, or...two snakes, making their way into our home, into our lives right through the front door. But who are these snakes? Anton? The drugs? The companies who make the drugs or the doctors who prescribe the drugs? Or...me...me who has succumbed to fear, disgust, anger and apathy. Anton has dragged himself through the dirt, up three stairs, and into the house with his hands. His body has forced him as low as it can go, slithering through the dirt. He has lost his jobs, his relationships, his dignity, his pride and now, his legs. I follow the tracks inside, stand outside his closed door, wait, then continue on, into the back, where I decide to take a nap.

It is not till evening when, with my daughter, we study the markings again. This is when I fully realized the implications of my lack of concern, my depth of denial. Anton stands six foot three, weighs 195 pounds and had dragged himself out of his car, up the front stairs, through the door, down into his room and had gotten himself into his bed and I didn't even, couldn't even say, "*Are you O.K.*", or "*Do you need anything?*" I know what was wrong with Anton—pain, opioid misuse, more pain, more misuse, but what was wrong with me? How had I become so uncaring, so unconcerned--so numb?

### **Pain**

The only true pain that I have experienced is that of my children's births. One was three and a half days long, one was during a beautiful summer storm, one was so short and powerful, my ten-pound boy "ripped my taint," a fact that my youngest enjoys reminding me while in friendly company. Pain during labor is intense, excruciating even, but once the long-awaited you-are-my-everything has arrived, all physical sensation is forgotten. So, no, I really don't know pain, or at least remember it, (my youngest is sixteen-years old).

However, I know lots and lots *about* pain. I know how pain can change a person. I know that pain can push aside all other concerns, taking front and center of a person's attention. I also know that pain is experienced differently by different people. When pain is present, and it is severe, nothing else exists, nothing else matters, it will bring the pained to their knees and if it does not subside, that person will eventually ask to die. There is a reason that physical pain is used in torture, the pained will say anything and do anything to make it stop.

### **Summer 2005**

Anton, the three kids, and I were at the local pool--a crystal clear, family oriented, Olympic-sized structure, situated just below a stunning mountain view. We have been using this luxurious treat for years. I had exercised weekly through all three pregnancies and each kid has participated in swim lessons here. We loved it. Anton was in the shallow end, throwing the kids, one by one, up, out of the water, exerting enough force that they flew, falling back with a huge splash. This was accompanied by screams of excitement. I, however, was in a state of disbelief.

Anton had come with back pain. When we met at a regional theater company, he was twenty-four years old and despite the nightly ten-mile runs and seven shows-a-week feats of fantastical stage-fights, Anton was nagged with continual discomfort in his lower back. We would spend the early years of our relationship searching out answers and remedies to this issue including a visit to a "healer," who said wearing socks at night would fix the problem because living on the bottom floor of an apartment was creating a "negative, dark, and damp environment." The addition of the socks didn't help. He went to another "healer" who used the corner of a crystal rock to dig between each vertebrae, burrowing so deep that Anton screamed through the hour-long session. This treatment did not alleviate the pain either.

A year later, X-rays ordered by a chiropractor, who refused to work on him stating the futility of it, would reveal a herniated disk between L-5 and L-6. It was then decided that surgery was the best option and on December 23, 1998, Anton underwent an hourlong procedure. The entrance of the laser instrument was so small, they covered it with a bandage. The next night, high on

painkillers, Anton's baritone voice rang out at our annual Christmas party, "*Five golden rrrrrings*".

Now you can understand my emotions as I watched my husband throw these kids around, and sure enough, twenty-four hours later, in excruciating pain, Anton tells me that he had spent the first part of yesterday, digging, twisting, shoveling dirt from one place to another...lots and lots of it, then we went swimming—surgery number two.

### **Walking the tightrope of change**

What to accept, what to fight, what to refuse. These are the daily areas of compromise that go along with cohabitation with the addicted. How many moments of, "*I cannot take this anymore?*" The crux for me has always been the *pain*. What about the *pain*? He would not be like this if it weren't for the *pain*. The *pain* has created this life. It is nobody's fault. We are all victims of this *pain*. And this is true.

But here is the dilemma presented to any family dealing with chronic pain, and, or addiction: How does one cope with all the insidious difficulties that slither their way into your lives? Get ready because it will test everything about you. All your weaknesses will be revealed, and all your strengths will be called upon--your financial situation, your communication skills, family dynamics, your friendships, your career paths, your sex life, spiritual practices, your own personal health, all your creative talents will be needed to find your way through the mayhem that will ensue.

You will be tested, and you will fail, then rise, feeling steady, then get knocked down again. What is common to all four of these women's stories, is the idea that if one could just wait it out, everything would be all right, everything will work out. This would be truer for some than for others.

## **Pain and Personality**

We're standing in the doorway of our funky little house and we're fighting--arguing. I don't remember what the issue was. It was probably money because it was usually money, but it could have been the dishes or laundry--with no job I thought Anton should contribute to these areas more, but he rarely did--he rarely could.

*-You fat fucking cunt.* I will never forget this moment and here's the thing, Anton, by this time, was what I would consider a junky.

What is a junky? Someone who's life is consumed by drugs. I am attesting to this statement based on these facts.

1) He had no job--couldn't get a job despite having two Master's degrees, two Emmys.

2) He wouldn't help out around the house and spent the majority of his time in his writing studio--hours, days, entire nights. He was supposed to be writing, putting together prospects for jobs, but I believe he was just high or suffering or high and suffering and in pain.

3) His emotional range seemed to be completely over the top--anger, depression, despondency, and rage.

Now when one is called a *fat fucking cunt*, things have gotten really, really bad and they were. I remember the sun shining in my face as I stood in the doorway. I was suddenly seeing myself as he did or maybe I had left my body for a split second, escaping the emotional pain of the moment.

But here's the question: was that Anton talking or was it the drugs? No one can actually answer this--not the counselors, not the psychoanalysts, not the AA sponsors, not me, not even Anton. However, I will say this: if you can't forget or at least forgive, you won't stay married. We didn't. There are limits for everyone and that was mine even though it took a long time for me to know it--we lived together in this limbo of pain and drugs and distress for eleven more years.

To me, living with severe chronic pain is like living in a dark box with tiny slits for light and air. These slits are the only means of communication with the outside world and as the opiate use increases, these slits slide shut, one by one, until the one pained is completely alone in the dark. I sat by that box for a long time and then one day, I walked away.

## **Family A**

### **1990**

I met Anton on a cold day in Boston. I had been hired to play the lead in a wonderfully ridiculous play on the grounds of Harvard, at the American Repertory Theater. This was my first big theater break having done some T.V., a few bits in film and performed in a handful of small off-Broadway plays. A.R.T. was posh, legitimate, and grand, with a beautiful stage and my own apartment. Now I was walking in late, to the first rehearsal on a wet, November morning. I was twenty-six, thin and curvy, wearing ripped jeans over black tights and oversized combat boots. This was my standard *NYC-actor-looking-great-in-anything-even-though-I'm-poor* wear.

There was Anton. Anton was beautiful, is still beautiful, even now, after years of agony and drugs. He is tall, and dark and handsome with almond-shaped eyes and a thin, curved mouth. His cheekbones are high, and his nostrils flare up and back. There is action to his physique, muscles and length. He was sitting right there as I entered, and as I passed by him, I thought, I know him. We had met a couple of times in New York. He quickly looked away. Our first year acting together in this company would be a strange push and pull of like, dislike, avoidance, and inappropriate affection given the fact that he had a steady woman for whom he cared deeply.

By the second season, all had changed. We were cast as husband and wife, our dressing rooms adjacent, and every night I would ask for assistance in the application of my make-up in the area of my lower back, feigning the inability to reach it. Every night he would dutifully apply the white powder used to lighten my skin for one of my many theatrical transformations. I took my work very seriously and must have come off as completely ridiculous.

There was drinking and flirting, and we did wonderful work on stage. The plays we were performing were Shakespeare's Henry the IV, Part one and two. Anton played the role of Hotspur, and I, his wife Lady Percy. He is killed by King Henry, after a physical and expertly performed stage-fight. Each night, Anton and his fellow actor would go at each other as if their lives depended on it, diving, and punching, and throwing their bodies around that stage and then the final blow, the final stab. This is when Anton would recite one of the most difficult soliloquies ever written by Shakespeare, and clutching his gut, he would sink to the floor and slowly die.

Anton was trained at New York University, his technique is superb, and of all the work I have seen him do, this was the best and it captured me, I was hooked. Every night, before the fight, I would sneak up to the top row of seats in the back of the theatre, lie down where the audience couldn't see me, and listen to Anton deliver his monologue. This is when I fell in love with him.

## **Race**

### **2015**

Summer of 2015 I had gone to Massachusetts to be in a play. To make this work, I had to organize and prepay for six weeks of rides, food for dogs, cats, and teens--my one son, Anthony, stayed in town four days-a-week, with a host family, due to his summer football schedule. My concern was the difficulty Anton would have juggling an eight-hour day of work, two hour-long commutes, dinner prep, animal care, etc. Though he was finally back to work, his body needed as much recovery time as possible. He walked with a limp from severe nerve damage (surgery number three) and still struggled with his pain management, including heavy opioid use--two Fentanyl patches worn at a time. Our younger son, Ajax, stayed with his dad and was picked up mid-day, so he could participate in a boxing and swim camp, and play with the kids from the family who ran the program. My intention had been to have the boys taken care of, kept safe and kept fed as if I was still there, and have our pets not die. I brought Ari with me. By this time, our marriage was irreconcilable but our dedication to our children had not wavered.

Anton had turned toward teaching as an available job option. He was passionate and inspirational working with refugees and other young people of color. The summer school program always ended with a performance and I can only imagine Anton going overboard with his vision and execution.

I know that he hurt himself somehow, maybe too much bending, too much twisting, too much everything, it's always a bit of a guessing game when it comes to tweaks and strains that can escalate into something much worse and that is what happened—breakthrough pain.

I started getting phone calls, Anton talking about the amount of pain that he was in, he had retreated to bed and there he was stuck. Ajax was with him. Thirty-six hours went by with more communication. He had an appointment with his new pain management team where they would be giving him a shot in his spine to help alleviate symptoms without opioids. It was my hope that he could just wait out the time, but no, his pain got worse and worse.

So, here we go with self-medication--I know all liquor in the house was consumed, all medical marijuana was used up, all opioids expended, Ajax at his side the whole time. He was eleven.

Neighbors and friends were called to feed Ajax, attempting to get him out of the house but he wouldn't leave his father. His brother was driven home to assist, he was fourteen. I was on the phone with one kid, my father on another phone, calming the other. Finally, 911 had to be called with Anton writhing in excruciating pain. When they arrived, seeing this large, black man screaming in pain, they wouldn't take him. Why didn't they take him? Is that even legal? I don't remember what their excuse was--they couldn't or wouldn't move him and they left. They just left. We then called our local EMT, who knew Anton and sure enough, they agreed to take him to the hospital.

We now faced the next challenge. I called my mother who, at eighty-three, lived in town sixty minutes away from the hospital, because I knew that if an advocate did not meet him there, they would have the same panicked response as the ambulance staff had had--fear and assumptions.

Sometime later, my mother, who is white, spoke to me of this day, tearfully exclaiming that she had never felt so helpless and so disrespected due to the color of Anton's skin. She said that the

experience was the most humiliating and enraging of her life. A retired professor with a doctorate in education, she had the wherewithal to dress professionally before she drove to the emergency room but to no avail. When Anton arrived, they checked his data regarding his prescriptions and announced that there was nothing they could do and kicked him out of the hospital, leaving the two of them on the street. My mother begged the doctor but was told Anton's opioid limit was at its ceiling. (Due to the newly acknowledged, national opioid crisis, strict limits had been placed upon the doctors and pharmacies). This was communicated to my mother with such disgust and disrespect that it was clear to her they assumed Anton was only wanting drugs--an addict, there was no real pain thus no empathy, no help.

My mother was in a panic, Anton was still screaming in agony and options were limited. I had been on the phone, three thousand miles away, since noon, it was now four PM, I had to be excused from rehearsals. I knew what needed to be done next, so I called my girlfriend the doctor and my father called her father, the psychiatrist--our long-time friends. My mother reluctantly offered to take him to her house but understood that she would be unable to alleviate his acute discomfort; she gave the phone to Anton, and sure enough, he said that he couldn't go home, and he just wanted to die. Those are the magic words--*I just want to die*.

Both doctors said, "*O.K., take him to the psych ward.*"

My sister-in-law, Beth, who had been in and out of hospitals and emergency wards with her husband Ben, for years, came and relieved my mother. Beth then waited for the next five hours while they decided if they would admit Anton. At one A.M., they did. They could now administer some narcotic pain relief. At this point, over twelve hours had passed since we had called 911, but we now had to worry about getting him out of this place so that he could still make his doctor's appointment the next day—the all-important shot would stop this mania. He had gone through his monthly prescriptions and no pharmacy would refill them until the following week, six days away. My brother Ben was able to get him discharged the following morning, get him to his pain management clinic where he received his shot, and take him home where our boys were waiting. (My brother, who was now off opioids commented on how high

Anton was, chatting away as if they had been to a movie as opposed to having just endured the horrors of the last twenty-four hours).

The next day, Beth picked up the boys and got them to the plane to be sent to me. When they arrived, they slept for an entire day, as if to rid themselves of the trauma they had witnessed--their father's screams while writhing in pain, the confusion of the transport, and the disappearance of their father for a full night.

Back in Arizona, Anton began the awful task of withdrawal since he would be without opioids until his prescription could be filled. There are professional institutions that can assist with this, but he refused this option, so he was on his own.

I will describe what goes on with an individual who is in the throes of withdrawal but if you have never experienced or witnessed it yourself, it is difficult to imagine. It is pure hell--fever, shivers, hallucinations, puking, defecating on yourself because you can't move, anxiety, depression, and suicidal thoughts. If we had kept guns in the house, I'm sure Anton would have used them, he said as much.

I kept in touch every few hours for the next four days, encouraging him to seek help, to lesson his use of drugs when he received them again, (this is a common time of overdoses. The patient, used to their original dose and unaware that their body has detoxed, will revert to the original strength, overdosing from the amount, and often die) but in the end, Anton was on his own. Again, I cannot imagine how alone and desolate that time must have been for him, but he managed to pull through and it would be another two years until, through the help of a wealthy girlfriend, he would wean himself off narcotics completely, seeking out alternative but pricey, pain management.

In the end, it took twenty-three friends and family, driving, cooking, feeding, advising, accompanying, and advocating on behalf of Anton as well as caring for our boys. That was one of the worst episodes but certainly not the last. This is the life families' lead when someone they love suffers from chronic pain whose treatment is addictive drugs. For us, this was normalcy.

And if you are a person of color, there are subtle differences and there are overt differences--assumptions regarding pain--Black men can tolerate more, Black men are not in pain but are seeking drugs for recreational purposes, Black men are just addicts seeking relief, Black men are uneducated and ignorant in the areas of health and wellbeing. Black men don't take care of themselves. Anton was systematically treated with disdain, disrespect, and aversion. I could sit in an office, by his side, and the doctor would address only me, as if Anton was not even in the room. When he would ask a question having researched some part of his diagnoses, there would be surprise at his knowledge. Remember, this man has two masters and an Ivy League education but that was never how he was perceived. As Beth puts it, "*Many medical personnel are highly unequipped for their jobs.*"

## Chapter 2

### The Medical Community

#### 2017

On August 31, 2017, Arizona State Attorney General, Mark Brnovich, filed an Arizona Consumer Fraud lawsuit against the opioid manufacturer, Insys Therapeutics. This is how it is presented in the paper--azfamily.com staff--“The lawsuit alleges that Insys engaged in a fraudulent marketing scheme designed to increase the sales of Subsys, a highly addictive opioid prescription drug that contains fentanyl.” They continue explaining that, “Insys also violated the Arizona Consumer Fraud Act by providing insurers with false and misleading information to obtain prior authorization for Subsys prescriptions for patients... Subsys is a powerful opioid approved by the FDA for the management of breakthrough pain in cancer patients... To date, Insys has sold approximately \$1 billion worth of Subsys.”

In other words, the drug company lied to doctors and insurance companies in order to sell a lethal opioid to unsuspecting patients. “For example, Insys employees were allegedly instructed to mislead insurers into believing that patients who were prescribed Subsys had cancer when in fact they did not. The lawsuit also alleges that Insys provided health care providers with false and misleading information that the FDA had approved Subsys for more uses than the FDA had actually approved. According to the complaint, Insys falsely advertised Subsys as appropriate treatment for mild pain.”

The first of Anton’s three back surgeries was in 1998, the second, 2003, and third in 2005. As with *Subsys*, most opioids were created for cancer patients in their last stages of life, that and major surgery “breakthrough pain.” In the late 90s, pharmaceutical companies began to expand their sales for use in minor surgeries such as dental work, broken bones, and back surgeries. By 2005, Anton’s doctor was prescribing him 700 mg of OxyContin a day. The following excerpts are taken directly from the Attorney General’s transcript: State of Arizona vs. Insys Therapeutics, Inc.:

*26. Subsys contains fentanyl, a powerful opioid that can reduce pain, but is also highly addictive and potentially lethal, especially if not prescribed or used properly. 27. Fentanyl can come in a variety of forms, including tablets or patches. 28. Subsys is a fentanyl spray applied under the tongue, allowing the fentanyl to rapidly reach the bloodstream. 29. Subsys is a Transmucosal Immediate-Release Fentanyl (“TIRF”) medication, a class of opioid drugs that have a rapid onset from being absorbed through the oral mucosa.*

The type of fentanyl that Anton used came as a patch that he would stick to his thigh or upper arm. These patches would fall off in the bath or shower, if he was sweating too much which, living in Arizona, happened daily, he would duct-tape them on. Life revolved around these patches. If he had breakthrough *pain*, meaning more intense *pain* than the normal intense *pain*, he would double up or overlap these patches. But that would mean that there would be fewer patches for the allotted time and he would run out of them, having to wait till the next prescription would come in. This means that he would start to go into withdrawals for a day or two or three until he could apply a new patch, which would make him nauseous for the first twenty-four hours until his body balanced itself out again.

So now we have a person pivoting from one symptom to another--from nausea to shivers, chills to fever, body aches, runny nose, jabbing nerve pain, itchy, and jittery until they could numb everything again with a 2x2 plastic patch. If Anton had gotten his hands on Subsys--pain relief in a spray form like a breath freshener, he wouldn't be here today—I mean dead.

## **Poverty**

It is often said that the opioid epidemic hits everyone, there is no discrimination--all classes, all races, all ages and genders and this is true. But that is where the similarities stop. One of the main reasons that Anton is not dead, and my kids and I are not on the street, is due to the fact that my parents and brothers and friends are healthy, successful, and educated, with generations of

American privilege backing them up. This translated into enough stability and resources to sustain Anton, the three kids, and me as we have struggled over a period of fifteen years.

I remember watching a wealthy white woman on the news some years ago. Her son, only eighteen years old, had been found slumped over on his bed, as if he was tying his shoe. He had died like that, overdosed on opioids. Tragic, yes, like the thousands of other needless deaths. But in the interview, she had tearfully stated, *“This isn’t supposed to happen to people like us”*. You know what she meant. We all know what she meant.

With chronic pain and addiction, everything will go wrong, jobs will be lost, lights will get turned off, appointments will be missed, insurance will lapse, cars will crash. Exhaustion is constant, followed by depression and hopelessness. What counterbalances these difficulties are resources--friends and family with money, friends and family with time, who will watch your kids while you work or clean or argue, friends and family who will listen to you complain, who are doctors and can write a letter or give advice, or give you drugs, who are lawyers and can bail you out, represent or advise you, who will give you a job and gifts, take you to lunch, lend you money.

My oldest, Ariella, believed in Santa Claus into her mid-teens. She told me not too long ago, *“We were so poor and then every Christmas, we’d have such huge amounts of presents.”* What Ariella didn’t know was that my oldest brother, the one with the engineering job and no kids, sent me \$1,000 every December, he still does, and every year I think that this will be the last time that I need it...soon.

But what if you don’t have all these resources available to you? When a job is lost how do you feed the kids, fix the washing machine, get insurance to pay for the meds, put gas in the car to get to a job to feed the kids? You don’t. Life implodes, and you are suddenly poor and poverty sucks. Poverty sucks and it takes an immeasurable toll on your family and your psyche and your health and eventually, it kills. We have been lucky, we have been so very lucky.

## **Family B**

Family B is my brother Ben, his wife Beth, and their two kids Beatrice--we call her Bea-seventeen--and Brian-fourteen. They are a beautiful, intelligent, and thoughtful family. The parents are blond with blue eyes; the kids, redheads, their eyes matching Mom and Pappa. My brother is one of the most brilliant and talented people that I know. From a very young boy, he has had the ability to excel at anything he put his mind to--a straight A student, a black belt in Tae Kwon Do, an accomplished piano player and musician. Teachers and professors loved him. He was interested and mature. He enjoyed learning more than most. Ben will come upon a craft and dig into it, mastering its basics, then form it into an art. He has achieved this with knitting--he made himself a sweater in a week, kite flying, ceramics--I still have coffee cups and urns, dog training, calligraphy, quilting--we all have wedding quilts, baby blankets, and pillowcases. He has run marathons, his Spanish is flawless having watched the telenovelas until fluent.

However, there has always been a fragility about Ben. I am two years younger than my brother, yet I had always felt the need to protect him, even as little kids. There was guilt as I ran off to be with my own playmates. Social situations could be difficult for him. I remember him practicing soccer skills alone in the dry wash bed down from our house. He attended Columbia University on a music scholarship and had to leave after the first semester. Finishing things seems to have been a challenge, he started a master's program, then stopped. In his mid-twenties, he began writing music--a singer-songwriter, performing alone or with a few other musicians backing him up. His songwriting is brilliant, capturing the complexities and heartbreaking beauty and pain of life. This career path too, slowly ended. Lastly, he began the educational training of an electrician until the pain of his migraines brought this endeavor to a halt.

Ben is what I consider the quintessential artist, his emotional skin so thin that the tears are constant and unavoidable. One year, when we were young, I hurt his feelings. I don't remember how but Ben went to his top drawer, pulling out some arrows, he broke them over his knee, crying, "These were your Christmas present!" Yet he and I had a friendship pact. We relied on

each other throughout our childhood and into our adult lives. We drove across the country together, reading books out loud. He was my first best friend. One year, when acting on a daytime soap, I packed up an entire dish set purchased from William Sonoma and carried them in my suitcase home, presenting them as a gift for his birthday.

As little kids, I remember Ben getting sick and throwing up a lot, leaning over the top bunk, the chunks would fall past me and splatter onto the floor. His stomach was so sensitive; he didn't like "things with things in them." He would get stomach aches and have to lie down. Ben is very pale, and we would go down to Mexico and camp on the beach. Back then, we wouldn't use sunscreen. Ben would get really, really sunburned. I'm sure he had sun poisoning. He would lie down in the back of our 1970's tan, travel-all and suffer.

Beth, his wife, is adored and admired by us all, the whole family. The addition of her has made us better. She is steadfast, quiet, gentle, and kind. She has emotionally, physically, and financially supported her family throughout their entire ordeal, a task that continues to this day. She puts everyone else before herself--patient and responsible--gifts are given at birthdays, notes are received with thanks after family gatherings, leftovers are packed up for distribution, much like my own mother. When they say that a man marries his mother, Ben would have to raise his hand--thank God.

Beth is the firstborn, the eldest of three. My mother is also the eldest, with a younger brother. I pick first-borns as best friends; they take care of me and lend me money and I call them when I am sick or scared or in need of any and everything. They become doctors and midwives and professors and have steady jobs with benefits. They worry and have lots of stress that they bottle up inside when they show up for work on time. They are happy to see me and love their children and love my children. I am forever inferior to first-borns. I am the youngest of four, but I too have a firstborn daughter; she has been dutiful and kind and is one of my closest confidants. She works hard and is reliable and steadfast. She has a full scholarship to a grand, artsy college and I brag about her daily. Hail first born woman! Beth has agreed to be interviewed:

## **Beth**

*I remember loving his voice, right away. And I think I probably went to dinner that night or the next night and...we had fun, we just had fun. He's easy to talk to...and Ben and I did the dishes and I said to him, we should go out to lunch sometime and he said, how bout tomorrow, and I was like, O.K. So, we went out for lunch. The next day we went hiking and we started spending a lot of time together pretty quickly. He was playing guitar, he was learning guitar.*

*I think the thing that Ben meant to me right away and still does, is that he's really good at communicating and he's just very... it's important to him and he spends the time to communicate and... he tries to listen, he's a good listener and so that's really what I needed, right away, because my dad, to this day, is a terrible communicator, it's sort of heartbreaking. I had never been with someone like this before. We married in October of '93.*

## **Family, Friends, and Community**

My brothers and I had been taught to “communicate” in the *est* training. *est* was a popular self-help workshop, created by Werner Erhard in 1971. It dominated the mid-70s when many of our parents were dabbling in Gestalt, smoking pot, dropping peyote, and sleeping with other people's spouses...but not in secret. Psychology Dictionary defines gestalt as, “*a form of psychotherapy where the focus is on the totality of a person's functioning and relationships in the here and now, rather than the investigation of past experiences and history.*” Wikipedia's definition points toward, “*personal responsibility*” The idea of personal responsibility for the manifestation of one's life was the key to *est* too. The idea that *we create our life* was presented to me very early on and has played a huge part in my ideas of manifestation, self, and destiny. I was raised in the “consciousness movement”. In *est*, we stared at each other for hours, just “*being*”, as we noticed “*what was coming up*”, observing any discomfort, shyness, fear, or judgment. If you had to pee and wanted to leave the room, the leader might question what “*truth*” you were avoiding—“*What's really going on?*” We yelled and screamed, expressing our

feelings then to be told that feelings were just that--feelings, they didn't "*mean*" anything. If I was sad or mad, it was clear that I had *chosen* these emotions and that once noticed and acknowledged, their potency would dissipate. In some ways, it worked. I took all the workshops with names like, "*Be Here Now*", and "*What's Up*", and "*What's So*". These concepts and many more like them--integrity, intention, distinction, awareness, mindfulness, well-being--concepts that are now used to sell granola bars, Ikea furniture, and yoga pants, were as close to a religion as was ever given me. But like all ideologies, what can be life-changing and transformative, can also be used for selfish intentions, power, and abuse.

When I was seven, my brothers, nine, eleven, and thirteen, Monday nights were *Gestalt* night at our house. We would fall asleep to my father and his friends screaming, "*Fuck you! You bastard, you bitch*" Couples we knew well would be yelling, "*I hate you, I despise you. You make me sick.*" Long foam bats were employed as weapons of feelings--hitting and whacking went on late into the night as we kids drifted off to sleep. When my parents were splitting up, we four children sat in the living room with a closed door between us, my parents, and Joan, my dad's girlfriend--they were "*working things out*". We listened as they yelled, cried, and hit each other with the "boppers". After staring at each other for a long time, my oldest brother, Brent, went into the bedroom and told them to stop.

The *est* training also tackled pain. As the room full of participants watched, a volunteer would sit up on the stage while the leader guided them through spoken exercises, "*What hurts? What shape is the pain? If you could fill it with water, how much would it hold? What color is the pain? What texture is the pain? Where is it located? If the pain could talk, what would it say?*" With their eyes closed, the participant would dutifully answer each question, sometimes pausing over one point or another, clearly unused to such close observations. And slowly, surely, the pain would dissipate, "*from one to ten, where is the pain now, seven?*" They would begin again.

And as a child still, myself, I would watch with wonder, believing that we had the ability to heal all, cure all, change bad to good, wrong to right. I still do. But with wanted change, blame can

sneak in too. Why haven't you changed, fixed yourself, heal yourself? If there is one thing I have learned, it is this: blame fixes nothing...changes nothing.

Sometimes the person participating would start to cry in the middle of the exercise, or moan, or yell out, angry at someone or something, but always, in the end, they would feel better, much amazed and relieved. Infamous stories were told of *est* graduates utilizing these methods as they had their teeth extracted without anesthesia while the dentist worked in wonder. My father still prides himself on his utilization of these methods, "*I put my complete attention on where the needle is entering my gum; for me, the pain is like a type of heat.*" However, when he was stricken with acute hip pain, we had to get medical relief quick, so...

Still, I have used these methods often. A broken rake handle went through my face as a child, I imagined sunshine "healing it", all the way to the hospital. Like anything learned as a child, I trust in the process with something akin to mysticism, maybe anointing it with more than it deserves. I can now see how these techniques might take training and time, practice to be mastered like any other.

## Chapter 3

### Pain

The concept of mind over pain is not new. One can find many instances of this throughout human history. My good friend, who belongs to the Winnebago Tribe in Nebraska, tells of the Sun Dancers. He is a gentle, older man, his grandson a companion of my youngest--Ajax. He often tells us stories of his childhood on the “rez”. We listen as if hungry for such rich memories:

### Prosper

2017

*Some say that the actual Sundance originates in South America, the migration north, you remember that Mexico expanded way up into Utah so that a lot of traditions came up from there. Sun Dance is mostly situated as a Plains Indian ritual and some call it a Sun Dance religion, but it wasn't religion, it was a spiritual practice, you know, acknowledging the Sun Gods and it varies from tribe to tribe but it's basically the same. They look for a very special tree that's going to be the center pole and there's a ritual in harvesting that tree, they dig it up from the roots, and it's placed in what they call an arbor [where] the Sun Dance ceremony takes place. The candidates for the ceremony--there's some that've danced all their lives, forty years, every year...*

Of course, this part has me riveted—what ritual is in my family, year after year? What will pass down from my husband to my sons? Their father's father was in the Vietnam War and has had a drink or two or three, every day since his return. Great-Granddaddy Anton speaks of his father's ownership of slaves—a black man as slave-owner, not unheard of but complicated to say the least.

*The actual piercing itself is done by wooden thongs that are attached by leather thongs that are attached to the tree and the leader of the Sun Dance will then pierce the chests of the young men that have agreed to Sun Dance. Usually, when you have agreed to Sun Dance, it's no less than ten years that you will dance although some will dance [for] four years and there's certain preparations that go into the actual four-day ritual itself. You know, there's preparations, the candidates are interviewed and they go through other ceremonies, they go through the Manipulate, which some people call the sweat lodge and they also go through other ceremonies and the actual day of it, after all the dancers are pierced and they circle, and the leather thongs are attached in a circle to the sacred tree, there at the arbor, they will start dancing backwards and there's various assortments of attachments but some will agree not only to be attached to the pole but will drag buffalo skulls. They're pierced in their shoulders, each of their back shoulder blades, and they will drag those as they dance.*

I imagine these young and not so young men, gathered around a very tall tree, joined by leather and skin and sweat and pain. But this pain has been chosen, wanted, signed up for. It is clear to me that there is more than just *mind over matter*, there is *spirit over matter* too. But something else has caught my attention, lingering just out of sight, in the peripheral—a cultural shift. Is our Western paradigm of pain and meds missing something? If so, what—a link toward healing, toward balance, wholeness. Do I even know what wholeness is? I surely know what wholeness isn't—Anton...and me.

*They will dance all day and they are given an eagle whistle that they blow and so they'll be dancing backwards, stretching the thongs that they're pierced with, and they're kind of deep incisions so that their skin stretches, it keeps stretching as you dance further and further back and sometimes they will ask some of the younger kids to stand on the buffalo skulls to stretch on their backs and then the woman are dressed a certain way and they dance in support with the relative that is dancing, so they'll dance throughout the day, sometimes receiving , maybe a little water, virtually no water. And at the end of the day, the sun goes down, they're detached from*

*their thongs and they'll go to the Nipi lodge and [are] given some water and then the next day, it goes again, until you actually break.*

What Prosper means by *break* is rip or tear. It's over when the *thong* pulls free of the rest of the body. I can imagine that with it goes more than blood, a spiritual release. What would be pulled from me after hours—days of tugging--fear...and anger and sadness, regret? The list becomes a litany of every difficult and unwanted emotion I have. Maybe that is the point.

*And that's kind of a basic outline of it and the only time that you are allowed to leave the arbor as a dancer is if you break, and once you break, it's done, and your break is dependent on how hard you're dancing cuz if you're suffering a lot, then you're putting a lot into it. Some break, you know, on the second day. I heard of one incident where at the Sancree massacre, Wyoming, Montana, they initiated the Sun Dance in that area and some of the original ones that started it, they went to dance at the Sancree massacre sight where 300 women and children and old people were all killed, and they were told that there was another massacre miles away and it's very similar to the massacres that you don't read about, but there were over 3000 killed, and so they went to hold a Sun Dance in that area and there was a pretty strong pull from the spirit world.*

*All of these dancers danced and they all, it rarely happens in all these centuries, but all of the dancers broke exactly at the same time and so, you know, the crowd went... a lot happens during that time, after they're done dancing and they're healing, there's more ceremonies that go on and the blessings for each individual dancer and what they were dancing for--maybe a sick relative, all of them pray for the people, the one's that still retain their identity as human beings that put everything aside...and as I said, every tribe is different on how they do it.*

“The one's that still retain their identity as human beings”. There it is again, that peripheral thought. What other identity is there? “They put everything aside.” I do understand this sentiment. In this culture, healing must take place *in between*—work, kids, commute, cleaning, car repair, shopping, cooking, childcare. Yet, maybe, the body is forcing *healing time*—STOP!

You must stop everything and heal. That is certainly how it went in my house but it was not honored, this *healing time*. We panicked. I panicked. No work, no money--no money, no noth'n.

Prosper goes on to explain that some tribes hoist the dancers up with thongs and they break that way. Again, breaking means that the skin breaks open and the three-inch piece of wood that has been pierced through their skin, just below the nipple, rips through and tears away. He talks about the miraculous things that continue to happen, explaining that they are miraculous because, *“in this day in age, when I was growing-up it was an everyday occurrence.*

*But now, these occurrences would be considered mystical--shape shifting and stinky spirits that they would run from as children.”* He tells of the elders able to light up the night, illuminating the right plants to pick for the medicines. He talks about the tribes, *“assimilating into Western civilization, which, for some has nothing to offer except for jobs but as far as living with integrity, treating people the way we’re supposed to and looking out for each other, that’s almost nonexistent in contemporary society but the elders teach through the ceremonies that life has a different metaphysical approach instead of building a better machine, we focus on building a better person.”*

As he talked, I saw the vast difference in cultures like a giant chasm, like the Grand Canyon. I’m standing on the edge and I’m looking over the immense expanse, absorbing just how little I comprehend about anything, really. To these young men, pain is regarded in a completely different way. There’s obviously a strength, an embracing of what we call pain. They have chosen to experience a sensation that most of us will do anything to avoid.

I remember Anton lying on our bed, screaming in agony. I didn’t know what to do. I was scared and angry. How could he work like this? We had no savings and we had moved far from any place where I would be able to find work as an actress and I had just given birth to our second child; Ari was two. I thought he had been reckless, straining himself physically, knowing that his back was fragile.

Thinking about those ceremonies and the woman dancing while the men stretched their bodies, the whole tribe supporting the efforts of these courageous participants, who, in turn, were dancing for their families and the well-being of the whole, I can imagine a different reaction, as if Anton's pain was all of our pain, the whole family's pain, the whole community's pain, generational pain. I can imagine myself not questioning the *why* of the situation but giving in and trusting that we would be alright by staying connected. I imagine myself embracing his pain, kind of like in the movie *Guardians of the Galaxy* where Peter Quill holds the "Infinity Stone" as he's breaking-up, his skin tearing open like the Sun Dancers. He's dying, so his friends, one-by-one, link hands with him, sharing the fatal power between them as the energy dissipates and the threat subsides. I wish that I had done that, held on to Anton, sharing in his pain, assuring him that we would be all right, that we could handle this, but I couldn't handle it. I just couldn't. That was my weakness, my failure and my fear.

Anton has a series of small, straight scars, laid out on his arms. They're faint now but they come from a time when he used *cutting* to alleviate the pain. I didn't notice them for a while and when I finally asked, he said that Dr. Arty (our friend and psychiatrist) had assured him that it made sense due to the extreme pain he was experiencing. Dr. Arty said that it was "*O.K. Cutting releases a flood of endorphins which may alleviate the other pain.*" That's how it was explained to Anton by Dr. Arty. Anton needed someone or something to listen and hear his pain. By this time, everyone around him, including me, had gone deaf.

I have a dear friend who has spent a good part of the last five years *cutting*. I have known this beautiful young man since he was five years old. He is a brother of three, his parents are very driven, very successful and wealthy. My family has always felt protective over him. I have stayed with him when his folks traveled. He is movie-handsome with so little meat on his bones that shadows follow each turn of the head. He is kind and thoughtful, ready to chat about his pets, his friends, and his family whom he clearly loves. I've asked him to speak about *cutting*, what happens when he *cuts*:

*I have this pain in my head all the time, this throbbing and it won't go away, in the shower, anywhere, I can't make it stop but when I cut, there is a release, the pain from the cutting becomes the "real" pain and it overrides the other pain. It makes the other pain go away.*

*People say I'm being selfish but how can I be selfish if I'm just trying to make something stop? I've ignored it for five years and that didn't help so I'm just trying to do something about it.*

I asked him why he believed people—society—looked down upon cutting. He told me that it has been explained to him that, *"Your body is God's body, when you injure yourself, you injure God"*. This was a very sad thought to me. This explanation makes me angry, leaving no room for my friend's actions, nor his emotional situation. Personally, I'd leave God out of this.

I have read about the dangers that cutting can reveal. An on-line support site states that, *"More severe cases require intense behavioral therapy and psychological evaluation. The treatment regimen in these cases may require the use of medications. The goal for this type of treatment is to treat all underlying psychological disorders and to provide the patient with alternative methods of dealing with powerful negative emotions."* (Intervention support.com).

Sounds like a good time to find a big tree to me. My friend and I talk of the Sun Dancers for a while. He makes the distinction that what he is doing is for himself, centered on himself, and what the dancers are doing is for the community. He comments on the spiritual nature and as we talk about the woman dancing around these young men, supporting them through this odyssey, he quietly says that we don't have that in our culture--Western culture, *"we don't have that kind of community"*. I agree.

## **Suicide**

Suicide was a constant in the back of my mind where Anton was concerned. The immense physical, emotional, and mental pain he grappled with, on a daily basis, was more than I can ever truly comprehend, and I was there, in the house, the entire time. There was a man with nothing

but rainbows in his future--a beautiful, healthy family, good looks, tons of talent, a coveted writing job in television, two masters and two Emmys. And then, slowly, with a determined stealth, pain devoured everything in its path. It took his jobs, his body, his relationships, his self, pain took it all--that snake took it all.

But it didn't get his life. Some mornings, he wouldn't have come home, holed up in his writing studio where he had fallen asleep, or stayed up in pain, tending his condition with distractions--movies, documentaries, porn, pot. I cannot accurately describe those long nights, I wasn't there, but I can imagine how excruciating, how unbearably lonely they must have been. For that I am forever sorry, I am ashamed at my inabilities. I couldn't help him. I didn't have the strength. I am so sorry.

Many mornings, after I had gotten the kids up, fed, and driven them to school, I would creep towards the door of his studio, having already called many times that morning, to no avail. I would listen for movement or sound, preparing myself for a stiff body, blood from wrists, or more likely, something accidental--an overdose. I would knock, call out his name, "*Anton? Are you O.K? Are you awake?*" And after a while, he would answer, sometimes taking a few minutes, but he would always answer. "*What, what, oh hey, yeah, wow, I must've fallen asleep*". And there would be the evidence of the night--wrappers, computer on, an unpleasant smell of body and dope and sadness, so, so sad. The walls were thick with soot from a fire accidentally set, a tipped candle, and so many photos—me, the kids, his mom, his sister. We were never far from his thoughts. This I am sure of.

## **Medical**

### **2017**

I'm reading a book which was given to me the other night when I went out to get some tacos for Ajax. He and I live alone now. I took Ari to college three weeks ago, all the way to Ohio. Three weeks before that, Anthony decided to live with a family in Reno, Nevada. He got himself a full

scholarship at a private school there so that he can have a better shot at scouts seeing him play football. He's a wide receiver and safety. He's a great ball player and he made all this happen by himself. I can't tell him no because I see how much he wants to make something happen, something good and worthy. I also think that he can't stand the thought of living at home without his sister who was his best friend, that and the divorce which has taken its toll on everybody.

Anton has been off opiates for four months now and has followed Anthony up to Reno. He says that he wants to be there for his son and I think it was the only way to get him out of the hovel he was living in for the last year, since I asked him to leave the house--I kicked him out. We had been married for twenty years. We had been married for twenty years...to be clear, it wasn't the disease, but an on-line affair. Too much for me. Just too much.

I think it's a good thing that he goes. He'll need a job and a place to live and that'll be harder to accomplish than he thinks but it's a good change for him. But he's left Ajax. I wanted Ajax to go with him, I said as much but Ajax said that he wasn't going to leave me here alone. I'm really glad he stayed but the day his father drove away, my now ex-husband, it knocked us flat. I could barely breathe. My family was splintering. I wasn't prepared for the loss, neither was Ajax.

So, I'd come to our little Mexican restaurant to buy us some tacos. Ajax and I eat a lot to feel better. We'll have to deal with this fact soon. I saw a friend who told me about this mind-body pain book. She emailed it to me and it's everything I've suspected regarding pain. According to Dr. Sarno, the author who had spent fifty-plus years trying to convince the medical community that eighty-eight percent of back pain is due to emotional oppression, has named this condition, "*TMC- Tension Myositis Syndrome. (Myo means "muscle" ... defined here as a change of state in the muscle that is painful.)*". Sarno has spent his entire career working in the area of mind-body pain with scientifically proven results. In his second book, *Healing Back Pain, the Mind-Body Connection*, he explains:

*"The experience of treating these patients was frustrating and depressing; one could never predict the outcome...someone might have a lumbar disc that was herniated to the left and have pain in the right leg. Along with doubt about the accuracy of conventional diagnoses there came*

*the realization that the primary tissue involved was muscle, specifically the muscles of the neck, shoulders, back and buttocks...88 percent of the people seen had histories of such things as tension or migraine headache, heartburn, hiatus hernia, stomach ulcer, colitis, spastic colon, irritable bowel syndrome, hay fever, asthma, eczema and a variety of other disorders, all of which were strongly suspected of being related to tension. It seemed logical to conclude that their painful muscle condition might also be induced by tension."*

He goes on to explain that if emotions are the source for all this pain, then the only logical course is to address these emotions instead of all the physical techniques that doctors have been utilizing with pretty poor results. I am reminded of Anton's three back surgeries.

The following week, I hear that a documentary has been made about Dr. Sarno, playing for one night in Tucson. I go. When I arrive, the sun is setting and it's that beautiful time of night with cool air that is romantic and scrumptious. I am acutely aware of my singleness but then I notice ones and twos, dragging themselves to the theater. Some have canes, some limp and push themselves onward. Everyone is hunched forward, everyone is strained. I might be alone but I'm upright. The theater dims and a voice begins to tell of Sarno's life. The film maker has chronic back pain too, the reason behind his dedication to the project.

*"What Dr. Sarno Tells His Patients: Resume physical activity. It won't hurt you. Talk to your brain: tell it you won't take it anymore. Stop all physical treatments for your back. They may be blocking your recovery. Don't: Repress your anger or emotions. They can give you a pain in the back. Think of yourself as being injured. Psychological conditioning contributes to ongoing back pain. Be intimidated by back pain. You have the power to overcome it."*

I sat up straight and was filled with a warming sensation. Everyone in these seats had been afflicted with this struggle. The emotion was palpable. I wanted to hold hands with my neighbor who was eating popcorn too loudly, her bag crackling with an intense rudeness. I could forgive her. I wanted to yell out over the seats, *"I know what you've been through, I know your pain."* And I knew that I didn't *really* know their pain, but I was still part of the tribe, the pain tribe.

I finished the book. It stated the familiar, I recognized my husband, my brother. I recall a time that I too, had experienced acute shoulder pain. Funny how I had forgotten—I was the lead in a play, requiring massage and Tylenol. It continued for a few years and had ended with my first pregnancy. I had assumed ligament relaxation due to hormones. *“People who get TMS are often intensely competitive, success oriented, achieving and usually very accomplished. In our culture success often requires the ability to compete effectively, and they do. They are accustomed to putting a great deal of pressure on themselves and often feel as though they have not done enough.”*

The book details the connection between emotion and this specific type of physical pain, *“emotions that are generated in the unconscious mind and that, to a large extent, remain there...Many of them are either unpleasant, painful or embarrassing, in some way unacceptable to us and/or society, and so we repress them. The kinds of feelings referred to are anxiety, anger and low self-esteem (feelings of inferiority). They are repressed because the mind doesn’t want us to experience them, nor does it want them to be seen by the outside world.”*

This information rings true to me. I had been raised around anger. My father, a very angry man, was afflicted with severe back pain during my childhood, which I’d forgotten, screaming at us when the car broke down or when I had spilled a glass of milk. I also know this: Anton was abused as a child. His mother smacked him upside his head, hard. I suspect that he was sexually molested as a child—he spoke of strange encounters with babysitters and a tennis coach. I know that his mother was an alcoholic and abused drugs much of his life and as stated earlier, after returning from Vietnam, his father drank heavily, enjoying every vice known to modern man, only stopping two years ago when at seventy-eight, my sister-in-law moved him into her home and cut him off.

*“You don’t want to meet her, trust me.”* Anton warns as I push to meet his mother. *“What can go wrong, I get along with everybody?”* I respond. I should have listened. Flying down to West Palm Beach, we’re picked up by a beautiful, mid 60’s, enthusiastic hostess and her wealthy husband. We were whisked off to a fancy restaurant in a privately driven, black sedan. Festive

chatting ensued, large cocktails and a slab of seared, pink tuna was set in front of me...and then it started to swerve. She's slurry, "*Shut up, this isn't your conversation to have*". Anton yells, the stepfather murmured subdued recriminations. Tears ran down my face into a thirty-dollar entre. I'm frozen, never having been spoken to this way, by a stranger.

Anton and I walked home--ninety minutes. His parents whizzed by in their chauffeured car. The next morning, "*Pancakes are ready!*", as if nothing had happened. No "*Sorry*", no, "*Wow, that got a bit out of hand.*"--no noth'n. Welcome to alcoholism. To say that Anton struggled with a complicated past is an understatement. Anger, anxiety, suppressed emotions? Yeah, he had them.

## Chapter 4

### Family B

#### Beth

*So, it was apparent to me right away because on my first...well...I remember when I came out here, he had a horrible migraine, we were at the Saguaro Credit Union, and he had to go in there and he came back out and we were in his truck and he laid down and put his head on my lap and we were sitting there in the truck, he felt so awful. So then, that's when I realized that this is not just your, "oh, my God, I have a headache." He was lying down in the parking lot. And shortly after I moved here, I remember encouraging him to find something to treat his headaches. He went to Arty because he didn't know where else to go, and Arty gave him Fianeral which is a narcotic and caffeine, this was early '91. And, at first, it worked. It's funny, I remember something you said to us at about that time, I remember you said, "You guys take things?"*

So, I now attempt to explain such rudeness, launching into the history about *est* and what we learned there and I explain the belief that, "when your body is hurting, it is trying to talk to you, and if you do not listen, it won't stop talking" and I know that I sound like a real asshole and I tell her as much, but I still believe what I'm saying, I still believe that you have to listen. And I reiterate that I have never experienced their pain. I know that, and I try to keep that in mind. But then there's that subtle judgment. I believed that sick meant irresponsible, right? If you are the *maker* of your life, then getting sick was *your* doing, *your* fault, and why would you do that? I laugh as I explained that in my house, as my kids were growing up, every morning I would line up *stuff* for them to take; emergen-c, a drop of iodine, vitamins, supplements, shots of coconut oil

in an ounce of grapefruit juice, and it was all tailor made, different things for each kid, depending on their physical situation, nasty stuff that, to this day, they complain about, telling me that I've ruined grass lawns for them cuz they had to gulp wheat grass shots and the smell brings on nausea as opposed to the delight of a freshly cut meadow.

## **Support**

### **Beth**

*I felt like I wanted to support Ben and I didn't know what he needed for support and he didn't know what he needed, and I also knew that I didn't want to contribute to the pain, but if you're unsure of what the triggers are you don't know if you're contributing to the pain or if you're helping, but we knew that some contributors for him were diet. So I was careful. Sometimes I blew it. Sometimes I would feed him something and he would get a horrible headache and that's not a good feeling. But I knew it was all trial and error.*

She laughs. *There was one Christmas when your brother (the engineer) sent us one of those boxes of Harry and David pears, you know, they're so good and he ate one and ended up in the ER, you know, ripe fruit. You get those pears and they're just perfect (free glutamates, a natural additive, in the category of no-no's). Ben can't eat leftovers, you know, they get better but there's something in that process that breaks down and there's something about that, releasing these things that can trigger migraines in certain people.*

I asked her how she found that out and she told me that there was a woman named Doctor Foster who's a neurologist in Phoenix. Beth explains that her approach to treating migraine is strictly diet driven. Beth struggles as she tries to explain: *I feel like, for some people, most of us don't eat well, and our country doesn't give us good food to eat, so there's that whole thing...restaurants. It's getting a little bit better but it's not cheap and still traveling, in airports, it's really hard to find something that's good for me to eat, not for migraines but just as someone who watches what they eat. There are people for whom, what they eat is a huge migraine trigger and Dr.*

*Carol Foster, her practice is based on that idea, so we got a lot of information from her. We cut out, I say we because that's how I started preparing food, so I started eating that way too. It's just easier. It's the only way to do it.*

There's something really important that Beth just said—*we*, not *you*, not, *you have to change*. There's that distinction--community or blame. Are we dancing as a tribe, or are you an addict—a problem, at fault? This point is very tricky because our culture revels in individualism—pick-yourself-up-by-your-boot-straps-stuff. (Which in itself is a lie—no one accomplishes anything completely alone). But it's also easier to blame the victim with this cultural construct. If it's your fault, I don't have to help you and I'm certainly not to blame--not me, not the doctors, not the pharmaceutical companies, not the government, just you, you're the problem so you have to fix it. I smell a rat—a snake. I vacillated—sometimes we were a tribe, sometimes he was the addict at fault. Even the wordage has changed—*addiction is a disease, opioid misuse*. Both true, but then where is the personal accountability? Both, right? All true and much more... complicated.

Our mother had migraines too, but not as debilitating. Beth and I talk about what she did, systematically removing each item from her diet that was known to be a common trigger--olives, coffee, chocolate, wheat, tomatoes, then adding back, one item at a time for two weeks, until she knew what did and didn't trigger a headache.

She and my stepfather (this was many years after the boppers) lived on a stunning forty-acre, gentleman's farm in southern Illinois. It was like a picture book with a weathered twenty one-room farmhouse, silos, and barns, a tractor garage, and a small pond where geese would fly in every spring, raising their chicks on a nest that my parents built especially for them. There was a small fruit orchard and a fabulous garden that my stepdad tended.

The summer that my mother was experimenting with her diet, I visited. The vines were covered with ample, ripe tomatoes that no one had picked. If my mother couldn't eat them, well then, neither would my stepdad--tribe. I remember contemplating the depth of his love for her. Food was nothing compared to my mother's well-being. So, there they grew, destined to rot on the vine as the experiment continued. It turns out that mom can eat tomatoes, but never in a day-old

sauce. She also has to avoid wheat, caffeine, all natural-additives, grapes, wines and certain vinegars.

I ask Beth how they discovered this idea of diet: *It must have been when we were up in Phoenix, so this was pre-internet but we were talking to whoever we could find to talk to, and somebody gave us her name and we went to see her and she had a big practice and one of the things she did was, she was very interested in sharing information, she's a neurologist, an MD, and that was very unusual and one of the things she did was she had a room with a table full of things she felt people with migraines could eat like, "Try this kind of mayonnaise and try this cracker." It was all pre-boxed food, canned food but there were certain companies that made stuff without the additives and stuff, and she's the one that taught us that the term, "natural flavors" can...you can have a certain amount of MSG in a food and if it's below a threshold, you can call it a natural flavor and you don't have to call it MSG, because a lot of people don't eat MSG for various reasons. But a lot of people don't know they're eating it.*

This is when I imagine the two of us, really, the entire population, laughing it up—drinking, eating, lounging in front of the TV, all the while, the giant, glistening beast is surreptitiously tightening around us all. I'm also getting to know this beast—apathy, ignorance, deception...greed. Yes, a bit dramatic but nonetheless, true. Companies would like us to believe that fast food is good food, a quick fix is the best fix, the body can be cured with a pill—buy, buy, buy. This is what I'm learning—to listen.

*So we went through this, no natural flavors, you know, all that kind of stuff, cooking stuff at home. Mostly, you know. Now that I've been doing it for a long time, it seems like the right thing to do--you buy fresh produce and protein and you cook it, and that's what you eat and then you freeze portions and you know, you have it later, but it's not what most people in our country do. She did that so (my mom) we saw her a lot, what she didn't talk about was gluten and I think for a lot of people, they have gluten intolerance. Like in my family alone, I get inflammation when I eat gluten, Ben gets migraines and Bea gets these freak-out episodes where she'll just...so, you know, we have reasons to not eat gluten.*

I ask about the fact that Ben would not always stick to this diet: *What's tricky is going out to eat, or being invited to someone's house, a party, so, yeah, he wouldn't always do it. Another place where he wouldn't do it is if he were out and he was hungry, or tired, or cranky, or wanting comfort, and he'd stop at, wherever, McDonalds, or wherever and he'd eat crap, knowing that...*

So, now the question comes up as to the ability to separate our husband's actions, despite the apparent recklessness, from our own reactions *to* them. I tell the story that happened just this last summer, where Anton, who, after three months off opiates, goes on a bike ride, traveling just far enough where he believes that he can return safely. He runs into an old friend, stops to talk, stays too long as his body starts to shut down, takes a short-cut through the desert, cramps-up, has no water and has taken Creatine, which dehydrates your muscles, and is unable to walk, commences to txt urgent "help me" messages to all of the family. My son, thinking that his dad is in grave danger, and not really understanding where he is, drives recklessly through the desert, slides off the road, gets his truck stuck, still frightened for his father, runs, in his socks (he's wearing slides) till he comes upon Anton, cramping-up, unable to walk for more than five steps before he buckles over, moaning, also in his socks (he had ridden in clip-on bicycle shoes) having left his bike somewhere back in the desert. Anthony starts texting me frantically, I drive out to find two, six foot-plus, black men walking in the desert, in their socks as the few white folks that live out there, peek out from their windows, watching. No one asks them if they need help, and as I get to them, Anton is yelling at Anthony as to why he is in his socks and where is his truck. I bring Anton back to his studio and sure enough, as we're retrieving Anthony's truck, a cop arrives, not too friendly, alluding to the fact that he could ticket Anthony for speeding, obvious to him due to the skid marks in the dirt road.

After getting the truck pulled out of the ditch, calming my sixteen-year old son and returning to check up on Anton (meanwhile, Ari has been trying to contact her father due to the fifty-plus messages saying things like, "I need fucking help!!, I'm in the desert!!, Come get me!!!") I find him talking to my father. I overhear him speaking of the pure joy, the euphoria, the elation to ride again, "*like flying*", he says. But I can't appreciate the fact that this may be the first time that

Anton has felt alive again, or able, or close to a self that was lost decades ago. He said, “*I had no pain!*”

No, I was pissed. Half the day had gone to a crisis of his making due to reckless decisions, and like so many other times, it had fallen on me, and now, the eldest kids, to intervene, saving him from what could have been a deadly situation. *But he had felt no pain.* But a car now needed hundreds of dollars’ worth of repair. A six-pack of beer and a thank you had gone to our good friend who was kind enough to come and pull out Anthony’s truck and a ticket was barely avoided. *But he had felt no pain,* after how many years, how much had been lost, what had been found? Looking back to this event, I, once again, see my shortcomings. At any point, I could have turned these crises into celebrations, laughing at the near misses, the luck, the blessings, instead, I went straight to blame, shame, and condemnation.

It is clear to me now, that it is the *outlook* that creates one’s reality, how one accepts what *is*--non-judgement--forgiveness. One night, on the return from the last job Anton had before his seven-year work hiatus, he called me: *You’re not going to believe what just happened. I woke-up flying through the air!* He had fallen asleep on the freeway, going eighty miles an hour, and veered off onto a construction area where, upon waking, had hit a gravel-made ramp, shooting himself into the air and, staying straight, had landed safely where he had come to a complete stop. He was elated. He was pumped full of narcotics too. He said, “*Isn’t that amazing? I could have died but I didn’t. I woke up in the air, flying through the air!*” I was numb. He asked me what was wrong, why was I angry, he was safe? I felt that snake’s mouth opening—I couldn’t move.

Beth attempts to articulate this by saying: “*So, I know that I’ve grown a lot in the twenty-five-plus odd years and here’s an adult that is choosing to do something that might not be the best choice, sometimes I’ll say something, sometimes I don’t even know that he’s doing something till after the fact, so you can’t say anything, but I’m much better at saying, O.K., he’s an adult and that’s him doing his thing. I don’t stress out nearly as much as I used to, because I can’t control it. I used to try to control it, and it’s not possible. The other thing that I’m super*

*aware of, that became a very big factor for us, was that prolonged use of opiates impairs judgement so, you have somebody who knows that 'I shouldn't eat this' or 'I shouldn't be outside for this many hours' or 'I shouldn't be up this late', or whatever it is, but, when they've been on opiates for so long they can rationalize it or, their judgement is not right, I'm not sure what it is in their brain, if they forget or they can say, 'well it doesn't matter', or 'this time it's O.K.', I don't know what it is . I certainly was never able to get Ben to articulate it because I tried.*

Beth talks about my brother like he was a child, but she was right. *I've learned, never in the moment but you know, the next day, or the day after, I'll go, 'Why did you do that,' and you know with Ben, he could do one thing that, maybe he wasn't supposed to, or maybe even two, but if he did three little things that he shouldn't, sometimes he'd get a horrible migraine but, the whole impaired judgment thing, that was one of the most awful side-effects of the addiction and nothing I could do anything about, or him [either], for that matter.*

Beth has just described the Al-Anon Family Group Three C's, *"I didn't cause it, I can't control it and I can't cure it."* Al-Anon is the support group for families of addicts, an off-shoot of AA—Alcoholics Anonymous. I often thought that I should be attending those meetings, my children too. Obviously it would have given me clarity and support. Never too late to start.

However, I'm slightly incredulous, wondering if Beth is able to reserve judgement, this is something that Ben is now unable to do, our husbands are now disabled, mentally disabled. She says, *yeah, he's not in charge anymore.* I asked her when she was able to make this distinction. She couldn't remember.

## **Harm**

Yes, this is what the doctors don't tell you: prolonged use of opiates impair judgment. But here's another dirty little secret that is kept from the patient too: opiates *amplify* pain. There's even a name for it--*hyperalgesia*. There were many times when, due to the lack of prescription refills, Anton, after days of excruciating detox and withdrawal, would come out the other side

exclaiming, “*My pain is much less, I feel pretty good.*” And we would discuss the possibility of decreasing his drug intake, but slowly, or quickly, within a month, or a week, he would be back up to the original dosage. This is also why overdose is so common. After detox, a user will revert to their original dosage and it will stop their breathing and they will suffocate—that fast.

When he finally found doctors who offered an alternative option for a pain free life, they explained to him the concept of hyperalgesia. He came back from the Cleveland Clinic where he had been treated, and stated, in complete seriousness, “*I’ve been suffering from Hyperalgesia, my pain is worse when on opiates.*” I just looked at him, clearly, the many conversations surrounding this topic had vanished, regardless of the many times that I had suggested just that. By this point, there was nothing to say. On the up-side, the alternative, while very expensive (paid for by his new, wealthy girlfriend—thank you Facebook) was called a Ketamine bath.

This is a popular anesthesia from the sixties made use in the Vietnam War as well as in veterinary medicine. The World Health Organization lists it as one of their *Essential Medicines*. Harvard Health Publishing states this: “*Ketamine was once used mainly as an anesthetic on battlefields and in operating rooms. Now this medication is gaining ground as a promising treatment for some cases of major depression, which is the leading cause of disability worldwide.*”

My understanding is that, while treating depression, it was noticed that Ketamine alleviated pain too, particularly *nerve* pain which is what Anton suffered from. I really can’t speak in depth about this experience. Anton had already moved out. But I do know that, as a participant at the Cleveland Clinic, Anton had to wean himself off of opioids...finally. This must have taken incredible courage, tenacity and determination. And I do know that for stretches of time—three to six months, he was pain free, for the first time in over a decade. Life is funny that way. We never could have afforded this option--thousands of dollars for each treatment, but “*she*” could, and for that I am eternally grateful.

But the Harvard Health Publishing explains that: “*Like opioids, ketamine has addictive properties. It’s important to understand this when weighing risks and benefits. If you have a*

*history of substance abuse — such as alcohol or drugs — it’s especially important for you and your doctor to consider whether ketamine is a good option for you.”* Like I said, this took place after Anton had moved out. I can imagine that, for him, the risks were worth it—pain free means a life again, whatever the cost.

## Chapter 5

### Opioids

I've found an online site for detox assistance hosted by the company Novus Detox. They begin by recalling the historical use of whiskey to numb the pain in patients, then they explain how Novocain is used to treat a rotten tooth when it must be pulled, highlighting the fact that if the tooth was not pulled, when the Novacaine wore off, the pain would still be there. This is a simple example, but it highlights the point that if the underlying cause of the initial pain is not dealt with, regardless of opiate use, the actual pain will not subside. They state that, *“Unfortunately, since the cause of the pain has not been addressed, the underlying problem will almost always get worse. This form of medical treatment would be like the dentist never finding the tooth that was creating the pain and just administering Novocain.”* They continue, explaining that, *“opioid receptors become less sensitive to the opioids, and larger doses were required to achieve the same stimulation of the receptors which would produce enough endorphins to control the pain. This is called drug tolerance and is a common occurrence with certain types of drugs.”*

Now anyone that has dealt with long-term opiate use knows this--the longer you use it, the more you need. By 2005, Anton's pain management doctor was prescribing seven hundred milligrams a day, stating that this would be the norm for the rest of his life, and given his age (he was thirty nine) this was the only way to provide the quality of life that he deserved. This doctor has since had his license revoked when, in 2015, he was indicted for illegal narcotic prescriptions. But this is where it gets interesting:

*“Many people who are prescribed opioids, like OxyContin for pain find that they have to continually increase the dosage of opioids they take in order to get the same pain relief. In some cases, this increase in opioid dosage was required because the opioid receptors became less sensitive to the opioids, and larger doses were required to achieve the same stimulation of the receptors which would produce enough endorphins to control the pain. This is called drug*

*tolerance and is a common occurrence with certain types of drugs.” They then conclude, “In addition to letting the cause of the pain worsen, there is a growing consensus among medical professionals that continued use of opioids like OxyContin will actually increase the pain. Pain signals are sent to the brain by a sensory receptor cell called a nociceptor. Hyperalgesia means an increased sensitivity to pain. Sometimes this is caused by damage to the nociceptors...An increasing number of medical researchers are concluding that opioid-induced hyperalgesia is a real condition.”*

They go on to cite data collected from various studies that state the apparent outcome of long-term opiate use:

1. “In the November 13, 2003 New England Journal of Medicine, Dr. Ballantyne and Dr. Mao published “*Opioid Therapy for Chronic Pain*”. One of their conclusions was, “*Long-term use of opioids may also be associated with the development of abnormal sensitivity to pain, and both preclinical and clinical studies suggest that opioid-induced abnormal pain sensitivity has much in common with the cellular mechanisms of neuropathic pain. ...Thus, the need for dose escalation during opioid therapy – that is, the development of “apparent” opioid tolerance – may be the result of pharmacologic opioid tolerance, opioid-induced abnormal pain sensitivity, or disease progression.*”
2. The next study was published in Anesthesiology: Volume 104(3) March 2006, “ Dr. Wilder-Smith and Dr. Arendt-Nielsen point out, “*We therefore have early evidence that opioids may cause hyperalgesia and that this can negatively impact early pain outcomes.*”
3. “*Dr. J. C. Ballantyne made four compelling points. First, there is no strong evidence supporting the long-term use of opioids for pain. Second, there is strong evidence of the opioids increasing pain. Third, the idea that it is all right to increase opioid dosages as tolerance increases is in serious doubt. Fourth, epidemiological (study of disease origin) studies are less positive, and report failure of opioids to improve QOL (quality of life) in chronic pain patients.*” (Pain Physician, 2007 May;10:479-91)

4. In the Journal of Pain 2006: 125: 172-179, Dr. Eriksen states, “...it is remarkable that opioid treatment of long term/chronic non-cancer pain does not seem to fulfill any of the key outcome opioid treatment goals: pain relief, improved quality of life and improved functional capacity.”
5. And, lastly, in the February, 2008, issue of PAIN, the publication of the International Association For The Study of Pain, states, “Clinicians should consider the possibility of OIH (opioid induced hyperalgesia) when contemplating an adjustment of opioid dose when (1) previous opioid dose escalation has failed to provide the expected analgesic effect and (2) there is an inexplicable exacerbation of pain after an initial period of effective opioid analgesia. Increasing opioid dose may not always be the answer to ineffective opioid therapy, and under certain circumstances a smaller amount of opioid may lead to more effective pain reduction.”

In the end, all state the obvious:

- *“OxyContin, methadone and the other opioids prescribed for “pain” are causing thousands of overdoses and deaths;*
- *Doctors have prescribed a growing number of people very high doses of opioids but the patients still find that their pain has increased;*
- *Dangerously high doses of opioids can lead to an overdose and even death;*
- *When someone reduces the amount of opioids in a detox, the level of pain normally reduces without any other treatments;*
- *When someone reduces the amount of opioids and also has the cause of the pain addressed, they often end up drug-free and also with a much lower amount of pain.”*

They rightly end with the *“demand that the medical community and the FDA actually work to handle the cause of pain and not just give opioids that all too often don’t lessen the pain but make the person an addict.”*

So, there it is, all spelled out in plain language that we can understand, written by doctors and pain specialists and pain management—2003, 2006, 2007, 2008! So why were these drugs

prescribed to my husband for twenty years? Why are opioids used in the area of pain treatment at all, given the fact that they don't work? Do doctors know these studies? When they prescribe opiates, do they understand the risks involved? And, of course, there is the oath--First, do no harm. Understand, these questions are rhetorical, I do not need anyone explaining why these events are happening, but the questions are important, the answers can save lives.

When I was four or five, my family would picnic at a popular canyon where a large, shallow stream traveled through the granite boulders and brush. The hills snuggled close to us as we stepped through the rocks, turning things over, searching for stuff. It made for a lovely day and we have photos of hunched children and relaxed parents. I remember coming upon two small, striped snakes up against a dirt embankment. One had twisted itself around the other and was squeezing, tighter and tighter. The other had its mouth wide open as its life was forcibly leaving. I watched just a foot or two away. I couldn't help at the time but now, thinking back, how easy it would have been, to break the two apart, ending the slow agony of unbalanced power. Instead, I walked away, telling no one what I had seen.

### **Family C**

I met Carissa at the library. When Ariella was two and Anthony was six months, I started a reading hour for toddlers. I would read books and sing songs to a small group of kids every Wednesday morning. Carissa joined us with her two-year old Chrystal. It turned out that Chris, the father and husband, had gone to school with me, just two years my junior. Carissa is now one of my closest companions and her beautiful and talented daughter is family too--one of Ari's oldest friends. These women are the kindest women I know, gentle and thoughtful and unassuming. They both have a deep love and tolerance for others, and are quick to laugh. Carissa works with an ancient breed of horses, Chrystal creates intricate drawings and adorable cartoons of her friends. They are both bone-thin with sculpted faces that rival many models. Carissa and I

sit in my living room with hot tea, it's obviously a safer place for her here. Chris is still at home during the day. She begins with the memories of his initial pain:

## **Carissa**

*I can't remember exactly as to when it all started. I know he's had migraines since he was a teenager, about twelve or thirteen. He had heat stroke a lot. They'd treat it with ice but only after the fact. So, yeah, it's been there all along, but it got worse and worse. I ask her when Chris' parents split. She says when Chrystal was about four. So yeah, there was alcoholism, she (her mother-in-law) was always hopeful, dealing with alcoholism then soberness then alcoholism again, starting with her father (Chris' grandfather--generational addiction) then marrying one, so yeah, it was just recent. It upsets him that they split, he wasn't happy with that, you know, putting up with each other all that time then splitting up with each other right when Chrystal was little, her grandparents, he wasn't cool with that.*

*They had been through a lot before that ever happened and then the catalyst was that Dad (Chris' father) started drinking again after seven years of sobriety, of course, sneaky, she found bottles hidden away. She came home one time, you know....She had been taking care of Chrystal all that time. I was still working when she left. Whenever I couldn't take care of Chrystal, Mom (Chris' mother) was there so it changed things for us a bit. God, it was so long ago.*

*Chris had started taking care of her (Chrystal) right away because he started having blindness from his headaches...so he couldn't operate heavy equipment anymore...so he tried to do things that were safer like he did weed-eating for a little while, for a few years, and taking care of Chrystal and eventually that got to be where he was not dependable enough to be--you know--he had all these lists of phone numbers, people would call him all the time--"I'm ready for the weed-eating", and he just couldn't keep up with it anymore because the migraines would just kick in, then he's down for three days then, what is that called--"you're not dependable so we're*

*going to call someone else”...eventually--“I can’t do that anymore, I can’t keep up”... there’s just too many sick days...I guess that’s just what it is.*

*And that was, see I don’t know if that’s when the opiates started. He was on Maxell, he was on all the other ones that melts under your tongue and eventually you get a taste-pain association and it tastes so nasty and it melts under your tongue that somehow, the pain and the taste, that was all associated and it stopped working and he was in that position that you were talking about, where you’re in so much pain, so often that you just want to die; you’ll say and do anything to just stop the pain and your family members are also feeling like they’ll do anything to stop the pain, you know...get on whatever, get on the heavy stuff that you’ve been avoiding all these years, whatever you have to do to stop the pain. The whole thing was to break the cycle of pain--the cycle of pain--all these other things that [are] associated with pain will start healing right? So let’s break this cycle of pain, let’s get these stupid opiates that we’ve been avoiding all this time!*

This is the story told by thousands, millions, right? Too much pain and no way to fix it but with the “*real stuff*,” the stuff that by now, folks have an inkling may come with a risk, a price, but what are the options at this point? Understanding that Chris’ story seems repetitive, chaotic, boring even, to my friend it is not just a “story”, it is the daily, hourly life that they lead, attempting to fix what was breaking.

*Chris did not want to go on any heavy...he didn’t want to feel...he didn’t want to be buzzing, or what do you call that? He didn’t want to be high from his migraine medicine. He just wanted his pain to go away. He’s always going with these other medications, they’re usually seizure medications or depression medications, blood pressure medications, epileptic medications. Then you’re on both! You’re on anti-epileptic and you’re on anti-seizure, blood-pressure raising medicine, for years and years. He had that and then we went on the “Forks and Knives” diet when his doctor told him, “If you don’t change your diet you’ll probably have about three years.” his cholesterol was so bad. His weight would go up and down depending upon what medication--that’s another thing, the medications, depending on what it is, can cause you to gain*

*a lot of weight because you're just doing nothing, cuz it's too hot out! This doctor was the first one to talk about diet, "Eat fish." "Oh? What about fish oil?" "Eat fish! Don't take pills of fish oil-- you eat fish, you eat vegetables."*

*She then goes through the list of doctor's directives: X,Y,Z, then back to Y again--stop all dairy--stop all wheat. So, did it help? It lowered Chris' cholesterol, he felt generally better, you know, we're doing lots of things, hoping he'll feel better, Maybe it's not a cure but it'll help cuz always in the back of our mind we'd know there wasn't a cure for migraines, none that anybody figured out. Yet, although there's things that make you feel better, people have said help, like meditation, things that Chris doesn't do yet. She giggles while saying this.*

*So, finally, after years and years, I read an article that said, you have to go to a specialist, a headache specialist, or a migraine specialist, don't go to a neurologist, don't go to a pain specialist, go to a headache or migraine specialist...aspirin, caffeine, barbiturate and opiates, in one pill-Fiorinal. So, he got put on that and he was told to take it whenever he had pain because we were going to stop the cycle of pain and all that comes with it and we were like, ooooo, a magic pill and you even believe there's improvement when there isn't any.*

*Her slender fingers were waving around, menacingly, as if this is a story of danger and redemption—which it is. And while for many, if not most, these details might come off as tedious, repetitive, a bit monotonous, to me, there is a relief. I am hearing my life told back to me. And if her life is my life then I am not crazy, nor is it a secret I must keep from my closest friends, from my own family.*

*If you're in pain, you will not become addicted, have you heard that before? You will not get addicted to this, he was told. The general idea was that if you're in pain and you take these heavy-duty things, you will not get addicted because you're taking them for a reason. I was getting on Chris cuz I thought he was taking more than he should. When I first started noticing it was when he would run out cuz of the fucking pharmacy bullshit cuz they won't refill it. That whole 'not filling it and letting the patient have none', and then it was like, good grief, you know, chill out, you'll get your pain medicine. "God damn it! I'm going to go down there and rarara*

*and god damn it! How can they do this? They said I was supposed to have these pills” and I was thinking, he’s kind of acting like he’s addicted or like he’s, you know, it’s like, are you having a migraine right now? If you’re not having one, then you’re wondering, ‘he’s addicted to these.’ So, anyways, I asked the doctor, Doctor Green, and he says, “No, you’re not going to get addicted to these. Take them every single time, we’re trying to break the cycle of pain.”*

*So, then he’s told, “O.K., anytime you’re having a migraine, or you think you’re having a migraine, take one.” So, that’s when he started taking more. Then he was taking them cuz he felt like shit—“My life sucks, everybody’s pissed off.” But then—“I’ve taken two pills, how many pills did I take? Was that yesterday, was that today?” Then, four or five pills later, because you’re so high—“Maybe I took too many, I think I’m having a heart attack.” And that’s like five pills later, because he forgot that he took the first two. He was so angry. I’d avoid him, yelling and being so unpleasant, he would go to his room, watch T.V., or sleep. I really did avoid him, I have to say, it was so unpleasant and then I was working and then, ‘I have to work, I’m out of here’ thank God for 12-hour shifts or 14-hour shifts.*

I believe this description reveals the true cost, the true challenge—day after day, after day, after day, after day, after day. Relentless, relief-less, never-ending pain. This is where tenacity is required, a steely grit like no other. And there are no badges, no awards, nor Medals of Honor, in fact, there is barely a witness. This performance is done without a stage, no audience in the seats.

*He’s been such a guinea pig, combinations of medicines, vitamins and minerals and stuff, diet changes, you know, he calls it genie pigging because it just goes on and on, you know, try this for three months, sometimes after three days, like, oh no, no, no, this is not the stuff, it’s not working out for me, you know, when it was a seizure medicine or an anti-depressant medicine, high blood pressure medicine, it was like the doctors didn’t know what to do, they’re just throwing whatever, something that might of helped someone, sometime, or all this alpha-antagonistic, all those mystery words that they’re using, oh, it’s an alpha blocker, so it blocks that pain signal from getting here to there, that’s why we’re putting him on a seizure medication even though he’s not epileptic, he was on Gabapentin, an antidepressant, like four*

*different things with Gabapentin and Gabapentin is a nerve drug, it started out as anti-epileptic and then they found out it was anti-seizure, benefits, some people have bladder control problems and then it took care of that.*

## **The Medical Community**

### **1928**

In 1928, Charles E. Terry and Mildred Pellens wrote, *“The Opium Problem,”* a two-inch thick book detailing opiates in America. In 1970, in the forward of a re-printing of this same book, author John C. Bell refers to it as *“the single most comprehensive book in the field—it is a veritable encyclopedia of drug addiction.”* He goes on to explain the five categories covered: *“(1) The history of the problem in the United States... (2) the life course of addiction from onset to death... (3) the medical aspects of addiction, including the phenomenon of tolerance, dependence and withdrawal, (4)... treatment programs, and (5) legal control of opium abuse...”* It is thorough, thorough, thorough. Every doctor in the United States should be required to read this from cover to cover, then they may think twice before prescribing opiates.

There is not a page one can turn to that does not read as if written today: 1914--*“the sufferer from this disease has too long been the object of contempt of well-meaning but muddled moralists...morphinism is a disease, in the majority cases, initiated sustained and left uncured by members of the medical profession.”* And when writing on the topic of withdrawal, Foster Kennedy states, *“Against such collapse and pain the unaided will is as powerless as it is to control the amount of air entering the lungs. The analogy is perhaps completely sound, for the deprivation of oxygen results also in the rapid accumulation of poisonous waste against the onslaught of which we have only an acutely limited voluntary control.”* However, it is his conclusion that hits so close to home, *“Such deterioration as sometimes occurs in the morphine addict, malgré lui, is partly the result of his chronic autointoxication...and largely the reaction*

*to the attitude of his fellows which confounds disease with viciousness and makes the confessed morphinist a social pariah...Thus morphinism is not an unmoral or a demented, but a physical condition, a disease state, of the inception of which the sufferer is usually innocent,”*

Alexander Lambert, stated this thought even more succinctly in 1921: “*Morphinism is still looked upon as a vise, deliberately acquired, not as a misfortune sometimes accidentally inflicted on the patient by the physician.*” There are pages of this stuff (1042 to be exact) all written a hundred years ago—A HUNDRED YEARS AGO!

The book is filled with copies of detailed graphs documenting state-by-state, county-by-county—1878 (140 years ago) Michigan. Users were referred to as “*opium eaters*”.

TABLE I\* (continued)

Showing the number of Opium and Morphine Eaters, with the Number of Each Sex, Reported in 96 Cities, Villages and Townships of the State, with the Population of Each Place, Including the Township in which it is Situated, according to the State Census of 1874.

City, village or township	County	Population including township, 1874	Opium eaters			Morphine eaters			Total opium and morphine eaters
			Males	Fe-males	Total	Males	Fe-males	Total	
Ovid.....	Clinton	2,533	2	6	8	1	7	8	16
Owosso.....	Shiawassee	3,498	2	4	6	3	6	9	15
Oxford.....	Oakland	1,342	1	3	4	1	2	3	7
Palo.....	Ionia	1,324	0	0	0	1	1	2	2
Peck.....	Sanilac	1,185	0	0	0	0	0	0	0
Petersburg.....	Monroe	1,648	1	1	2	0	1	1	3
Petoskey.....	Emmet	315	4	1	5	0	1	1	6
Pinkney.....	Livingston	1,213	0	3	3	0	3	3	6
Plymouth.....	Wayne	3,009	1	1	2	0	3	3	5
Pontiac.....	Oakland	4,672	6	7	13	3	12	15	28
Portland.....	Ionia	2,596	5	9	14	9	17	26	40
Prairieville.....	Barry	1,168	0	0	0	0	4	4	4
Richland.....	Kalamazoo	1,255	0	1	1	0	0	0	1
Rockford.....	Kent	2,591	3	4	7	0	1	1	8
Shelby.....	Oceana	799	0	0	0	0	1	1	1
South Cass.....	Ionia	1,087	1	4	5	0	0	0	5
St. Charles.....	Saginaw	1,341	1	5	6	0	2	2	8
St. Joseph.....	St. Joseph	3,288	5	5	10	9	10	19	29
Stockbridge.....	Ingham	872	1	0	1	1	2	3	4
Stoneville.....	Marquette	1,098	0	0	0	0	0	0	0
Tecumseh.....	Lenawee	2,543	5	7	12	4	9	13	25
Thornville.....	Lapeer	1,668	0	0	0	2	3	5	5
Unadilla.....	Livingston	1,066	0	0	0	2	2	4	4
Union City.....	Branch	2,250	3	4	7	2	3	5	12
Utica.....	Macomb	1,581	3	4	7	2	3	5	12
Vernon.....	Shiawassee	1,785	1	2	3	4	6	10	13
Wacousta.....	Clinton	1,298	2	2	4	0	1	1	5
Walled Lake.....	Oakland	1,276	2	2	4	0	0	0	4
Wayne.....	Wayne	3,127	7	5	12	4	6	10	22
Whitehall.....	Muskegon	1,323	3	6	9	3	6	9	18
Williamston.....	Ingham	1,405	1	5	6	1	6	7	13
Wyandotte.....	Wayne	3,338	1	0	1	0	0	0	1
Totals.....		225,633	275	355	630	235	448	683	1,313

\* From—"The Opium Habit in Michigan," by O. Marshall, Annual Report, Michigan State Board of Health, 1878.

The Chapter titled, “Types of Users” describes another phenomenon that seems ageless; *“There have been times in New York when morphin[e] sold on the street as high as \$80.00 an ounce while heroin was selling at a much lower figure...has made it not too difficult for the individual to forgo his drug of choice and take up another, which, for the time being, was more easily procurable.” ...Thus a not inconsiderable number of cases owing their condition to the medical use of crude opium, laudanum, or morphin[e] are today using heroin.*” Obviously nothing has changed. The question is why? I say lack of imagination in alternative pain solutions, hubris on the part of Western medicine in the thinking that other cultures’ pain knowledge has no value, and a culture that puts profit ahead of personal well-being.

The chapter concludes: *“The actual origin of addiction is the administration of opiate drugs--continuously over a sufficient length of time. The incidental details in their early administration to those who become addicted very widely. In the origin of some proportion of addicts, we of the medical profession must sooner or later come to recognize and assume our part, unconscious and innocent, none the less beyond question. What this proportion is variously estimated by various authorities and statisticians and investigators. It is now beyond dispute that the condition developing unsuspected by either physicians or by patient until its physical manifestation had passed the bounds of control.”* (League of Nations—1923)

Well...it certainly wasn’t recognized *sooner*, and I wouldn’t hold my breath for *later* either.

## Chapter 6

### Family D

We sat in Dora's dining room. It was evening and as I drove up, she had met me coming from her garden. She had a basketful of delicate spinach leaves and tiny red tomatoes. It was the beginning of December yet, here in Arizona, we're still able to grow these heat-loving goodies.

I'd hesitated in coming to conduct this interview knowing the depth of trauma that this family has endured, yet I was welcomed, as always, with the greatest sense of sweet friendship. I have known this family since 2004 when they moved into our small town and Dayna, then three years old, joined Anthony's preschool class. A delicate and petite girl was scooted into our singing circle (I volunteered with the class twice a week). I was struck by her Asian features, thrilled and amazed that we were getting some more diversity in the school. Our families very quickly became close, mostly due to the dads. Derick was a stay-at-home father and was in charge of both Dayna and Darren, a small-framed toddler, the same age as Ajax. I believe these dads immediately bonded due to the fact that, after a bike accident where Derick had done damage to his back, he too, had been prescribed OxyContin. I remember Anton speaking of the new guy who was taking as much as he was.

Over the years our families have continued to celebrate birthdays and holidays together and Dora, a sharply dressed, brilliant, excruciatingly kind, and warm Peruvian woman, who teaches English as a Second language in one of the public middle schools in Tucson, is one of my most steadfast and understanding friends.

We sat at their dining table cluttered with all manner of papers and Xmas items and began our interview. Dayna, then sixteen, thin with the same black hair as her pre-school days and the addition of sporty unframed glasses, asked to stay. I was hopeful to hear from a child other than my own, and explained my project. Ajax was in the back bedroom with Darren playing (I found out later, "One in the Chamber", a video game where you shoot at each other with only one

bullet in the gun). In the background the high-pitched water-like chirping of two flirty Parakeets could be heard. I asked Dora to start from when they met:

*The two of us met in college. We were taking a class together and he just started approaching me and we became friends, looked for me at lunchtime with the rest of the girls that I would hang out with, and the girls were the ones that brought it to my attention, like, 'he's interested in you', no he's not he's just hanging out with us cuz he's just being nice, you know, he likes to be with all of us, 'no, he's really—he's liking you'. So, pretty soon, he's like, 'Can I walk you to the bus stop or do you need a ride?' So, that's how we met, and we were friends then we started going out for coffee.*

I asked what it was about him that she liked. With Dayna listening attentively, Dora responded: *His quiet demeanor, I was just, I don't know, we could spend hours enjoying each other's company being quiet. That's how it always was, at the beginning anyways, before the kids. We would go out to Mt. Lemmon or Madera canyon, you name it, we used to go every weekend somewhere and we just enjoyed nature and quiet, I don't know, there was something about knowing you were sharing that time with someone special, but at the same time just enjoying that quiet time you were giving yourself. And then we had the kids. And life changed because we decided who was going to work and who was going to stay home. And it made sense that I would work, because, you know, I had the profession that would pay a little bit more than welding, at that time, anyways.*

We don't speak of their marriage but earlier, I had noticed, along with an eclectic assortment of Xmas balls on the gently turning tree (Elvis swings with his guitar, Mickey Mouse is there, a traditionally dressed Japanese doll and a delightful Bento-box) there hung a large, handmade, *marriage ball*--white with leaves and roses and the date, something, something, 2000. Dora goes on to speak of Derick's real enjoyment of his role, describing his pride and joy as he took Dayna everywhere with him--Home Depot, the library, the grocery store, carrying her in a front-pouch on his chest. We comment on the fact that this was before the stay-home-dad was common. Her

voice breaks as she explained: *When she was little, he would show her off like his prize. The little one that was so precious to him.* Tears began falling from behind Dayna's reflected glasses.

Dora directed the story toward her daughter as they both cried: *He would take you to the U of A and show you off to other students cuz you walked faster than any other average child, and you talked faster than any other child so, that was, you know...the kids were his everything, both of them. There was no reservation. I remember that he wanted so badly to have a group, a connection with other parents that were doing the same thing, but it was just the beginning, you know. So, then Darren came along and of course, he was so busy, two toddlers running around, Darren was really, you couldn't turn your head around, you had to supervise him and then we decided to move here, I don't want to say more isolated, but it changed, it changed. They were still doing more things outdoors, but it was just him and the kids.*

I remember Derick as the quiet dad that accompanied us on all the photography trips and trips to the zoo. He did the pick-up and drop-off of Dayna and Darren, sometimes sliding in with his three-wheeled sand buggy, an open sided dune-racer-type vehicle. He was solemn, appreciative, and polite, always carrying a back-pack with him. I would later find out that through all these field trips--all of our art camps and 4-H meetings, picking out baby chicks, or picnicking at the river, Derick's backpack would contain a 9 millimeter handgun.

I asked her when the pain started for Derick. *Let me see, Darren was already one, I'm thinking, and he had a cycling accident, and he damaged his back, and he was in a lot of pain. I remember getting a phone call and I was upset because, you know, I thought he was probably trying to do something...reckless, I'm thinking, you're not a teen anymore but he was riding, and he lost control and that was that. His nephew was with him at the time. He didn't want to go to the hospital, he didn't want to do that and that's how it started--2004. So that was how he was introduced to painkillers--OxyContin--two different kinds of that, one was quicker, and one was long lasting.*

## The Body

Our bodies: our shells, the boat in which we ride, or the encasement in which we travel. I think we've all had the experience in which we understand that we are *not* our body. That somehow, we are different from the package that was given us at birth—a vessel, a ship, something to travel in. And this vessel with brown skin, or pale, freckled skin which burns easily, or is a little bit larger than, or has more muscle, longer arms, green eyes, is us but *not* us. And this vessel changes, ages, weakens and strengthens depending on how we treat it and how long we've been in it. Some bodies can carry life, some cannot, some can run hundreds of miles at a time, some can fly across a stage as gracefully as a gazelle. I think we all understand that the body in which we came into the world, is somehow separate from the *I*, or the *me*--the *soul*.

I remember when I became pregnant with my first child, Ariella. We had struggled with this pregnancy, taking over two years of trying—temperature taking, books read on different methods—chamomile tea, sex at just the right day, or hour, more sex, and tears, and stress, and depression, and obsession, and finally, a stint with the University of California fertility clinic with two rounds of sperm injections aided by the help of what looked like a slimmed-down turkey baster.

It was dawn, that quiet time when life is starting to move again, my favorite time of day, actually. I don't really know if I was awake or not, but a small face with almond eyes and a shy, direct smile, dropped down in front of me, disappearing *into* me. I knew then, that I was finally pregnant. That day, I drove to the closest drugstore, bought a test, took it in the tight, grimy bathroom and ahhh, I was right. Indeed, that experience left me feeling as if Ari was entering her tiny, few-celled-body that was *already* inside of me. That smiling face *was* Ari--that was the soul that has, and will, travel again and again.

This time around, Ari gets to be in a beautiful, light-skinned woman-body, born into a family of mixed race—artists who live on a desert-y commune in the United States, North America, in the year nineteen and ninety-nine. This body will take specific attention, prone to extra weight around the middle, causing sleep apnea and gallbladder complications, which Ari will support by

becoming a vegetarian at the age of twelve and a vegan at the age of eighteen. This body will work best as Ari dedicates herself to African dance, hip-hop, and yoga, running every few days despite her distaste for this specific form of exercise. This body will wither in the heat and thrive in the water, able to swim for miles at a time, flipping about in ocean waves, much further offshore than some would feel comfortable. This body will suit Ari's shy, unique style of dress and decorum.

I have watched Ari get to know her travelling vessel, accepting its quirks and particular needs. Together, she and I have spent much time seeking out the best diet and immune-strengthening supplements that are needed to stave off many of the inherited conditions. I hope and believe that Ari likes the vessel that was picked for her "this-time-around" life—not an easy feat given our culture's obsession with white, thin, Barbie-like features. It helps that this time around, Ari possesses a warrior-like quality, forever standing-up against the "man"—"a white supremacist, masogonistic, capitalist, patriarchy" (a phrase coined by my poet-hero bell hooks). Ari is forever protecting the marginalized, the underserved, the "others". Good. And she does this in a full, strong, tattooed and pierced, brown body that thrives as she ventures out into this world.

Anton's body had been *talk'n to him* long before we met—while he pushed himself in the weight room, in the boats while rowing for the Brown University crew team, while pushing himself running marathons, and triathlons. And who'd blame him for not listening? His coaches encouraged him, his culture encouraged him, his ego encouraged him...but his body was suggesting something else—less...rest...different.

## **Body Talk**

When Ajax was four, his sister fell on top of him while they played on a wet and slippery, caged trampoline. The fall broke his leg which was then cast from hip to toe for six weeks. He dragged this heavy contraption around, utilizing this sort of hop-skip-drag that only a child would so quickly adapt to. A small wheel chair had been lent to us but Ajax was too impatient with such

an option, preferring to bump along seemingly with ease. Once the cast was removed, we referred to it as his “*hairy leg*” because, while covered, thick, coarse, black hair had grown in, covering his leg for many months. Two years later, while watching him run across a playground, I asked a fellow mother, “*Doesn’t it look like Ajax is limping...sort of a hitch-run?*” She said that yes, she thought he was and that she was pretty sure his hips were uneven. I told her about his break and that he continued to experience nightly pain which I would attempt to relive with massage.

It turns out that this fellow mother was a myofascial release therapist—a technique learned through the teachings of founder John F. Barnes. His writings state that, “*Trauma, inflammatory responses, and/or surgical procedures create Myofascial restrictions that can produce tensile pressures of approximately 2,000 pounds per square inch on pain sensitive structures that do not show up in many of the standard tests (x-rays, myelograms, CAT scans, electromyography, etc.).*”

Surprised at her immediate conclusion, I asked for her help in fixing this phenomenon of the imbalanced hips. We met at her home where she had Ajax climb onto a massage table in a quiet, sunny alcove. Explaining what she was doing, she put her hands gently on his thigh where the break had occurred over two years ago. She then began to talk to him, “*Ajax, sometimes when something happens to us, our body is trying to tell us something, maybe something we are afraid to say. Maybe, your four-year old self would like to say something to your six-year old self. Can you ask your four-year old self if it wants to say anything?*”

My son quietly told her that he knew his sister didn’t mean to hurt him and that he forgave her for breaking his leg. Tears were rolling down my face as my friend acknowledged the release in the thigh area—a letting go. I was deeply moved by the honesty and insight displayed by my son. The communication seemed so simple yet, with this declaration, the *tightness* (the holding) was released, and with it the pain. We returned for follow-up sessions (paid for with homemade casseroles and quiche) and to this day, Ajax has never complained of that specific leg-pain again.

Having since read his book, it is my understanding that Barnes believes that when one experiences trauma—think impact of a car crash, or being thrown by a horse, or the injury of war, the *emotional* trauma is *cemented* within the body, at the sight of the physical trauma, creating a continuation of pain, which slowly constricts the surrounding area, which then pulls the entire myofascial covering--twisting, warping, and constricting, which then leads to more pain, leading to more constriction. When the initial area (injury) can release, so too can the

emotion that was *tied* to the injury. These emotions could be fear, guilt, anger, rage, shame, embarrassment—all the difficult feelings that we tend to bury anyway.

## Listening

Author Louise L. Hay, best known for her book, *You Can Heal Your Life*, takes this concept one step further, “*Whenever we are ill, we need to search our hearts to see who it is we need to forgive...all disease comes from a state of unforgiveness...the very person you find it hardest to forgive is the one YOU NEED TO LET GO OF THE MOST.*” She explains that we don’t need to know *how* to forgive or the fact that forgiveness does not negate holding someone accountable, it is simply the “*willingness*” to forgive that matters most.

In the middle of Hay’s book, there is a section which correlates symptoms (problems) with probable causes, followed by an affirmation or “*new thought pattern*”:

“Addiction—Running from the Self—“*I now discover how wonderful I am. I choose to love and enjoy myself.*”

This one caught my eye: “Bedwetting (Enuresis)—Fear of parents, usually the father.—“*This child is seen with love, with compassion and with understanding. All is well.*”” (We dealt with this in our home).

“Blood pressure—High (Hypertension)—Long standing emotional problem not solved.—“*I joyously release the past. I am at peace*”” (This one’s for me).

There are a few hundred of these and you can quickly grasp the ideas—a physical ailment/a correlating emotional connection/a re-setting of the *spirit* through an affirmation. Some seem a bit silly to me, some spot-on, but either way, I believe that there’s value in the underlying construct—our emotional life is manifested through our bodies.

## Management

Dora, Dayna and I talk about the *withdrawal-pain* cycle with everybody nodding their heads. This is that daily, excruciating, up and down of pain management that is so familiar to anyone having witnessed their loved one's attempts in finding a place of normalcy that doesn't exist. It may take a few weeks, or a few months, but sooner or later, the serpent has you in its coils and it's pulling you down a dark hole, and it's dragging everybody with you.

Derick's condition went on like this for seven years, slowly escalating while he too, was battling massive depression and the doctors would rotate drugs--one month, six months, trying to find one that would work on his mental state while his pain continued. Dora explained that he had always battled with depression and that it was the one thing that they had agreed upon when they got together, that he would always take his medication, and he had. He would try anything that the doctors would suggest--acupuncture, meditation. Dayna added that he was always meditating, she described him meditating for hours in his room.

Dora continued with the fact that he would ask her to come with him to his appointments so that the doctors would know that he was keeping to his medication. The image of the doctors directing their questions to her while he sat there as if he were a child was very identifiable to me. The patient slowly becomes powerless over their own agency, their own lives. And Dora went, having an employer who was understandable enough to allow those monthly appointments, but this is rare. Pain management does not produce empathy in the workforce, nor in most of our individualistically-centric-mind-over-matter society.

“Pain—Guilt. Guilt always seeks punishment.—“*I lovingly release the past. They are free and I am free. All is well in my heart now.*””

## **Mercy**

**2017**

Two weeks ago, I thought that I was having a heart attack. It turned out to be a panic attack. I had never experienced this before and Ajax was in his bedroom, playing a video game and my father was down in his little house, resting. I knew that if I called either one of them, all they would know to do was to call 911. I was panicking. If I went to the hospital, this would mean that I was really not in good shape, something was really wrong and I would need some taking care of. Plus, we live way out in the desert and I hadn't explained to Ajax that once you call 911, you have to either 1) call someone else to go meet them or 2) go out to the road yourself so that you can guide them back to our house.

I really, really, didn't want to be at this point in my life, the heart attack point, so I called my good friend who is a midwife, hoping she would be home. She came over and after I explained my dizziness, shaking, the inability to focus and the urge to lie down and curl up forever, she said, "*You're having a panic attack.*" I was so happy, so relieved. I can handle panic, I can listen to panic. I also noticed that, while I waited, I had cried--sobbed-cried, and it felt good, so I had continued to sob-cry until she arrived, grateful for the release that it created.

I miss my kids. I miss them so bad it feels like sand blowing through my body. I understand empty. I tried so hard to keep them well, keep them safe and happy and successful, despite their dad and his anger and our divorce and the dirty house with the spiders and cat shit and cold nights, but I got them electric blankets and we drove beat-up cars, but so what, yet we've missed out on a lot of stuff, on so much, and now two of them are gone. I have one left so I give him back rubs in the morning with the scents of grapefruit and lavender.

I've started yoga. I do it every day and it keeps the panic down. I'm still eating a lot but some of it is spinach. I appreciate this big body and it kept me upright through a lot of manure. I bought some ugly spandex exercise stuff at the Goodwill and I'm sausage in tight. I lie in the darkened room with a bunch of beautiful people, they're young and impressively strong. I'm glad to be with them. I'm secure. Then it comes to me, like a message from way up where it's dark all the time--I, too, am the serpent, my weaknesses, the scales, my bitterness, the fangs, the fear and

regret and ignorance, the food with which this beast feasts off of. I slither and twist. I am silent and shiny and stealth...but...I am also the knife.

*“Contrary to what we may have been taught to think, unnecessary and unchosen suffering wounds us but need not scar us for life. It does mark us. What we allow the mark of our suffering to become is in our own hands.”*

--bell hooks

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## **Artistic Statement:**

Embarking upon this journey was daunting. As one of the four families followed within this project, I was forced to revisit a time of personal trauma, great sadness and loss. However, what was learned was this: putting one's attention on a subject, despite the difficulty, can create moments of closure, insight and revelation--both personally and culturally. I know more now in regard to the opioid epidemic than I did three years ago. I learned that pulling apart one's memories, asking questions of oneself, and that of fellow participants, has created the ability to detangle the events that have in many ways held me hostage for over ten years. I have also learned that despite this knowledge, many components of the *opioid epidemic* are out of my hands. I am only able to learn so much, to write so much, and to affect so much, in regard to any real meaningful change.

The three strategies utilized for this project were as follows:

1. Personal memoir in the form of a creative re-telling of my life as remembered.  
This takes the form of the classic "autobiography".
2. Personal interviews with family and professionals--Family members who were impacted from their husband's/father's chronic pain and opioid addiction.  
Interviews were obtained from doctors, pain specialists, and addiction counselors.
3. Research--books, journals, and articles were used as context and fact checking, providing a more complete understanding in the areas of chronic pain, addiction, the pharmaceutical industry, the history of opium, the medical environment and alternative healing options.

In regard to traditions, this project builds upon the *memoir*, a well-used format to present a historic event, while placing a person or persons within a context of the specific time and specific place. Yet not unlike "testimonials", combining personal experience within historical events and relevance, this work includes a larger, cultural "happening". Testimonials are usually placed within events of a culturally oppressive nature--marginalization, inequality, including race, gender, sexual orientation, and class biases. One example of this is the best seller, *The Band Plays On* written by Randy Shilts, published in 1987, which details the AIDS epidemic in a

close-up and personal style, while placing the events within the national context of extreme homophobia, racism, and political denial and neglect.

The success of this project lies in its ability to create a greater sense of empathy for those families that may struggle with opioid addiction and/or chronic pain. At this moment in our country, each of us knows someone--a family member, a colleague or co-worker, a neighbor, a coach or teacher, whose daily life includes the complexities of addiction and/or chronic pain. Knowledge begets power, which all who struggle within this battle, need by their side.

Thank you,

Maggie Rush-Miller