

November 20, 2008

Dear Reader,

I'm Dr. Cindee Grace (naturopath) and feel pleased to give you permission to freely copy my book Holistic Self-Care for Post Traumatic Stress and Dissociative Identity in its entirety and for non-commercial purposes. You can make and distribute copies of my book, as long as you copy the entire manuscript (including the illustrations, this "Read This First" introduction, and each page header) and are not making a profit from my book. You may ask people to reimburse you for your costs (e.g., cost of photocopying).

I encourage you to give copies (in print, as email attachments, as a posting or download on your website, etc.) to as many people as you can. My book is a valuable, unique resource from which millions of people can benefit.

Cindee Grace has written a treasure trove of healing wisdom, inventive, user-friendly technique and mind-body-spirit methodology for people wrestling with posttraumatic stress and dissociative identity. An intimately written insider's healing memoir, as well as a brainy, professionally grounded self-help manual, this book will be a godsend to scores of survivors of even the worst kinds of trauma and abuse.

Belleruth Naparstek, LISW

author of Invisible Heroes: Survivors of Trauma and How They Heal

Holistic care provider and survivor of childhood abuse and life-threatening illness, Cindee Grace offers holistic healing solutions that have served her and thousands of her clients and students through trauma recovery, as well as serious imbalances in body and spirit. This book is a compendium of priceless information and a must-read for anyone who has survived trauma and those who love and treat them.

Amy Weintraub, author of Yoga for Depression

Holistic Self-Care for Post-Traumatic Stress and Dissociative Identity is an excellent resource for patients, no matter when they were diagnosed with these dissociative conditions. Dr. Grace makes the subject clear and understandable. Her writing style is easy and engaging – alive with facts, recipes and personal experiences. This book is probably the single best resource for patients wanting a true, thorough naturopathic approach to posttraumatic stress and dissociation. I heartily recommend this book to both patients and practitioners.

Dr. Lesley Manson, Psy.D, Clinical Psychologist, trauma recovery emphasis

We – patients, families, friends, community members and service providers – all need the multidimensional self-help knowledge Dr. Grace's ground-breaking book explores and documents so well. Her book is an empowering, intriguing page-turner and I recommend it highly!

Marienne Pennekamp, PhD, author of Social Work Practice

Dear reader, please note that I am not in private practice and cannot respond to individuals' questions about healing.

If you'd like to be notified of my future products (including my autobiography), or if you are interested in my public speaking or teaching a group workshop in your locale, email celestialsinger1-healingbook@yahoo.com or send a self-addressed stamped envelope to PO Box 6865 Eureka, CA 95502.

I invite you to visit my music website that has sample songs from my music CDs and music CD ordering information: www.humboldtmusic.com/cindeegrace.

Why am I encouraging you and others to make copies of my book? I originally wanted my book to be published. For a year, I tried to find a literary agent. But the ones I contacted weren't interested. Then I spent another year looking for a publisher on my own. But the publishers I contacted weren't receptive.

Many agents and publishers would not consider accepting the first book of a non-celebrity author. A few declared that a new book for people who survived trauma would not make enough profit or would not interest enough people. They declared that opinion, even though I informed the agents and publishers that at least 10% of the U.S. population have a dissociative condition (such as PTSD) due to trauma.

Another factor in my book not being published was that trauma is a controversial topic in the United States. For example, mainstream media coverage of trauma caused by the Iraq war is censored. Mainstream media (including publishers) don't adequately cover not only war trauma but also trauma caused by child abuse, rape and domestic violence.

As you might expect, I felt disappointed that a publisher didn't accept my book. But I feel glad that you are now reading these words and can use and share my book's life-changing information. Reference endnotes appear at the end of each chapter. The illustrations (by Brian Emerson) are used periodically throughout the book.

For eyesight ease of reading, I suggest you use the double-spaced version of my book. If you wish to print the book from a computer file and want to use less paper, I suggest you use the single-spaced version (which has fewer pages).

I wish you the best on your healing journey!

Sincerely,

Dr. Cindee Grace

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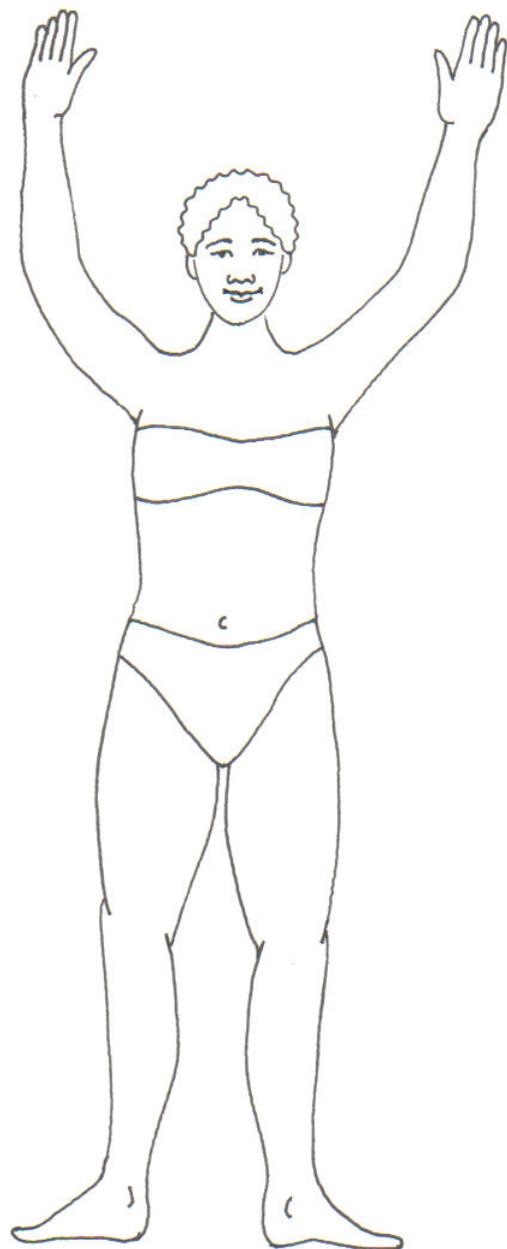


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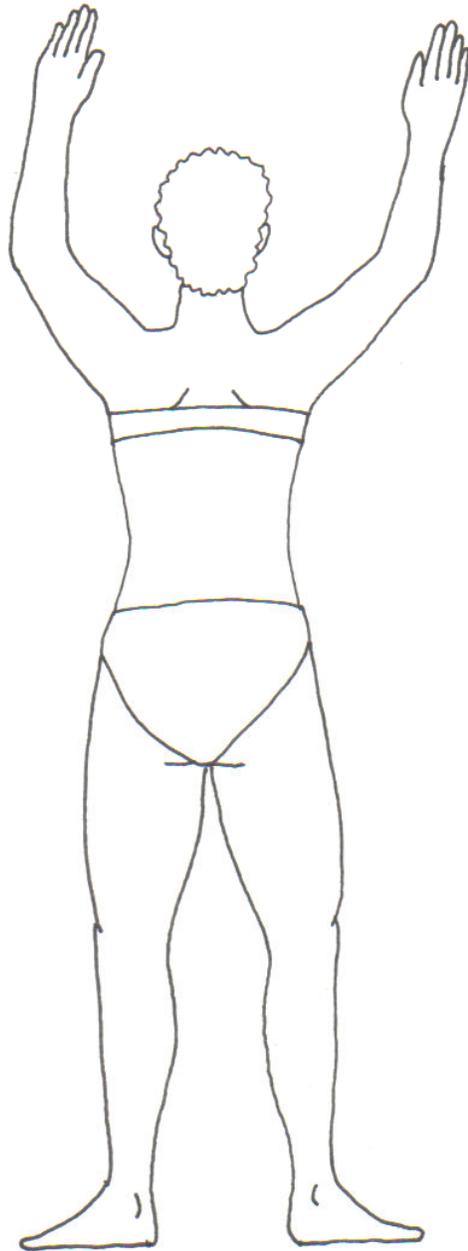


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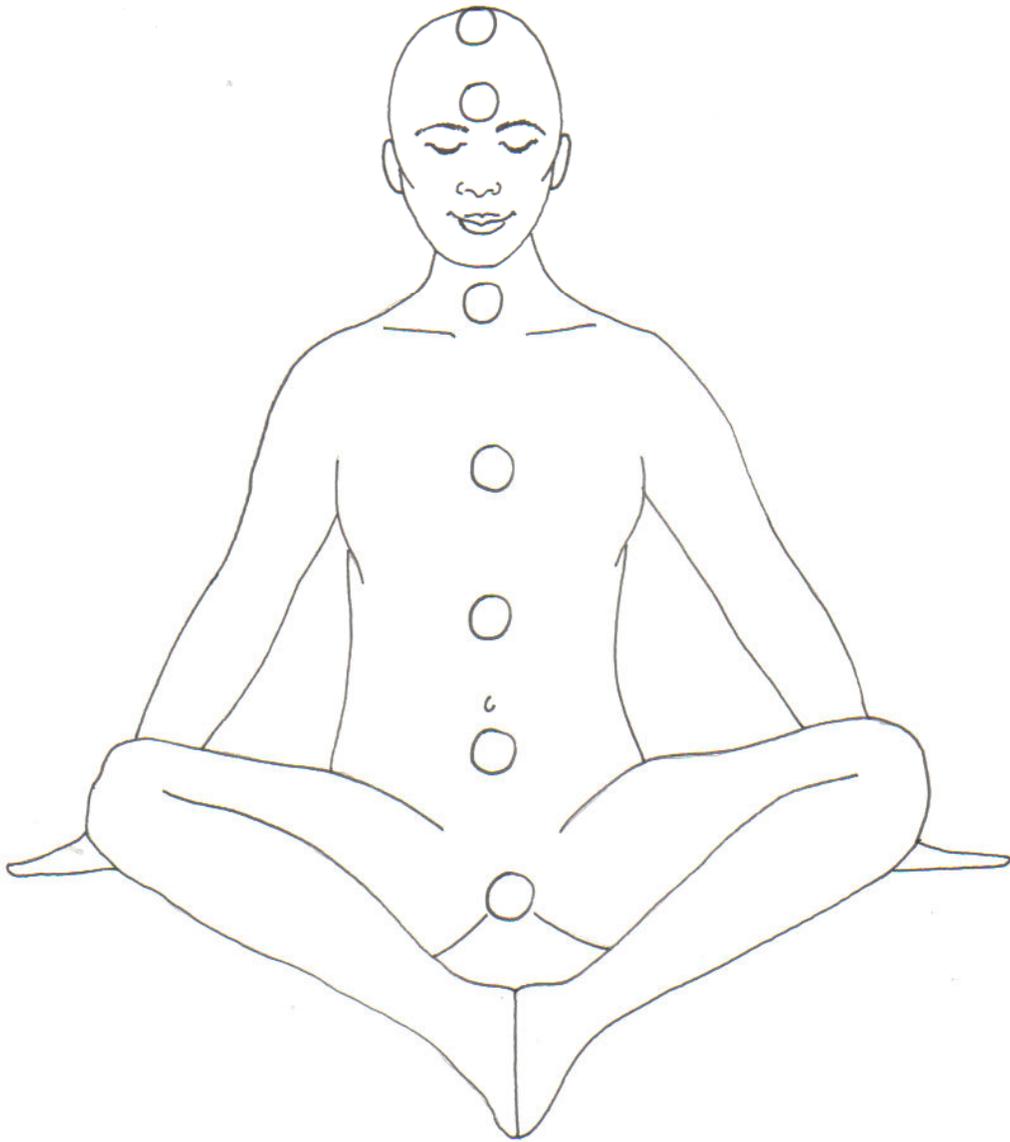


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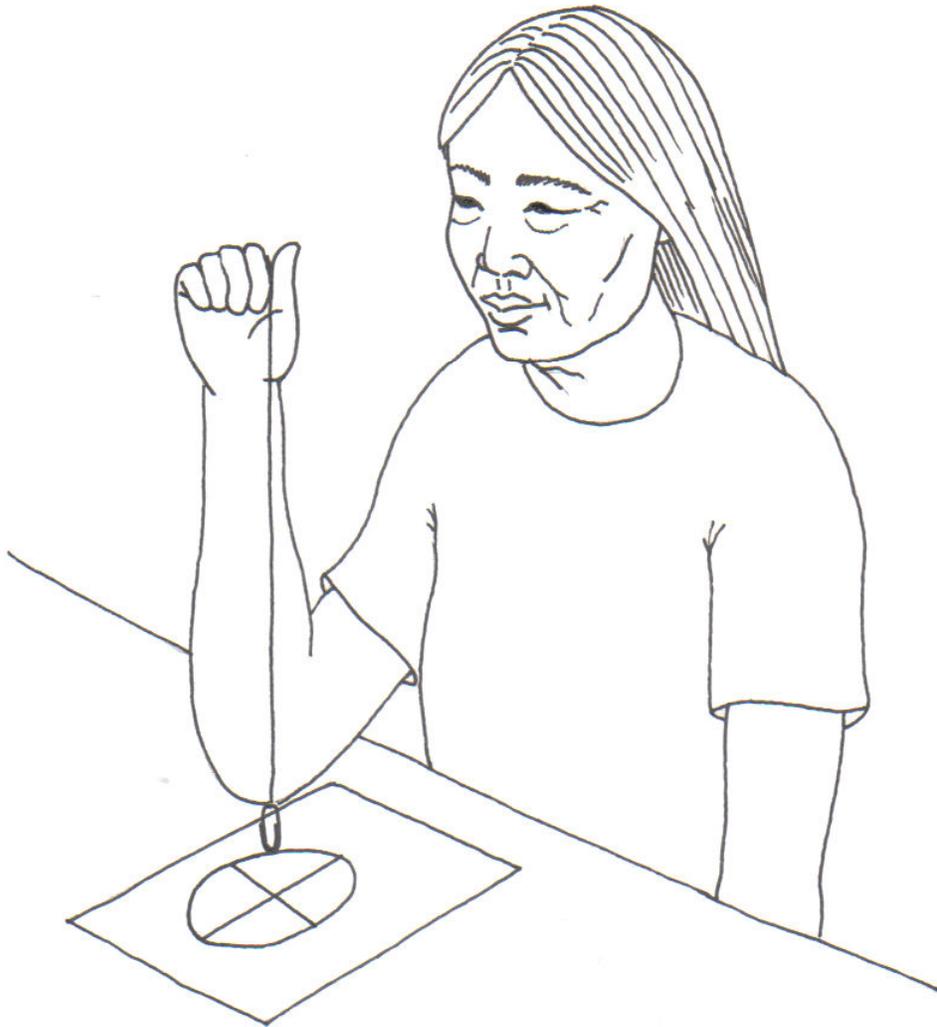


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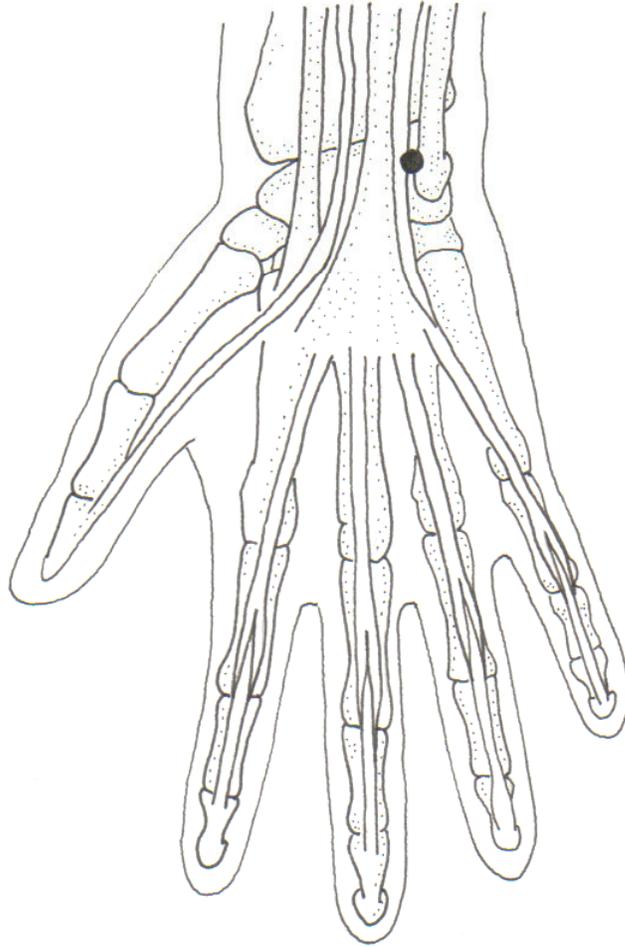




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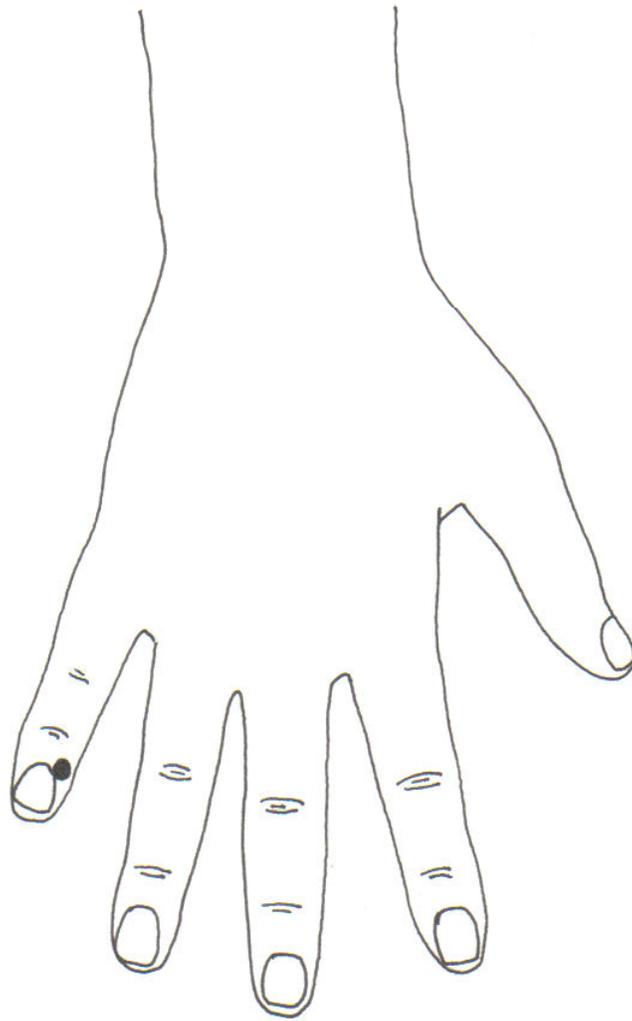


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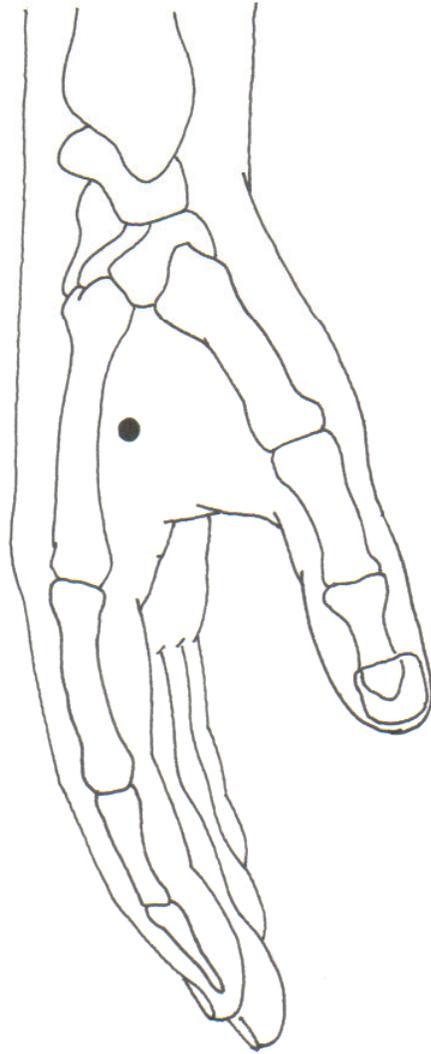
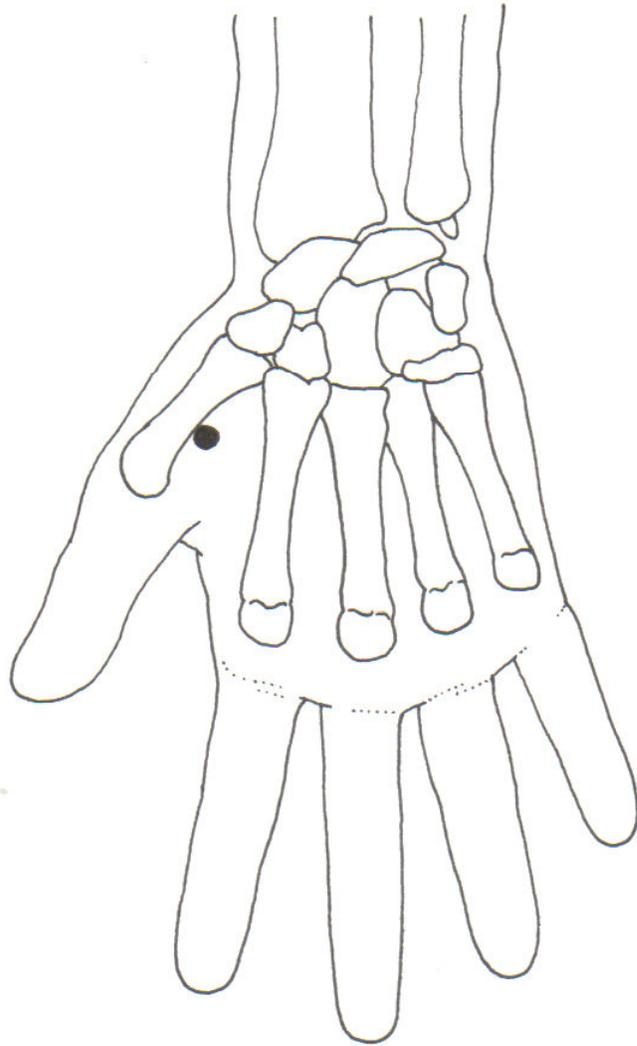
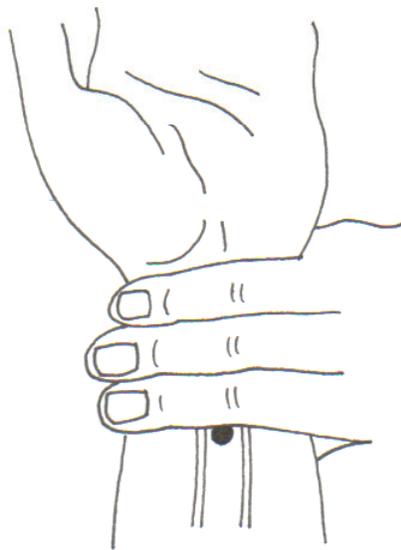
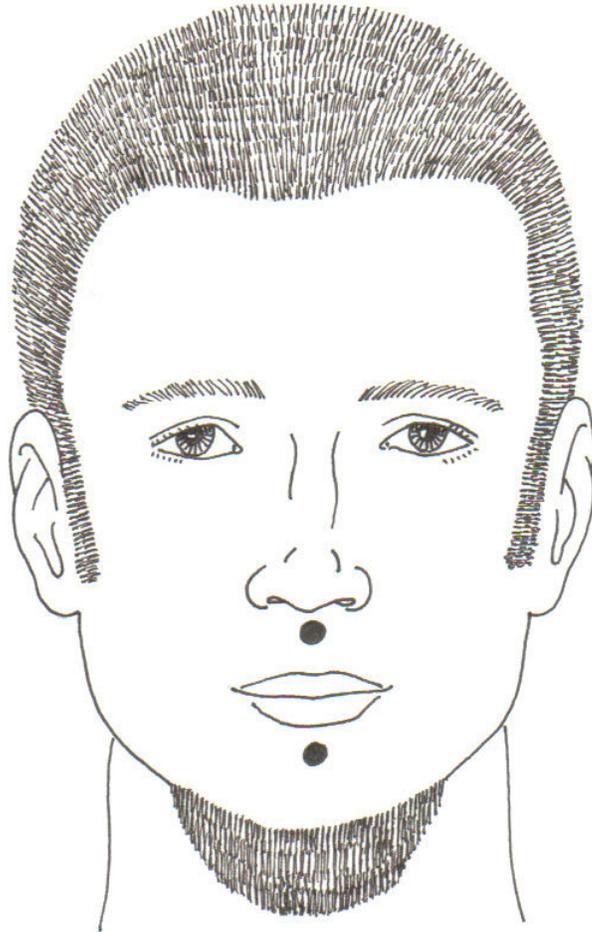
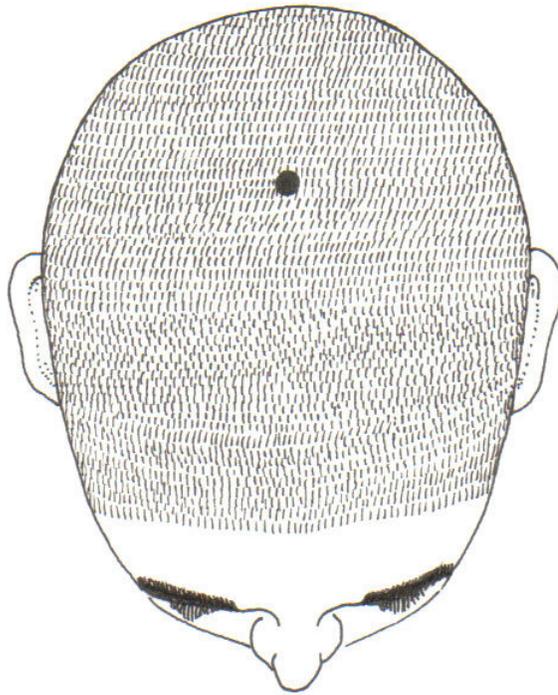


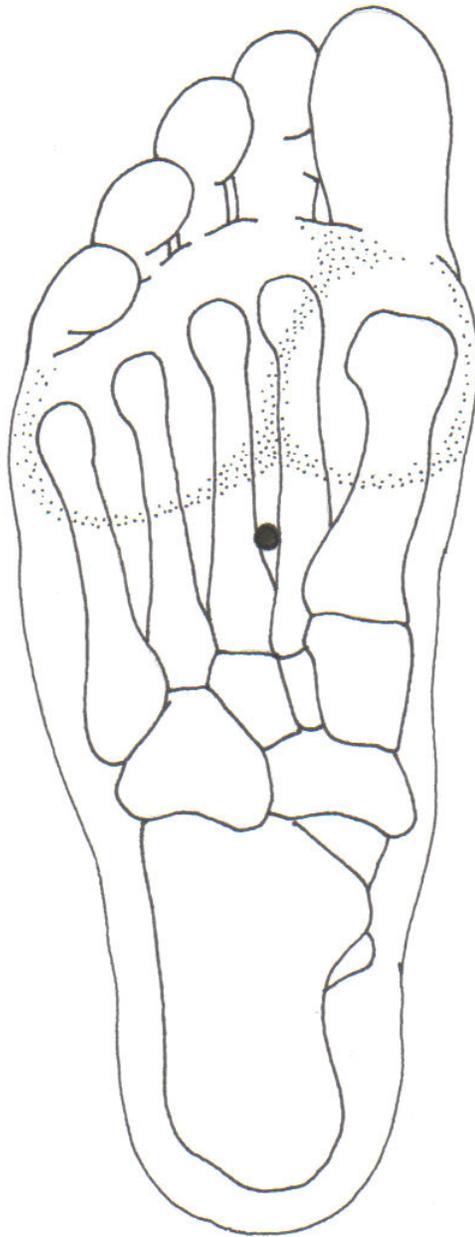
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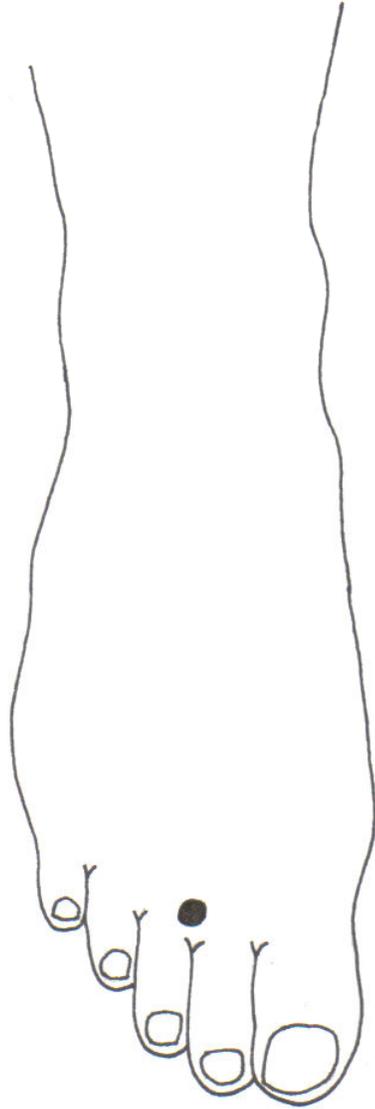


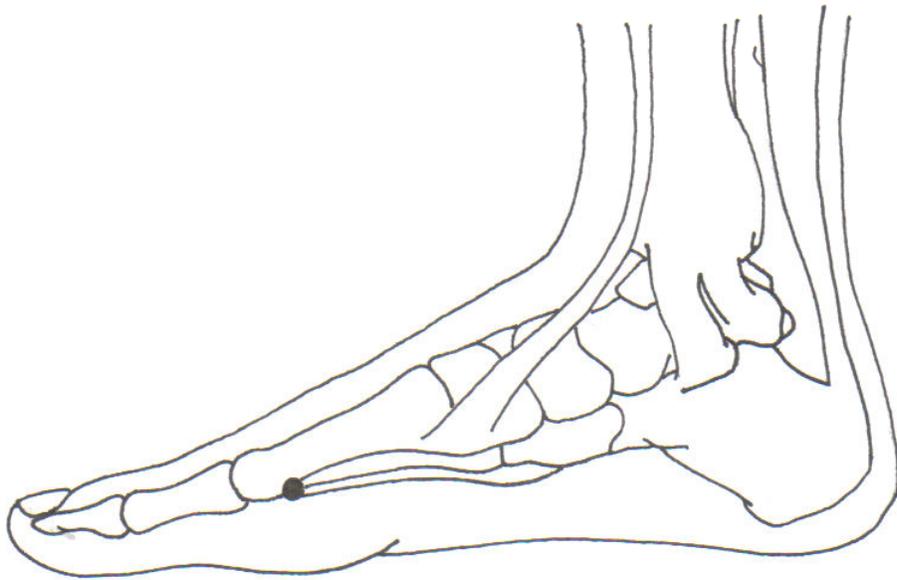


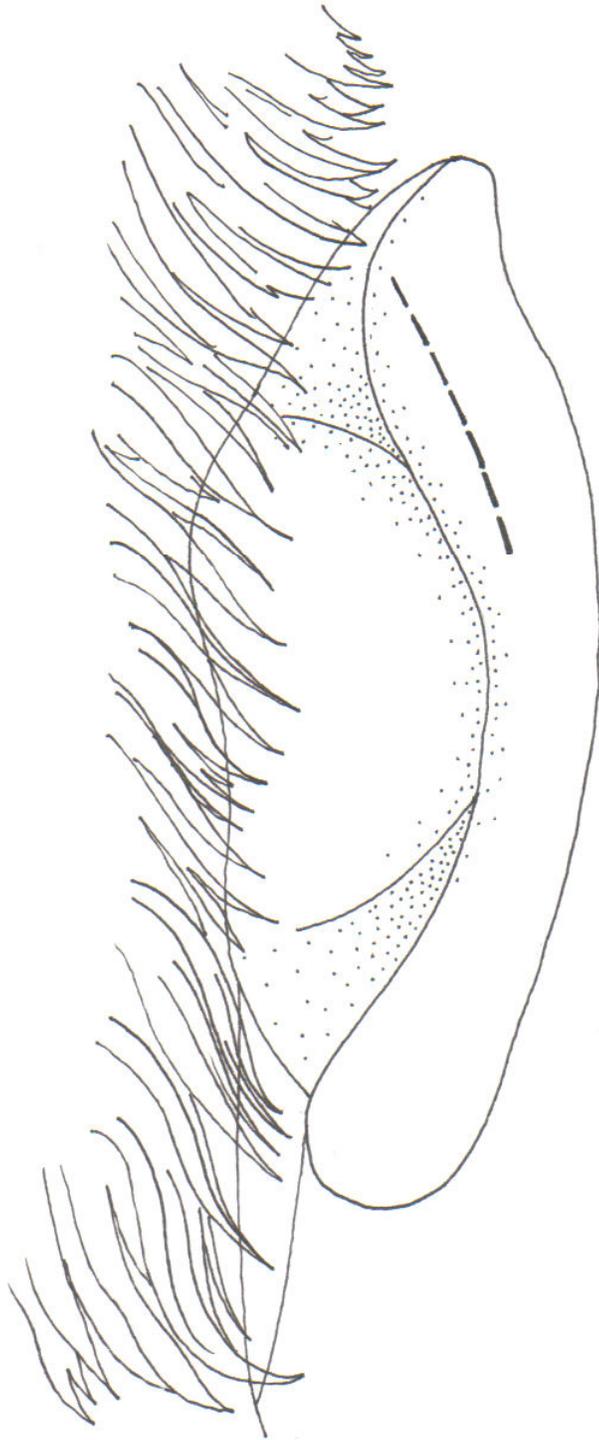












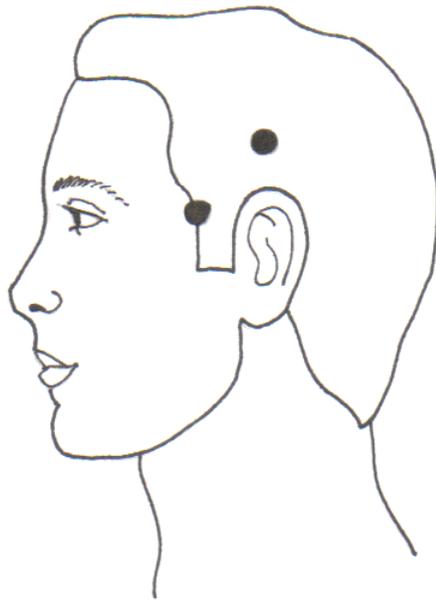
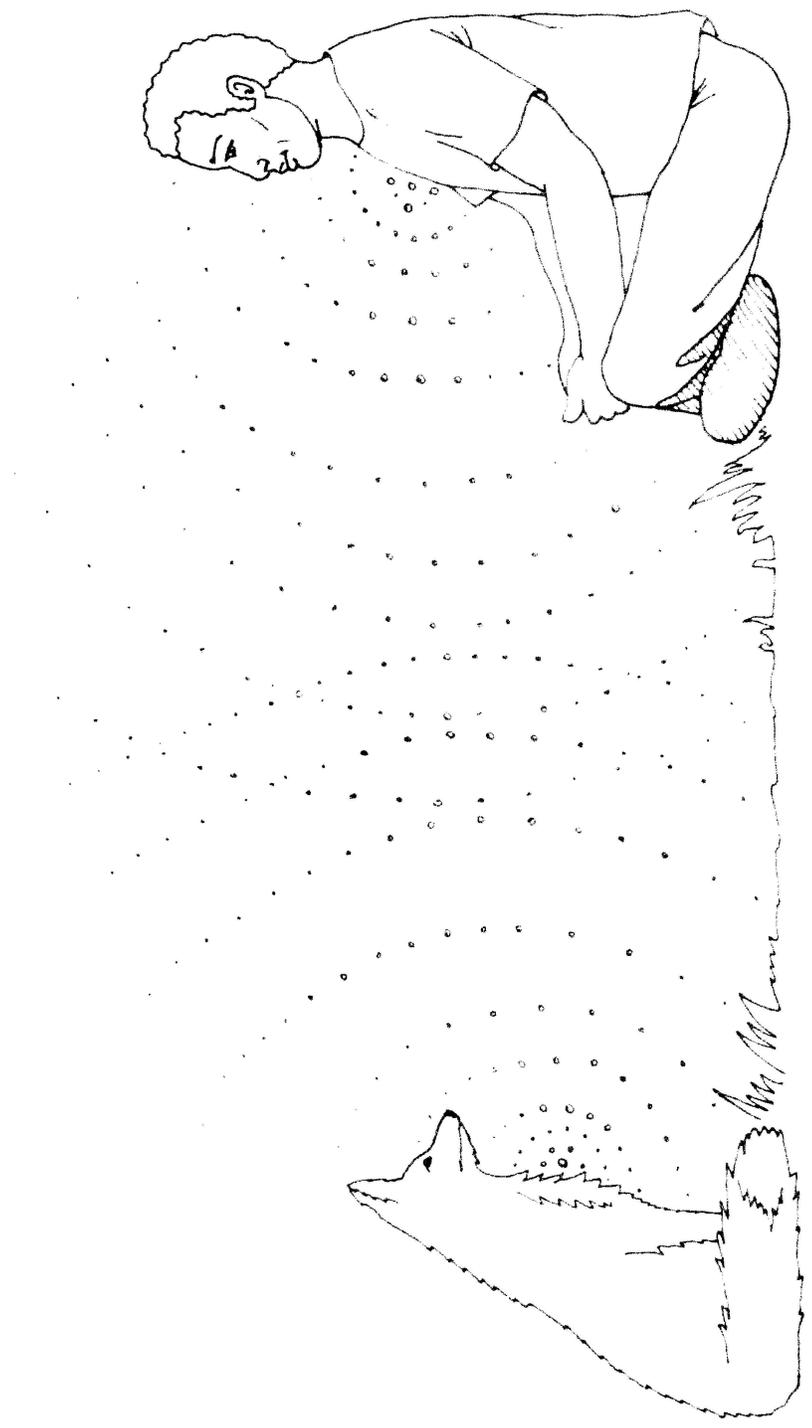


Figure 18



*from Holistic Self-Care For Post-Traumatic Stress and Dissociative Identity
chapter "Getting Started"
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celestialsinger1-healingbook@yahoo.com*

Getting Started

Congratulations on your courage to open this book! No matter when you were diagnosed with Post-Traumatic Stress Disorder (PTSD) and/or Dissociative Identity Disorder (DID), you'll find remarkable information within these pages. You can use it to start feeling better today – as I have done.

Not sure you have PTSD or DID? Please read this entire chapter. It has definitions for PTSD/DID – and much more. Then decide if you'd like to read further.

If you don't have PTSD or DID but survived or witnessed a trauma (serious illness, violence, significant loss, etc.), you're welcome here, too. This book is geared to assist anyone with the aftershocks of surviving or witnessing trauma - whether the person has diagnostic labels or not.

If you're a person of color or in an oppressed group, (gay, non-Christian, etc.), this book can be valuable. Even if your group's most obvious oppression occurred generations before you were born, that oppression can traumatize you. For example, Drs. Eduardo and Bonnie Duran investigated "multi-generational PTSD" affecting present-day Native Americans that originates from the genocide of their ancestors.¹ The daily risk of prejudice can create PTSD symptoms.²

If you have loved ones/clients who survived trauma, or if you do progressive activism against violence, read on! You might have "compassion fatigue," "common shock," vicarious traumatization. Much of this book applies to your self-care, to prevent "burn-out."

Might you have Media Induced Post-Traumatic Stress Disorder ("Mean World Syndrome")? Do you have one of more MIPTSD risk factors?

- * You usually think the world is a dangerous and mean place.
- * You think that violence is usually the best solution to world problems.
- * You tend to categorize people as good or bad.
- * You fear one or more groups of people and feel no commonality with them; you are part of "us," the feared group is "them" (social categorization).
- * You watch more than two hours of U.S. mainstream television daily. The more you watch, the greater the risk. The more violent the shows or news programs are, the greater the risk.

If you have a MIPTSD risk factor, aspects of this book can help you free yourself of artificially-induced fear and let you reclaim your own discerning mind.³

For any reader, you'll spot warm-hearted humor blossoming in unexpected places within the book. I also avoid graphic trauma details. Your intellect will be reassured by the numerous reference endnotes (that you can pass by or read).

A number of health professionals consider DID to be an extreme degree of PTSD.⁴ A person with PTSD might say that when having symptoms (such as exaggerated startle responses, hyper-vigilance, etc.), "I'm just not myself." That person might declare "When I heard that car backfire, it sounded like a gunshot. When I get scared like that, I become a different person!" Having PTSD may seem similar in certain ways to having more than one personality (DID).

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Both DID and PTSD involve dissociation. This book is self-care for dissociation, whether you have DID, PTSD or both. Feel free to take what is useful and leave the rest. I and other people with DID and/or PTSD find that self-care eases daily life.

In the past, your mind tried to protect itself as best it could, by using dissociation. Using this book does not remove your ability to dissociate (if needed). Rather, you may reduce unwanted and unnecessary degrees of dissociation that interfere with your quality of life. You'll even discover that PTSD/DID historically have a time-honored place in many spiritual (including shamanic) traditions.

A "holistic" approach to self-care (such as mine) includes the body, mind and spirit. By "spirit," I mean the power larger than me yet includes me. One can call it nature, God, Goddess, or something else. People of any or no religion can use my book and other holistic approaches. You need not have the same spiritual beliefs as I, to get benefit from my holistic book.

A holistic approach has proven to be effective for both children and adults who have dissociative challenges.⁵ Throughout this book, I describe real-life examples of people who use holistic self-care. I emphasize information about natural self-care especially appropriate for people who survived trauma. Even natural methods or substances can have possible side effects, if used unwisely. But compared with the risks of "allopathy" (drugs-and-surgery medicine), they're much safer.

The drugs with the most terrible record of side effects include selective serotonin reuptake inhibitors (SSRIs) and nonsteroidal anti-inflammatory drugs (NSAIDs). SSRIs are typically prescribed for depression. NSAIDs (prescription-strength and lower-dose over-the-counter strength) are often prescribed for muscle aches, fibromyalgia pain and other conditions common with people who survived trauma. Numerous studies document that prescription and non-prescription drugs used as directed are one of the leading causes of death in the U.S. When you add these deaths to those caused by surgery, the allopathic health system is the leading cause of death in the U.S.!⁶

Allopathy has also saved lives – including mine. But it needs to be our last resort, instead of our first or only resort. All people deserve health coverage that includes access to natural products and techniques that prevent disease and enhance body-mind wellness.

I address certain conditions (depression, headaches, insomnia, anxiety, etc.) and do-it-yourself remedies. By the time you finish the book, you'll know lots of holistic, natural solutions to use with or without allopathy. This book is inspired by:

- * over two thousand people who were my holistic health students and clients - most of whom survived trauma,
- * people who participated in the international mutual-support organization I founded for people with Dissociative Identity and their loved ones,
- * many people who brilliantly wrote and taught within the fields of holistic health and psychology.

Not everything works for everyone. But it's likely you'll find something in this book that will help you. Some of the book describes techniques you can do without spending any money. I do not have financial ties to any product or business I mention (other than

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my own books, CDs, etc.). Thus, I'm freer to make ethical recommendations. I show you the least expensive (free is best), quickest ways I know for maximizing your wellness.

Some methods in this book can teach all of one's personalities to live in harmony within - with less strain on the brain and nervous system. Certain methods specifically address PTSD symptoms. You don't have to know about all your personalities nor do you have to know all about why you have PTSD, to use this book.

I reveal here one of my basic beliefs: pain sucks! I'm eager to show you effective, long-term ways to prevent or alleviate emotional and physical pain. With any remaining pain, I provide you some means to get the most benefit from it. There actually can be benefit derived from it!

The bad news is there is not an instant cure for PTSD/DID. The good news is you can lessen your discomfort (anxiety, depression, dissociation-related headaches, etc.) and increase your comfort (calmness, happiness, well-being, etc.). You do not have to have formal training in health or psychology to use this book.

The book is not meant to replace professional assistance or a support system (12-Step groups, caring friends, etc.). You deserve to have support. I avoid gruesome details about specific traumas in this book. But the subject of trauma may bring up intense feelings for you. Please make a list of supportive people and/or local resources (crisis lines, mental health centers, etc.) that you can call, before you explore further chapters of this book.

Author's Background

As a child in California, I was very poor and malnourished. My father was an active alcoholic. He severely abused me physically, emotionally, sexually. My mother had physically survived her own very abusive childhood. But her mind was very fragmented, probably from undiagnosed DID and PTSD. She unconsciously identified with her abusers, so she severely neglected and abused my siblings and me. Like many children who are severely abused, my mind tried to protect me. It stored traumatic memories and overwhelming emotions in mental boxes of amnesia (dissociation).

My parents divorced when I was six. By the time I was fifteen in 1969, I struggled with increasingly swollen joints. Both parents refused to pay for a doctor. Then in October, in my mother's rented house, I lay in bed unable to take a deep breath, eat or drink without excruciating pain.

The first day I begged my mother to call a doctor. She refused, and then would spend hours talking to me as if nothing was wrong. The second day, I begged again. She refused and again, talked for hours. On the third day, I knew I was dying. I was too weak to move. My mother left for a few hours. Then I felt a loving, spiritual presence in the room with me. It spoke to me with thought. It said, "When your mother comes back, do not say a word."

I thought back, "But I need to tell her to get a doctor."

The spiritual presence was adamant. "Do not speak."

My mother came back, stood in front of me and began talking. But I did not say a word, not even a grunt. My lack of reply eventually penetrated her awareness. She became anxious, and then half-carried me to the car. She drove me to our small-town hospital.

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The spiritual presence was with me at the hospital, saying "Do not speak to the doctors." So I kept quiet. My lack of reply made the doctors anxious enough to admit me. They didn't know what was wrong, so they put me in a quarantine room in case I was contagious.

An X-ray showed that my pericardium (the heart's protective covering) and heart had swollen to twice normal size. They rubbed against my lungs when I breathed or moved. My joints were extremely swollen.

There was one nurse for the entire hospital's night shift (adequate for that little, single-floor facility). She sat with me that night. She stroked my hand and face to comfort me.

I grew very weak. I began to see beyond the physical realm. I saw a whirlpool above me, inviting my spirit away from my body. When my breathing stopped, the night nurse shouted "Breathe! Breathe!" And I would - once or twice. Then I'd stop breathing and start going back toward the whirlpool.

I finally could not respond to the nurse and I no longer breathed. I calmly noticed that I was now looking down at my inert body. I could see the nurse's lips moving and her hands shaking my body. But I couldn't hear or feel her anymore.

I traveled through the whirlpool. When I got through to the other side, all pain vanished. I felt The Source of Unconditional Love.

Spiritual guides helped me review my life and previous existences. The review covered eons of time. But in the realm of my lifeless body, only a few minutes passed.

From my ageless soul-level, I understood it is important for the Source of Unconditional Love (which is all of us and everything) to explore and express that Love in the physical world. The Source needs to keep learning and developing Itself. I as a soul decided that there was more I might do for my own development if I were still living.

So I as soul prepared for re-entering my body. Therefore, I began thinking less like an ageless soul and more like a fifteen-year-old. I argued about my own soul decision. "I don't wanna go back! It hurts back there! I want that Source of Unconditional Love! It's so, so wonderful and..."

"Yes, yes, we know," said the guides. "But the Source is always with you, on the physical plane too."

"Yeah, but if I go back, will I still feel the Source like I do here?"

"You'll be able to feel the Source's love."

"Yeah, but it won't be as easy to feel, will it?!"

"No, not right away. But you can learn to meditate and other things that make it easier to feel."

I sure didn't think much of that! So I stalled. I revisited my soul level, came to the same decision (from that point of view) to return to my body. But as I would move into my human perspective so I could return to my body, I wouldn't be so sure. Back and forth: soul-level and a clear decision, then human-level and wanting to stall to effortlessly soak up that Unconditional Love.

The guides said, "We're here to help whatever you as soul decide. We can't make time slow down forever. The connection to your physical body is almost gone completely. If you don't decide right now, you won't have a choice!"

"Well, maybe..."

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"Hurry up and decide right now!"

With a huge effort, my soul-level connected more with my human-level so I could agree to state, "I'm ready to go back."

I went back through the whirlpool. Suddenly, time returned to its normal rate. I breathed into my pain-wracked body and heard the night nurse shouting "Breathe!" With sheer will power and her encouragement, I breathed through to the morning.

One of my high-school teachers came to see me through the quarantine window. Then, she phoned a doctor she knew at Stanford University and told him my symptoms. The doctor phoned a rheumatologist in a city near my small town. The rheumatologist came and diagnosed my condition as systemic lupus erythematosus (SLE). He ordered prednisone put in my i.v. tube. My heart quickly went back to normal size; my joints were less swollen. With far less pain, I could breathe, eat and drink.

I asked the rheumatologist what that long name disease meant.

He looked away. "Uh, you'll just have to rest, take naps."

"When can I go back to school?"

"Just rest a lot and take prednisone pills each morning. I'll see you tomorrow. Bye."

I was in the hospital two weeks, and then sent home. With food, sleep and prednisone, I became strong enough to ride in the car with my mother to see a rheumatology specialist (one of the world's leading lupus researchers) at Stanford. In the waiting area, his receptionist told us to go wait in his inner private office. She said he would be there in two hours. My mother went off to the cafeteria. I sat alone in the doctor's office with the door closed.

I got bored. I looked at the doctor's bookshelves. Then I rummaged through his desk. I came across a magazine about that long name disease I had. This magazine had the latest research. I couldn't understand a lot of the words. But I recognized the word "prednisone." At the end of the magazine I read "Patients with systemic lupus erythematosus have a 50 % chance of living five years, with worsening odds afterward."

I knew enough math to understand that prognosis. I put the magazine back in the drawer and sat silently in shock. My mother returned; the specialist finally showed up. I asked him, "What does it really mean, this systemic whatever I have? And don't tell me I'll just have to take naps. I read that special magazine you have. It says I'll probably be dead by 1975!"

He looked me in the eye and said, "We thought you were too young to be told the truth. I can see now that we were wrong. In this disease, the body attacks its own tissues. Prednisone suppresses that autoimmune activity. But by suppressing the immune function, the body is vulnerable to outside invaders such as viruses or bacteria. Prednisone has serious side effects. The truth is we don't have a cure, only partial control." He suggested I still try to go back to high school, make plans for graduating and going to college.

After that appointment, I reflected about my life. My rebelliousness served me well. I decided not to passively die on schedule. The description about my body attacking itself seemed important. What did it mean not just physically, but emotionally, spiritually? I didn't know how I'd find out. But I would practice staying open to possibilities.

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Through will power and help from spiritual experiences along the way, I graduated high school with my class of 1972. I won scholarships and loans for college. I began reading about nutrition, received massages and heard about meditation. I applied what I was learning, to my own life. My physical health began improving. In my sophomore year, I transferred from UC Santa Barbara to UCLA.

I was a vocal performance major there and excelled in music. But in my personal life, I was very confused emotionally. The oppressive dominant culture, the destructive patterns of my family, and my craving for human love propelled my negative behavior. I even misinterpreted some of my spiritual experiences. I engaged in mutual manipulation with others, and deluded myself.

Luckily, the innate goodness that is within all of us steered me toward beneficial inner and outer resources. I decided to avoid persons who like to perpetuate interpersonal melodrama. I consciously embarked on a healing quest. I transferred to a different campus and moved away from Los Angeles.

Along with university formal learning, I also studied acupressure, meditation, and the martial-spiritual arts of kung fu and aikido. My scattered energy became more grounded and balanced. My mind began to clarify, due to diligent practice and self-inquiry. I was becoming more able to tune into my Heart chakra (a spiritual energy center), for guidance and to feel the Source of Unconditional Love.

I applied for a non-residential Doctor of Naturopathy degree program. The people directing the program gave me a full-tuition scholarship, when I described my health predicament, limited finances and passion for natural healing. This traditional naturopathic education had roots in "folk" medicine yet incorporated twentieth-century information. Supplementing the program with additional reading and in-person training, I applied naturopathic principles to my body. I told myself, "I'm my own final exam - if I live past 1975!"

I tapered off prednisone. My efforts with natural health put the systemic lupus into remission (eliminated it). I completed the naturopathy program and was awarded the Doctor of Naturopathy degree. For more details about my education, see this endnote.⁷

I assisted clients for a time in California. In 1978, I moved to Colorado and re-opened my holistic health practice there. I decided upon a sliding fee; I never denied anyone my services if they couldn't afford to pay. Over the next ten years, I assisted over two thousand of my private-practice clients and community-class students. I also taught health professionals in my continuing-education (CEU) approved classes.

I learned about nature-based spirituality such as Goddess traditions including Wicca (peaceful true witchcraft not Satanism). Witches are the medicine people of indigenous Europe, including Ireland (where my maternal grandmother was born).⁸ I found evidence that on my father's side, I am part Oglala (sometimes called Lakota or Sioux) – a Native American Plains tribe. My father (as had most of his relatives) had "passed" as fully anglo, had kept the native ancestry a secret, and lived in a Christian, Caucasian style.⁹ Nonetheless, ever since I was as a toddler, I'd had visions about the Lakota Native American "Rainbow Prophecy" of peace.

As an adult in Colorado, I was consciously nourishing not only my body and mind but also my spirit. I organized free solstice and equinox ceremonies, planetary healing rituals

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and other activities. I was a peacekeeper at annual "Take Back the Night" marches to prevent violence against women. My community radio show broadcasted natural health information to listeners.

My desire to understand myself led me to complete a B.A. in psychology. To deepen my professional knowledge, I completed 1035 hours at the prestigious Boulder School of Massage Therapy. The program covered much more than just massage. Powerful emotionally-based therapies and other techniques complemented the bodywork courses.¹⁰

In 1985, I finally paid off my student loans. I wondered, "This year, will I move up in life from poor to middle-class?" But the universe had something else more important than financial security awaiting me.

I had seen private counselors occasionally, to deal with a few vague abuse memories. However, by 1985, I had been away from my abusive parents long enough and had learned healing tools. Long-neglected emotional levels suddenly burst open.

I started feeling strange after receiving counseling sessions. Listening to my own clients during their sessions, unfamiliar scenes from my childhood flashed before me. I was also having nightmares.

I explained to my therapist that I felt odd - like I was still Cindee but somehow different. It became clear to my therapist and me that I not only had PTSD but also what was then called Multiple Personality Disorder (MPD). The 1985 psychological establishment was divided about MPD. Some professionals thought MPD didn't exist.

Others thought MPD did exist. Certain conventional MPD therapists prescribed high doses of tranquilizers and sedatives, hospitalization - even electric "shock treatment" and brain lobotomy. These measures injured or even killed patients. Psychologists would eventually rename the condition "Dissociative Identity Disorder," which is more accurate. It isn't multiple personalities. Rather, it is one personality that has been fragmented, dissociated within itself.

But back in 1985, it was called multiple personality and I was scared. "Oh great, first I have an incurable physical disease. I am living through that. Now I find out I have MPD! Does that mean I'm like that guy in the movie 'Dr. Jekyll and Mister Hyde'?"

I tried to calm myself. "Now wait a minute. Years before, I came out as a lesbian, even though lesbians and gays are portrayed negatively in the media. I embraced Earth-based traditions. Witches and Native Americans are misrepresented by the currently-dominant culture. Maybe I shouldn't believe the distorted media. I shouldn't be prejudiced about my psychological challenge."

When my traumatic flashbacks increased, I had to stop working in late 1986 and go on a meager disability income. The switching of personality areas accelerated. One minute I sounded like an adult health professional, then a baby, then a teenager. How was I going to deal with this?

Since a holistic approach had helped my body, I chose a holistic approach with my mind. I would try to keep returning to my Heart chakra for guidance. I wouldn't resort to hospitalization, shock treatment or lobotomy. I would be willing to use low doses of a prescription tranquilizer or sedative, when necessary. However, my focus would be on natural, holistic healing. I didn't yet know the details of how to heal dissociation. But I would practice staying open to possibilities.

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celestialsinger1-healingbook@yahoo.com*

I found that some therapists were discussing how Multiple Personality Disorder was not a disorder. They described how dissociation is actually very functional, to help a child survive overwhelming trauma. They found that most people with MPD (Dissociative Identity Disorder) are sane, competent, intelligent, and creative.

I reflected upon my previous thousands of clients and students; most of them had survived trauma. I realized that the vast majority of them had undiagnosed PTSD and/or DID. They had been significantly helped by my natural, holistic approach. My clinical experience held a bounty of PTSD/DID remedies that I could apply to my PTSD and DID.

In 1989, I founded a peer-support organization "MPDignity" for people with DID and their loved ones. MPDignity participants in the U.S. and Canada included therapists, law enforcement workers, therapy clients and others. After a few years, I closed the organization, due to personal reasons and lack of funds. But the self-care tips we members had shared stimulated my creative problem-solving capacity.

Over the years, I've learned to research a possible approach and to ask my body-mind-spirit before trying something. I've learned how to observe what works for me, adjusting my approach as I get feedback from my body-mind-spirit. I'm a permanently-enrolled student of myself, always learning. Up to the time of this book's publication, I kept fine-tuning the self-care techniques with friends and acquaintances who have PTSD and/or DID. I personally utilize health professionals and support groups as resources, as well as self-care.

The systemic lupus (SLE) I had in my youth is still absent. After a particular lab test decades ago, the astonished doctor told me that the "SLE cell" is gone. If he hadn't seen my previous tests (when the SLE cell was present), he wouldn't know I had ever had SLE. His remarks prompted me to title one of my magazine articles "How I Cured My 'Incurable' Disease." Allopathy uses the term "spontaneous remission." It actually took years (1972-77) of intelligent, consistent lifestyle changes – hardly spontaneous!

Due to stresses that occurred after 1986, my body developed muscle aches and other symptoms. Tests showed I had Mixed Connective Tissue Disease and perhaps fibromyalgia. I got those autoimmune conditions under good control (to the surprise of my medical doctors), with natural healing methods.

Over the decades, I've had surgeries to address damage done by my childhood past of SLE, malnutrition and abuse. Because of that structural damage, I might always have certain limitations in some activities involving my feet and hands. Holistic health greatly eases my bouts of pain.

For my well-being, I integrate up-to-date health information with centuries-old healing wisdom. Antiquity and internet can go hand-in-hand. You'll see them strolling together, throughout this book.

As for my mind, the discomforts of PTSD and DID steadily keep diminishing. My mental structure is increasingly flexible (rather than dissociated). My more-flexible mental structure accommodates healing changes in function. I have more tools to deal not only with past trauma but with present-day stress. My body-mind-spirit is delighting in having more creativity and serenity, as well as the joy of sharing healing tools with you!

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You know those “self-help” books that promise if you use their techniques, you’ll instantly be free of health problems, be happy all the time and get rich? This book isn’t one of those. You might have seen a self-help book describing the author as constantly athletic, ecstatic, and wealthy. Presently, I’m not like that. In fact, emphasizing those attributes - attaining them at all costs - is detrimental to true wellness of individual and planet.

Why did I risk sharing with you this description about the book and me? My hope is that you respond to my honesty and that you explore this book to gain steadily increasing, authentic well-being. I offer you practical wisdom gleaned from my experience, the experiences of others who have PTSD and/or DID and from numerous respected resources.

This book addresses your body, mind and spirit, as you can tell from the Table of Contents. Unless otherwise indicated, the reference endnotes, resource addresses, etc. are regarding the United States. The names of my clients, students, friends, and certain teachers are fictitious, to respect their privacy.

Philosophy of This Book

I have deep compassion about the fact that you suffered trauma and you now have PTSD and/or DID. Fortunately, now you do have some degree of choice about how you’re going to respond to your situation. I can be one of your companions along the healing journey. Such a journey is easier with caring comrades, be they in person or in print. Within you is a wealth of wisdom and power.

You can reword parts of this book, if you wish. You could use simpler wording for when you’re tired or, if you have DID, on behalf of your younger personality areas. For any reader, to deepen your understanding, you could draw pictures or use arts and crafts to represent key concepts. If at times (due to PTS symptoms or certain DI personality areas) you perceive better by hearing rather than seeing, try audio recording your wording. I explain later about recording your voice, using commercial recordings, and employing all five physical senses.

You are not your diagnostic labels. This book supports your freedom from limiting concepts about your identity. This book is not a self-improvement text. Rather, it’s a resource for the unfolding of the immense, radiant being you truly are.

I show you ways to develop your gifts – your multiple “intelligences” that you can bring to present life. Intelligence is not merely rational-logical ability as evaluated in I.Q. tests. Social and biological sciences are identifying numerous intelligences that we all possess (emotional, artistic and others).¹¹ If you have DID, “all of you” can learn to appreciate your personality areas. If you have PTSD, you can grow to value not only the more-functional, pre-trauma “you” – but also the present-day “you” dealing with PTSD.

Special Wording

I prefer the terms “DI” and “PTS” (not “DID” and “PTSD”), to affirm that dissociation is not a disorder. Dissociation is very functional, when we’re faced with overwhelming trauma. For “all of me” (all of my personality areas), dropping the word “disorder”

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reduces the unnecessary shame I might have about my psychological challenges. Though I've done a lot of self-healing, I might always have some degree of PTS/DI.

Disability rights activists have taught me much about having self-esteem, regardless of whether my body or mind fits the currently-dominant society's "norm." By removing "disorder" from these diagnostic labels, I emphasize the dissociative patterns we are healing. Patterns can heal and change.

Throughout this book, I'm addressing you, the one reader (singular), even when I use phrases such as "some of you" and "all of you." "Some of you" means some of the personality areas within you (the one reader). "All of you" means all the personality areas that make up your unique personhood.

If you have PTS and don't have DI, the holistic emphasis of my special wording will still benefit you. The language we use shapes our perception and experience of life. There are more aspects to you than standard English readily describes. Please do read the book sections not only about PTS but also those that seem to be only about DI. In later chapters, I explain how being informed about DI will serve your PTS recovery.

I prefer "personality areas" instead of "personalities." For all of me, "areas" seems more fluid and flexible. When "all of me" views my mind as a multidimensional, ever-changing reality, I more easily allow healing changes of my mind's structure and functioning.

In order to describe your inner reality to someone, you may need to identify your personality areas with words. Use wording that affirms your wholeness, your underlying unity. If you have (or want to have) different names or descriptions for your different areas, add "of me" or "of all of me." For example, a person could say "the Paul area of me enjoys jazz music."

Early in my recovery, I decided to have all of me respond to being called "Cindee" by other people. Though I use several descriptive phrases to identify some of my personality areas, I want my interactions with the outside world to affirm my inherent unity. I pondered legally changing my name. I kept my birth name.

One option for anyone with DI is to pick one name for the outside world to use when referring to him/her. You have other options, too. Later in this book, I suggest ways to create decisions that are agreeable to all of you or most of you.

Use self-descriptions that allow for healing change. If you have DI, describe your personality area with words that affirm the area's underlying helpful intention. The area is trying to fill a need. Later chapters show you how to discover what your areas' underlying helpful intentions are.

As an example, naming a DI area "The Angry One" unfairly restricts that area to a very narrow expression. "The Protective Area" allows for more choices (not just anger) for being protective. Or you could say "one of my protective areas" (affirming that more than one area can be protective). You could say "when I'm feeling protective," to affirm that any of you can feel protective (even if some of you don't yet).

For the liberation of all of you, avoid "either/or" self-descriptions. In nature, we see degrees of a characteristic, even of gender. Many indigenous cultures (societies that live more in harmony with nature) recognize this reality. For instance, the Native American Diné (Navaho) have words for over forty genders.¹² Western scientific understanding of

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human chromosomes reveals several possible arrangements (not just two) of maleness-femaleness.

Use degrees of an adjective; try not to limit a personality area to a gender or an age. Instead of "my boy personality" or "the seven-year-old," alternatives might be "the area of me that's more boyish" or "the area of me that's mostly seven." It takes a couple seconds longer for me to say "the younger area I'm in now" instead of simply saying "I." But it's worth it. Verbally affirming my unity greatly assists my mental healing.

Suppose that in a given moment, you are experiencing the world primarily through the area you have named "Jane." You could say or think "the Jane area of all of me likes chocolate." If, in a different moment, you are experiencing the world mostly from a different area, you could think or say "The Jane area of me likes chocolate, but the area I'm in now likes vanilla better."

Notice I used "in now" in the previous sentence? "In now" expresses that there is an awareness that travels throughout the mind. Whether you have DI or not, you have a traveling awareness. This roaming awareness can be a thread weaving love within body-mind-spirit levels, as well as between DI areas or PTS moods.

At times, some people with PTS compare their trauma with other people's suffering, to "win" as the most traumatized person. A presently-competitive society teaches us to be either stoic (never speaking of pain) or stagnantly wallowing in it. To increase my own and society's well-being, I practice keeping free of that stoic/wallowing pattern of extremes. You're invited to practice with me.

Sometimes, particular people with DI claim to have counted the number of "personalities" they have. I've watched unfortunate contests-of-sorts: whoever had the most personalities was considered the most victimized, brave or unusual. All of me suggests not to bother trying to count how many personalities you have. Trying to count them reinforces an illusion that the mind is an unchanging thing with countable items. Trying to count them creates egotistical attachment to the supposed number. The egotistical attachment tries to keep dissociative walls between personality areas rigid and thick - even during safe times when flexible, thinner walls would better serve.

Some therapists claim to have "fused" the supposedly-countable personalities into one. "I've healed my patient! She's normal now!" such a therapist may declare. But the mind is not a static object with countable pieces (personalities) which, once fused together, are "finished." Rather, the mind is an ongoing process and reality. In this book, I highlight practical ways to focus on quality (not quantity) of personality areas. The result: comfort and wellness for all of you.

What to Expect With Holistic Healing

Many of us were taught that "health" is the absence of symptoms and the absence of psychological differences deemed "abnormal." Actually, health is the presence of wellness, equanimity and other attributes. Someone can have disabilities or unusual mental processes and still have wellness.

I suggest we avoid suppressing symptoms when we can, so toxins or blockages can arise and clear. I show you ways to address the causes of PTS/DI symptoms. I address how to be more at ease, if intense physical or psychological clearing occurs.

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Compassionate self-care means pacing ourselves, so we can stay on our healing journey for the long-term.

To evaluate your progress, jot down your experiences in a notebook as you go along. You might visualize your progress as a line on a graph. Let's define "best times" as when you had the least discomfort from PTS/DI or the most skill using holistic healing. Progress can still include dissociation-related activity (personality areas, hyper-startle response, etc.). "Best times" are when you have the least discomfort - not necessarily the least activity!

On your graph's line, the best times are marked higher than the worst times. Most of us in modern society have been taught that "progress" is a graph line. It starts at the lower left corner and rises steadily toward the upper right corner (as a single-line incline). But real life and holistic healing don't do that.

Your line may start with some incline, followed by a plateau or a dip, then a section of incline, another dip and so on. Rather than focus on how high your highest is, look at where each incline section resumes. Most of the incline sections probably resume at a higher point than the very start of the graph's line. It's more useful to assess the dips than the high points. As I use a particular technique or product, if my worst times generally become less severe or long, I continue with it.

The plateaus are periods of integrating the progress made so far. The dips are times of cleansing and clearing physical or psychological blockages. Cleansings and clearings may be subtle or dramatic. You can slow your pace, change which technique you practice or adjust other factors. Your body-mind will naturally move into a rebuilding part of the cycle. Then the body-mind is ready to break up another layer of blockages, to release another layer of burdens.

Instead of a line on a graph, why not view progress as a 3-D spiraling line? There are seasons in nature. Winter returns; imagine winters as being on one side of all the spiral's levels. But this year's winter is not the exact same winter as last year. Personal healing has cycles. I might be dealing yet again with processing a particular, past traumatic event. Though the event is the same content, the present day's process is not exactly the same as the other times I worked on that trauma.

The English language can be inadequate at times. "Healing journey" implies a start-finish-goal. Actually, progress is not merely linear or spiral-ish. It's multi-dimensional, a multi-level infinite unfolding. This unfolding will become clearer to you and me, as we travel the book together.

Presently-Conventional Definitions of PTS/DI

What if you find part of the definition below fits you? You might think the definition confirms you're "crazy" and feel fear. Or, hopefully, you might feel reassured that your mental health challenge actually has a name (other than "crazy").

Suppose your experience doesn't fit neatly into these definitions? Then disregard the definitions. They don't describe the diversity of symptoms, behaviors or mental structures that exist among us who have PTS/DI. Parts of the definitions reinforce limiting concepts, for instance: "Whichever personality is dominant determines the individual's

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behavior at that time." That statement doesn't reflect behavior chosen by a cooperating collective of personality areas.

Neither conventional definition of PTS or DI makes room for when a person still has PTS/DI and has reduced or eliminated the symptoms. But it's worthwhile to know the definitions. They're what some health professionals, mental services patients and others hold as initial concepts.

These definitions are derived from www.emedicine.com, www.nami.org, www.nlm.nih.gov. Some of these references draw upon the Diagnostic and Statistical Manual of Mental Disorders (DSM) Third and Fourth Editions. The DSM is what health insurance companies rely upon for treatment plan, coverage, etc.

Description of PTSD:

Immediately after a trauma or decades later, PTSD symptoms can occur. They can include angry outbursts; reactions to present situations that remind the one of the trauma; in waking life or in dreams reliving the trauma; difficulty concentrating; exaggerated reactions when startled; feeling guilty about surviving the trauma; stress, tension and/or anxiety symptoms.

Description of DID:

A possible response to overwhelming childhood trauma. DID is diagnosed by the presence of two or more distinct personalities. At a particular time, each personality is dominant. Whichever personality is dominant determines the individual's behavior at that time. Amnesia was added as a diagnostic criterion, for the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition. The person with DID, while a particular personality was dominant, may not recall what she/he did during that time. The different personalities may show differences in attitudes, speech, mannerisms, gender orientation, and other mental or physical aspects.

So here you and I are, at this chapter's last paragraph. I'm glad you've read this far. When you have your personal support phone-list and notebook ready, I'll meet you elsewhere in the book.

¹ The Resiliency Advantage (chapter 12 footnote 8) cites: Duran, Eduardo, and Bonnie Duran Native American Postcolonial Psychology (New York: State University of New York Press, 1995), SUNY Series in Transpersonal and Humanistic Psychology.

² Being alert each day to warning signs of prejudice and discrimination is hyper-vigilance, in my opinion. Our bodies and minds weren't designed for such constant, intense vigilance. Unfortunately, such vigilance is a survival necessity for many oppressed populations.

³ "News Media and the Mean World" by David A. Gershaw, Ph.D., www.jiskha.com/social_studies/psychology/mean_news_media.html. For social categorization: "Active Nonviolence: Heroes for an Unheroic Time" by Carol Estes (Yes! Magazine, Spring 2006). Social categorization (with extensive bibliography): "Of Badges, Bonds and Boundaries: Ingroup/outgroup differentiation and ethnocentrism revisited" by Johan M.G. van der Dennen, Center for Peace and Conflict Studies, University of Groningen, The Netherlands, paper presented at the fifth Annual Meeting of the European Sociobiological Society, St. John's College, Oxford, U.K. (Jan.5-6, 1985), at <http://faculty.mdc.edu/jmcnair/Joe7pages/Ingroup%20outgroup%20differentiation%20and%20ethnocentrism.htm> (accessed Dec.19, 2006).

⁴ "Coming Apart: Trauma and the Fragmentation of the Self" by David Spiegel, M.D., dated Jan.30, 2008 (www.dana.org; accessed April 28, 2008).

⁵ For instance, the "Transcend" program by psychologists Beverly Donovan and Edgardo Padin-Rivera, refined by Morgane Weekly L.I.S.W. at the Stokes V.A. Center and the "Healing the Wounds of War" program by Jim Gordon, M.D. of the Center for Mind-Body Medicine of Washington, D.C.

⁶ An astonishing 33-page article is "Death by Medicine" by Gary Null PhD, Carolyn Dean MD ND, Martin Feldman MD, Debora Rasio MD and Dorothy Smith PhD. The article (with 152 impeccable references and published in Life Extension Magazine March 2004) is available at www.lef.org (search Death by Medicine). Citations include U.S. National Center for Health Statistics, National Vital Statistics Report, Vol. 51, no. 5, March 14, 2003, Forster AJ, Murff HJ, Peterson JF, Gandhi TK, Bates DW "The incidence and severity of adverse events affecting patients after discharge from the hospital" *Ann Intern Med* 2003 Feb 4;138(3):161-7, Gandhi TK, Weingart SN, Borus J, et al "Adverse drug events in ambulatory care" *N Engl J Med* 2003 Apr 17;348(16):1556-64, "Medication side effects strike 1 in 4" Reuters, April 17, 2003.

⁷ In California under Senate Bill 907, I may call myself a naturopath, traditional naturopathic practitioner, or naturopathic practitioner. This category is different from the newer "naturopathic physician" category. The non-residential naturopathic school I studied with was Bernadean University. To my knowledge, Bernadean no longer exists. There were required textbooks for Bernadean's naturopathy program of forty courses. When the student felt ready, a course test was mailed to her/him. The unsupervised student was allowed to refer to all the printed materials, before answering the questions. The student then mailed the answered test back for faculty comments. The emphasis was on not short-term memorization but long-term understanding.

I earned straight "A" grades. "Et al" in a course title meant other subjects were included. The forty courses were: Principles of Natural Therapy; Circulatory System; Digestive System; Reproductive System; Nutrition: food classes; Nutrition: food combining; Hygiene and Sanitation; Biology; Introduction to Herbs; Uses of Comfrey; Alfalfa Study; Ginseng, Parsley and Mint; Wahoo, Licorice and Cayenne; Kelp Values; Slippery Elm, Senna, et al; Anise, Pink Root, et al; Hypnosis Therapy; Abrus, Belladonna, et al; Asafetida, Bloodroot, et al; Massage Therapy; Medical Gymnastics (physical exercise); Aloes, Burdock, et al; Blue Flag, Acacia Bark, et al; Hypnosis: Eliminating Bad Habits; Black Haw, Byrony, et al; Cleavers, Cloves, et al; Celery, Damiana, et al; Digitalis, Hawthorn, et al; Daisy, Lycopodium, et al; Barley, Quince, et al; Emergency Obstetrics; Classes of Plants; Hyssop, Tansy, et al; Balm, Dandelion, et al; Fig, Juniper Berries, et al; Gentian, Jambul, et al; Chemistry; Bacteriology and Toxicology; Pathology, Anemia, Edema; Osteology.

I am a legal minister and Doctor of Divinity (D.D.). I obtained these credentials from Universal Life Church. ULC believed that anyone can minister to others' needs. I appreciated the rights that being a legal minister and D.D. offer. I wanted to be better able to protect the confidentiality of my clients and students. I'm registered with ULC as a ULC journalist; ULC published its own magazine. Being a registered journalist is another way to protect clients and other sources of which I write.

⁸ Dreaming the Dark and other books by Starhawk explain Wicca. www.starhawk.org.

⁹ A few paternal relatives revealed the family racial secret. I also found medical verification. People of Sioux heritage are much more likely to have systemic lupus than Caucasians. I had been diagnosed with SLE at age fifteen. My biological brother had lupus symptoms, though I don't know if he was ever diagnosed. SLE is uncommon in females and even rarer in males – highly unlikely in a fully Caucasian family. Morton RO "The incidence of systemic lupus erythematosus in North American Indians" *J Rheumatol* 1976 Jun;3(2):186-90. "Natural Medicine and Nutritional Therapy as an Alternative Treatment in Systemic Lupus Erythematosus" by Tom Patavino and David M. Brady, *Alternative Medicine Review*, 2001, Jun;6(5):460-471 cites The Lupus Book: A Guide for Patients and Their Families by DJ Wallace (New York: Oxford University Press; 1995;6-12,66).

¹⁰ The courses I took were: Personal Integration Seminar (support group to deal with emotions arising from bodywork), Swedish Massage, Reflexology, Anatomy, Physiology, Shiatsu Massage, Business Ethics, Perspectives of Oriental

Medicine, Neo-Reichian Massage (includes energy healing), Body-Centered Therapy (emotional healing via the body), Human Sexuality, Surface Anatomy, Hydrotherapy, Pathology. My total course hours were 1035; I graduated in good standing. After completing the program (approved by the American Massage Therapy Association), I was a Certified Massage Therapist.

¹¹ Frames of the Mind: The Theory of Multiple Intelligences (New York: Basic Book, 1983) and Intelligence Reframed: Multiple Intelligences for the 21st Century (New York: Basic Books, 1999), cited in Appreciative Intelligence: Seeing the Mighty Oak in the Acorn by Tojo Thatchenkery and Carol Metzger, p.135-136 (Berrett-Koehler Publishers).

¹² Changing Ones by Will Roscoe (St. Martin's Press, 1998).

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Nutrition

Imagine that you were observing the first nutritional consultation received by one of my clients. He was an obese, Caucasian man in his early thirties who, a few weeks earlier, had attended my class on holistic self-hypnosis. Now, he walked in my office, bringing a notebook and pen as I had recommended.

Right after he sat in the client's chair, he self-mockingly groaned, "I'm a real 'Blubber Boy.' I've got a triple-chin!" He pinched his chin's excess fat for emphasis. "Cindee, I liked how you taught self-hypnosis class and about befriending the mind and body. I ought to be eating better. I believe what you said about nutrition making a difference with emotions."

He opened his notebook and poised his pen onto paper, ready to write. His head lowered from shame. His shoulders rose, anticipating condemnation. "Tell me all the things I have to give up."

I smiled sincerely. "Nothing, at first."

His shoulders lowered as his head jerked up. "What?!"

"It's easier to add nutritious food than to immediately take away all the unhealthy things. Otherwise, we feel deprived and go back to eating unhealthy foods. But if we gradually make changes, it works much better. We then feel good about ourselves for doing it. If we struggle too much about the change, we need to do self-hypnosis or other techniques to assist the mind.

"When we're better nourished, the craving for junk-food falls away. The superior flavor of the more-nutritious food makes junk-food less appealing. There are plenty of nutritious foods that are tasty to choose from."

His eyes welled up with grateful tears. "All these years I'd go on a drastic diet. I'd give up and hate myself even more. I'd try again, not be able to stick with it, feel more depressed. The depression is getting really bad. My weight ballooned up. I thought I was such a failure. But what you say, it means it's not my fault. Of course I couldn't stick with it! But making changes slower, helping my mind with self-hypnosis, adding healthy things I like... I know I can do that!"

He deeply sighed. "But I'm not sure I ought to go slow with the changes. My family doctor said this blubber and the junk-food are making my blood pressure go through the roof. So how fast can I go with nutrition changes?"

"You can make changes faster and keep them longer, if you take care of your emotional needs. For instance, a client with cancer was really motivated. She zoomed right along. But she made time, at least a few minutes each day, to support her emotions."

"I wanna go fast. But how will I know what technique to use to help my emotions?"

"In self-hypnosis class you learned ways to use your intuition. Your intuition is like a muscle. It gets stronger as you use it. Your intuition will guide your intellect." I knew that, if needed, I could introduce him to emotion support tools other than self-hypnosis.

"Cindee, when I go to a bookstore, I see one book saying their diet is the best. Then there's another book that says the opposite!"

"I'll explain in a little while about how we can approach contradictory information. What I do for myself is start with dietary changes that have a logical basis that fits for my body in its current state. I adjust the change to fit me, if needed."

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He gestured in air, with pen in hand. "It's like you said in self-hypnosis class. You flow with a technique and change it to fit you. So I would do that with nutrition?"

"Yes. You pick which change to add or drop. Information doesn't have to come from me! Maybe you read about a study of a useful herb. Maybe your medical doctor tells you about a self-care technique. Over time, your intellect gets more informed. It offers your intuition more tools to pick from!"

He nodded. "It's funny - but an approach that includes my intuition makes logical sense!" He repositioned his pen-in-hand onto the paper. "I'm ready to know more."

Let's consider why you, a reader with PTS or DI, might be ready to know more about nutrition. When you underwent the trauma that caused the PTS or DI, you endured stress. Afterward, living with PTS or DI can be stressful. Stress affects nutrition - your body's ability to receive nourishment from your diet. Our brains need nutritional support, to help our minds make bridges of cooperation across the chasms of dissociation.

You'll get more healing results by caring for your body, mind and spirit (not just changing your diet). For instance, you might make a small dietary change one day, the next day practice meditation, and then the next day express emotions with art. Your pacing and healing-tool choices are up to you.

People in chronic stress are susceptible to many illnesses (irritable bowel syndrome, fibromyalgia, etc.).¹ Let's take a brief tour of a stressed body. A "stressor" can be an illness, injury, intense emotional reaction or something else. During the first stage of stress - the alarm stage - the heart beats more quickly and forcefully. Blood vessels to the digestive organs constrict. Eating isn't a priority.

The body suddenly demands energy! The liver releases glucose. Body temperature rises; skin sweats and lungs breathe faster. The body boosts certain hormones (e.g., epinephrine, norepinephrine). Muscles get primed to fight, flee or "freeze" (stay very still).

In stress's next stage, a cascade of other hormones flows, including corticotrophin. The corticotrophin tells the pituitary gland to increase secretion of adrenocorticotrophic hormone (ACTH). Then ACTH instructs the adrenal glands to secrete more cortisol for wound healing and other emergency functions. The body retains sodium and water, keeping the blood pressure higher.

But if the stressor continues, then the exhaustion stage kicks in. Usually during exhaustion, cells lose more and more potassium. They function less and less effectively. If enough stress continues, they finally die. Another scenario is that blood glucose falls; cells starve. If conditions don't change, then the adrenal cortex, heart and blood vessels can fail. Major organs will shut down and the person dies.

What about milder, briefer stress? These stages happen but to a lesser degree. If the adrenal cortex chronically overworks, inflammatory or autoimmune disease may develop.² The stress response is a healthy one, when there is actual physical danger. Otherwise, the stress response is an unnecessary drain on the body's nutrition and the mind's serenity.

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celestialsinger1-healingbook@yahoo.com*

Even if we've been "stressing out" for years, we have innate self-healing capacities. For example, each day, your pancreas has replaced most of its cells. Each month, 98% of your brain protein is replaced.³ When you provide your body better building materials via nutrition, your body creates improved structures that function better.

To support your nutrition, do read food product labels. By the time you read this chapter, you'll know a lot more about which ingredients to avoid or choose. The ingredients on the U.S. law-required "ingredients list" of a food or nutritional supplement are listed in order of amount. The last ingredient gives the least amount to the product.

NUTRITIONAL SUPPLEMENTS

Because stress depletes nutrients, certain supplements or nutritious foods can produce noticeable improvements within a week. Other supplements may need months to do their work. If you are pregnant, lactating, have a physical illness, are elderly or are taking prescription medicines, check with a health professional (e.g., nutritionist, pharmacist, etc.) before taking supplements. Some supplements can aggravate certain illnesses or interfere with medicines.

The drug industry generally views the supplement industry as direct competition. Drug companies often publish inaccurate attacks on supplements and try to influence lawmakers against supplements. You can find less-biased supplement information through my book's "Resources" and other sources.

For your supplements, pick the lowest strength that's still considered effective. Avoid buying them from your health providers. The providers might be swayed (consciously or unconsciously) to recommend products from which they profit.

Buy a pill-cutter (found in drugstores) that will accommodate large tablets, so you can cut them into appropriate dose-servings. Capsules or time-released tablets should not be cut. Some non-time-released tablets are at higher doses than necessary; cut such tablets to save money per dose.

Liquid supplements are the most digestible. Next most digestible are capsules and lastly tablets. Look for supplements made with natural ingredients. Unless otherwise noted in this book or on the product label, supplements should be taken with food.

To swallow non-liquid supplements more easily, I first place the capsules on my tongue. I fill my mouth part-way with room-temperature water. I then tilt my chin slightly down. The capsules float up toward the back of the throat and are easy to swallow.

Next, I put tablets on my tongue and fill my mouth part-way with water. I tilt my chin up and back in one quick movement. The tablets shift to the back in position to swallow.

Usually, you can read for free from a health food store's reference books such as The Natural Pharmacy.⁴ Many health professionals conclude that the U.S. government's recommended daily amounts (RDAs) of nutrients are woefully low. These health professionals suggest taking much higher doses than the ones I list.⁵

Do you have a condition or symptom associated with the deficiency of a nutrient below?⁶ If yes, consider taking a supplement or eating foods sources of the nutrient. On supplement labels are weight measures "micrograms" (mcg) and the much weightier "milligrams" (mg).

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B VITAMIN GROUP. B vitamins influence your brain. People who take B vitamin supplements notice improvement in mood, energy, concentration, verbal fluency and other body-mind aspects. B vitamins ease depression, anxiety, addiction, fatigue and other conditions (below).⁷ A B vitamin can be within a B-complex or it can be bought separately:

* B1 (thiamine), adult daily dose 9-25 mg. Foods: asparagus, avocado, dried apricots, peas, nuts, beans, whole grains, eggs, fish, meat, wheat germ.

Deficiency symptoms and conditions possibly helped by this nutrient: constipation, depression, fatigue, canker sores, diabetes, insomnia, irritability, memory loss, nervousness, numbness of hands/feet, fibromyalgia, pain and noise sensitivity, beriberi, appetite loss.

* B2 (riboflavin), adult daily dose 20-25 mg. Your urine might be a harmless, deeper yellow color, after taking riboflavin. Foods: miso, whole grains, nuts, beans, eggs, fish, fruit, leafy green vegetables, seaweed, organ meats.

Deficiency symptoms and conditions possibly helped by this nutrient: poor digestion, migraine, canker sores, cataracts, light sensitivity, dizziness, oily skin.

* B3, adult daily dose 10-25 mg. The "niacin" form of B3 can cause a harmless temporary skin flushing; the non-niacin form "niacinamide" does not. Rare liver problems have occurred at B3 doses greater than 1,000 mg daily. Foods: whole grains, beans, dried figs, leafy green vegetables, peas, prunes, seafood, meat.

Deficiency symptoms and conditions possibly helped by this nutrient: alcohol withdrawal support, high cholesterol, high triglycerides, appetite loss, canker sores, depression, fatigue, headaches, cataracts, osteoporosis, painful menstruation, indigestion, insomnia, muscle weakness, nausea, anxiety, diabetes, hypoglycemia, hypothyroidism, Raynaud's phenomenon.

* B5 (pantothenic acid), adult daily dose 10-25 mg. Several thousand milligrams (several grams) a day can cause diarrhea. Foods: beans, peas, broccoli, whole grains, carrots, cauliflower, eggs, fish, organ meats, walnuts, spinach, peanuts.

Deficiency symptoms and conditions possibly helped by this nutrient: fatigue, insomnia, irritability, anxiety, high cholesterol, high triglycerides, rheumatoid arthritis, acne, lupus, lowered resistance to infections, intestinal disorders.

* B6 (pyridoxine), adult daily dose 10-25 mg. At doses over 200 mg. daily, the vitamin can cause damage to sensory nerves, causing numbness in the hands and feet and difficulty walking. Foods: avocado, bananas, blueberries, whole grains, melon, fish, leafy green vegetables, prunes, raisins, soy, walnuts, organ meats.

Deficiency symptoms and conditions possibly helped by this nutrient: depression, acne, dizziness, edema, hair loss, anxiety, irritability, insomnia, attention deficit disorder, alcohol withdrawal support, hypoglycemia.

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* Biotin, adult daily dose 30 micrograms. Diabetics may benefit with 8-16 milligrams daily. Foods: bananas, nuts, egg yolk, whole grains, raisins, organ meats. Deficiency symptoms and conditions possibly helped by this nutrient: depression, fatigue, dry skin, anxiety, insomnia, brittle nails.

* Choline, adult daily dose 100-500 mg. Foods: leafy green vegetables, legumes, bran, eggs, fish, nuts, seeds, organ meats.

Deficiency symptoms and conditions possibly helped by this nutrient: stomach ulcers, gallbladder attacks, intolerance to fats, high blood pressure, high cholesterol, liver support.

* Folic acid, adult daily dose 400 micrograms. Foods: beets, boysenberries, citrus fruits, cantaloupe, asparagus, cabbage family, eggs, leafy green vegetables, seafood, soy, milk products, organ meats.

Deficiency symptoms and conditions possibly helped by this nutrient: insomnia, depression, high homocysteine, abnormal pap smear, pregnancy and postpartum support, osteoporosis.

* Inositol, adult daily dose 100-500 mg. Foods: citrus fruits, whole grains, vegetables, nuts, milk, organ meats.

Deficiency symptoms and conditions possibly helped by this nutrient: anxiety, depression, diabetes, high cholesterol, hair loss, constipation, eczema.

* PABA (Para amino benzoic acid), adult daily dose 300-400 milligrams. Larger amounts (8 grams or more) can cause low blood sugar, fever, rash, or liver damage. Foods: whole grains, eggs, milk, organ meats.

Deficiency symptoms and conditions possibly helped by this nutrient: adrenal exhaustion, depression, constipation, fatigue, headaches, irritability, scleroderma.

* B12 (cobalamin), adult daily dose 2-25 micrograms. Foods: eggs, fish, meat, dairy products.

Deficiency symptoms and conditions possibly helped by this nutrient: fatigue, irritability, depression, anxiety, chronic fatigue syndrome, bursitis.

B-12 is available from nutritional yeast, and processed foods fortified with synthetic B-12.⁸ The Physicians Committee for Responsible Medicine doesn't consider the B-12 of "spirulina," sea vegetables, soy "tempeh" and "miso" to be reliable or active.⁹ But non-profit vegetarian organizations and food providers might vigorously disagree.

How can we make sense of contradictory information – not only regarding nutrition but other arenas of life?

APPROACHES TO CONTRADICTIONARY INFORMATION

Let's suppose six individuals read this book chapter and think they might be deficient in B-12, because of their symptoms. What does each of these people do?

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* Jane decides, "I don't care where I get my B-12. Hmm... I don't eat meat or dairy. Once in a great while I eat eggs or fish. So I'll buy a synthetic B-12 supplement."

* Jim opts for sprinkling nutritional yeast in his daily protein drink he makes in a blender. "With the fruit in the drink, I hardly notice the yeast flavor."

* Martha is improving a specific physical condition, by avoiding fermented foods (e.g., tempeh), mold foods (e.g., miso) and yeast foods (e.g., certain breads). "I'm not about to jeopardize my progress, by eating nutritional yeast, tempeh or miso. I'd rather not spend money on B-12 supplements if I can get B-12 from sea vegetables. I see on the kelp product label that they show their phone number. I'll call to see if they had the kelp's B-12 level independently tested."

* Erik has eaten natural, vegetarian-style for years. He wonders, "Who funded the study mentioned in Cindee's book that claims vegetarian B-12 isn't reliable? Do the funders have financial ties to businesses that promote animal foods, yeast or synthetic B-12?"

"Cindee doesn't know these answers. I feel motivated to contact the tempeh business I buy from. I'll ask if their product was tested in the study. If the tempeh I use has been shown to have B-12, I'll just eat more tempeh. I like it!"

* Up to this point, Brutus has been eating non-organic meat, fish, eggs and dairy from a conventional supermarket. After reading this book chapter, he muses, "Since meat, fish, eggs and dairy have B-12, why do I still have the B-12 deficiency symptom of irritability?" Though irritated by having to deal with his irritability pattern, Brutus keeps focused. "Maybe my irritability is caused by a deficiency other than B-12."

He huffs, "I'll start eating organic meat, fish, dairy and eggs, since this book says they're more nutritious. Damn! That means I hafta go to the weirdo health food store where those weirdo 'Fruits and Nuts' work."

He self-corrects, "Oops, sorry! I mean 'where those people work.' I promised my counselor I'd stop name-calling. While I'm at the health food store, I'll get organic fruits and vegetables. That way, I'll cover my nutritional bases."

* Juanita knows that the health insurance her labor union obtained for her and her coworkers includes nutritional testing. "I'll see if someone can test my B-12 level. If my level's really low, I'll take a B-12 supplement. If it's somewhat low, I'll eat a few eggs weekly. I'll look on egg cartons for the label info that Cindee's book mentions."

All the above approaches, as well as other approaches, can be valid, depending on the person. I suggest you read the entire chapter before deciding your nutritional approach. My other book chapters teach you ways to expand your skills in contradiction-handling and decision-making. For now, let's stroll onward to look at other nutrients that might assist us.

MINERALS AND MORE

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When my consciousness moves from one DI personality area to another, my blood sugar often drops. I've noticed blood sugar fluctuations in many other people (with or without DI) who survived trauma. Many people have undiagnosed "hypoglycemia" (low blood sugar). Symptoms of hypoglycemia include apprehension, trembling, sweating, vertigo, loss of coordination, irritability, confusion and memory blackouts.¹⁰

Fortunately, the mineral CHROMIUM has been shown to help stabilize blood sugar. Chromium is in fruit, vegetables, legumes, nuts and seafood. An adult daily supplementary range is 50-300 micrograms.

When a person has more-stable blood sugar and better nutrition, it's easier to become freer of over-eating or other addictions. Food additives (e.g., sugar, salt, certain fats, etc.) in a processed food might be there simply to boost company sales. Such additives could cause someone who's tasted the food to crave more and buy more!¹¹

Another mind-nurturing mineral is MAGNESIUM. If you don't ingest enough of it, you might have deficiency symptoms: anxiety, confusion, easily-aroused anger, hyperactivity, insomnia, migraine headache, or hypoglycemia. Magnesium is in nuts, whole grains, beans, dark green vegetables, fish and meat. As a supplement, the adult daily dose 250-350 mg. Look for a slow-releasing magnesium supplement (such as SlowMag®) to avoid possible stomach upset.

You could buy a multi-vitamin multi-mineral supplement, in addition to or instead of individual nutrient supplements. If you want to take a multi supplement only once daily, a prime time to take it is with breakfast. These nutrients tend to boost energy or build tissue. For example, magnesium helps calcium increase bone density. Bone density improves from weight-bearing exercise, including daily movements (standing, walking, lifting, etc.).

Be willing to hear your body's signals about supplement dose timing. Suppose you wake in the morning with symptoms of low blood sugar – even though the previous day, you took a breakfast dose of chromium. In that case, consider taking a divided chromium dose with breakfast and dinner.

Other supplements of interest for PTS/DI:

DHEA (dehydroepiandrosterone) alleviates depression. It improves learning, memory, mood, verbal fluency, concentration, creativity, and sensory perception. DHEA assists in osteoporosis, adrenal insufficiency, and more.¹² DHEA helps burn excess body fat.¹³

DHEA is not an anabolic steroid.¹⁴ Rather, DHEA is a natural hormone we produce that declines with age and/or stress.¹⁵ DHEA makes other hormones, including testosterone.¹⁶ Women who take more supplemental DHEA than they need (resulting in more testosterone than they need) may develop excess facial hair or pimples.¹⁷ There are other possible side effects for men and women from overdoing DHEA supplementation.

I suggest a DHEA-related metabolite called 7-Keto DHEA. It's a naturally-occurring compound (3-acetyl-7-oxo-dehydroepiandrosterone) our bodies create. The body's production of 7-Keto declines with age and/or stress.¹⁸ 7-Keto does not convert to testosterone – hence, no excess-testosterone side effects.¹⁹ Yet 7-Keto bestows many of the same benefits as regular DHEA.²⁰ DHEA or 7-Keto are best taken once daily in the

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morning (5am-8am) when the body naturally would want more DHEA/7-Keto. If you take it at night, you may feel restless.

I've read contradictory opinions about how to best measure a person's DHEA or 7-Keto levels with lab tests. You have an option to a possibly inaccurate DHEA lab test: determine (via books, other resources) your own dose-range based on your age and physical/emotional challenges. A common starting dose for a basically healthy but stressed adult over 30 years old is 5 to 10 milligrams daily.

People with auto-immune or certain other conditions sometimes take a much higher dose, especially if taking the 7-Keto form of DHEA. After two weeks, if you decide to increase the dose, then do so incrementally (perhaps 2.5 milligrams per two weeks). At the end of each test period, evaluate your body-mind condition and your 7-Keto dose.

ESSENTIAL FATTY ACIDS (EFAs), often called "good fats," bestow many benefits. Here, I mainly describe the Omega-3 and DHA (docosahexaenoic acid) type of EFAs. Most Americans already get enough or too much of Omega-6 and Omega-9 in their diet.²¹ The health challenges mentioned here are generally helped by more Omega-3 and/or DHA (instead of more Omega-6 or Omega-9).

Before you buy EFA supplements (capsules, non-encapsulated oil) or eat loads of EFA-bountiful foods, read these safety concerns:²²

* DRUG INTERACTIONS:

If you take a phenothiazine medication (such as chlorpromazine), supplements of gamma-linolenic acid (such as borage seed oil or evening primrose oil) may increase the risk of seizure.²³

If you take an anticoagulant (blood-thinning) medication, including warfarin (Coumadin), ticlopidine (Ticlid), heparin, enoxaparin (Lovenox), dipyridamole (Persantine), dalteparin (Fragmin), copidogrel (Plavix) or aspirin, use caution with high doses of fish oil, flaxseed oil, evening primrose oil, borage seed oil, or black current seed oil. You might need to have your anti-coagulant medication dose lowered and/or take less EFAs than usual. Have your blood's coagulating ability checked periodically, if taking anti-coagulant medication and EFAs.²⁴

* MEDICAL CONDITIONS OR SURGERY

If you have a seizure disorder or history of seizures, avoid oils rich in gamma-linolenic acid, such as evening primrose.²⁵ If you have a bleeding disorder, you might be able to safely take EFAs but at a lower dose than usual. Have your blood's coagulating ability checked periodically, while taking EFAs.²⁶

If you're going to have surgery (including dental surgery), high doses of EFAs might temporarily inhibit your blood's platelet aggregation (ability to clot or heal incisions). What I do in the week or two before receiving surgery, I stop EFAs supplements. After the incision is well-healed, I start taking EFAs supplements again.

* RECOMMENDED EFAs DOSE

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The U.S. FDA has stated that up to 3 grams (3000 milligrams) daily is "Generally Recognized As Safe" (GRAS) and unlikely to result in clinically significant bleeding.²⁷ But taking flaxseed oil doses higher than the GRAS daily intake might result in diarrhea or loose stools.²⁸ High doses of blackcurrant seed oil, evening primrose oil, or borage oil might also cause these and other gastrointestinal discomforts.²⁹

If you try EFAs supplementation, divide up your daily dose. For instance, take 1 gram with breakfast, lunch and dinner. A divided-dose schedule gives the body a chance to better assimilate EFAs. A divided dose reduces any chance of gastrointestinal side effects (such as upset stomach or diarrhea).³⁰

What do you see on the label of an Omega-3 supplement or oil bottle? It typically lists Omega-6 and Omega-9 along with Omega-3, as part of a natural ratio. You might compare products to see which ones have a greater proportion of Omega-3.

You can get EFAs from nuts, seeds, and vegetables including borage and hempseed.³¹ For Omega-3 emphasis, some food or oil sources include walnuts and flaxseed.³² Flaxseed oil Omega-3 content is rated at 53-62%, one of the highest plant sources. Linseed is rated at 53%.

You get Omega-3 when you eat green leafy vegetables (spinach, purslane, kale, broccoli, lettuce, etc.) or legumes/beans (peas, lima beans, pinto, navy, kidney, etc.). Mung beans are especially generous with Omega-3. Cherries, melons, and citrus fruits also have Omega-3.³³ A problematic EFA food source is fish.

EFA plant oils or supplements are less quick to decompose than fish oil. Fish oil is unstable, resulting in unhealthy "free radicals." Fish are often high in environmental toxins such as mercury.³⁴ Over-harvesting of fish threatens the ocean ecosystem. I and others find plant oil easier to digest than fish oil.³⁵

People with depression have lower amounts of DHA (an Omega-3 fatty acid) in their blood.³⁶ The Japanese traditionally eat fish and other EFAs-rich foods regularly. Japanese people living in Japan have one-tenth the rate of depression of Americans.³⁷ But likely cultural factors – not just fish-eating – are partly responsible.

DHA is often about 12% of a fish-oil EFAs supplement.³⁸ Supplements with DHA and/or other EFAs that are derived from algae (a vegetarian source) are available at health food stores. Some eggs are bountiful with DHA and/or other EFAs, due to hens' special diet (such as soy and flaxseed).³⁹

The human body does make DHA from certain other Omega-3 fatty acids. Depending on your gender, age, and other factors, the ability to convert the "parent" Omega-3 fatty acids into DHA can vary quite a lot.⁴⁰ Is your body making enough DHA?

To find out, you could eat Omega-3 rich foods and/or take Omega-3 supplements for a few months. Observe your symptoms. Then, to compare, ingest DHA algae-derived supplements and/or DHA-rich eggs. After a few months, did your symptoms change?

Moving from DHA specifically to EFAs in general, those "good fats" may ease hyperactivity, attention disorders, Alzheimer's, dementia, cognitive impairment, schizophrenia and bipolar disorder.⁴¹ Frequently, people with PTS/DI are misdiagnosed with one or more of those conditions. Some persons with PTS/DI also have one or more of those conditions.

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Most Americans eat too much of the "bad fats" (hydrogenated and saturated fats). Nuts and seeds (nothing added) are good sources of EFAs and have low or no "bad fats." When you feel full and satisfied from the "good fats," it's easier to reduce foods high in hydrogenated and saturated fats.

Is olive oil an ally of our well-being? Olive oil is not a replacement for EFA-bountiful foods or supplements. But it is no "bad fat" in reasonable amounts, because it's a mono-un-saturated fat. Other monounsaturated fat sources are peanut oil, sesame oil and canola oil.⁴² My nutrition clients who drizzled olive oil onto foods felt satiated. Chirped a slimming-down client, "It's a cinch now to give up butter!"

If you shop for olive oil, look on bottle labels for "virgin" or "extra-virgin." Knowledgeable people told me that olive oil from Mediterranean countries (Italy, Greece, Spain, etc.) is almost always made from pesticide-free olives, even though the bottle isn't labeled "pesticide-free." Read the label phrase "a product of" to know its origin.

Once the olive oil bottle is opened, it doesn't stay fresh long at room temperature. Here's what to do with a newly opened bottle. Leave about three weeks' worth of oil in it (1-3 tablespoons per day per person). Pour the rest into containers with lids, preferably with each container holding no more than two weeks' worth of oil. Place one container on the table and the others in the refrigerator. Olive oil gets solid when refrigerated. When the tabletop container is empty, bring out one from the refrigerator and put it on the table.

A supplement worth mentioning is 5-HTP (L-5-hydroxytryptophan). It helps our bodies make serotonin, involved with brain and nerve function. Stress, anxiety and depression are associated with imbalances in brain serotonin levels.⁴³ Serotonin is important for inflammation, pain control, sleep and emotional moods.⁴⁴

The optimal time to take 5-HTP is at least 1 hour before or after eating. Why? 5-HTP is a protein amino acid. If significant amounts of other amino acids from foods are present in the stomach, they compete with 5-HTP for the body's utilization.

How do other single-amino-acid supplements compare to 5-HTP? I and other persons I know had more benefit from 5-HTP, regarding relief of depression, insomnia, migraine headaches and fibromyalgia and losing excess weight.⁴⁵

Our bodies make 5-HTP out of the amino acid "tryptophan" (found in protein foods). But eating tryptophan-rich foods doesn't necessarily increase 5-HTP levels dramatically. So supplementation is helpful. 5-HTP for supplements is often from a West African plant "Griffonia simplicifolia."

If you're taking a prescription antidepressant, weight-control medication or other serotonin-regulation drug, ask your health professional before taking 5-HTP. You might be able to take 5-HTP and your medication but need to adjust the dosages. Some people use 5-HTP and/or the herb St. John's Wort, to taper off serotonin-regulating drugs.

Suppose you decide it's okay to try 5-HTP. How much might be a good dose?" You might try 50 milligrams daily. Some clinical trials involved doses much higher. But muscle pain, nausea, anxiety, and headache occurred for some participants. To get better sleep, take 5-HTP about 30 minutes before bed. When I took over 50mg of 5-HTP, my dreams were too vivid and woke me up; a lower dose was better.

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Some 5-HTP products have sedative herbs added, which is fine if you're taking it at night for better sleep. But if you're taking 5-HTP only to lose excess weight, you probably do not want sedative herbs during the day. You'd select 5-HTP products without sedative herbs.

Options for a 5-HTP user who wants to lose excess weight and improve sleep quality include:

- * 25 mg. plain 5-HTP in daytime; 25 mg. 5-HTP that has added sedative herbs, at bedtime.
- * 50 mg. plain 5-HTP in daytime. Use other means to improve sleep quality.
- * no 5-HTP in daytime; use other means to support appropriate weight-loss. Take 50 mg. 5-HTP (with or without added sedative herbs) at bedtime.
- * no 5-HTP at all. Use other means to address both issues.

Attention, readers with "excess stomach acid," "heartburn," a gastric ulcer, or "reflux"! Be wise about supplements with acid. A cheap form of Vitamin C is ascorbic acid. There are non-acid Vitamin C products (made with calcium ascorbate). Scan a label for "acid." If the acid ingredient is toward the beginning of the list, it makes up a larger amount of the product than if it's listed toward the end. Seek low-acid or non-acid forms of any supplements.

Essential Fatty Acids and protein amino acids such as 5-HTP don't come in non-acid forms, as far as I know. Take a low dose of any "acid" supplement with a meal, except for amino acids supplements. For them, eat a snack of a low-protein food (e.g., an apple).

ACID OR ALKALINE?

Though we're well into this chapter, we're not clear of contradictions yet. There are contradictory internet and print articles about acid and alkaline foods. Here's what I consider to be clarity about this often hazy topic.

Foods range in degree of acidity or alkalinity. Some foods are slightly alkaline, others are more alkaline. Much (not all) of our diet needs to be alkalizing, unless otherwise directed by a physician to treat certain conditions. Most diseases of people who eat a currently-typical American diet are worsened by that too-acid diet.

Through the magic of the words you're reading, let's follow a just-eaten lemon slice. Lemon is a citrus fruit containing citric acid. The lemon tastes "acid" to the tongue, and feels "acid" to the stomach. But after being processed through the body, that lemon's ultimate effect on the body-as-a-whole is "alkaline." Why? Due to specific minerals the lemon contains and because of actions taken by certain body systems in response to it. To make your diet more alkaline, eat more fruits and vegetables and eat less meat, poultry, fish and dairy. If your stomach can't tolerate citrus fruits, eat fruits that don't taste as "acid" to your tongue and stomach (e.g., apples, bananas, pears, etc.).

"Acid" or "alkaline" in this book means the food's overall effect on the body (after the food has been metabolized). Most grains and nuts are acid (ranging from slightly acid to moderately-high). But a few are alkaline - even though they're good sources of protein amino acids! For a highly-readable article about acid-alkaline food, see this endnote.⁴⁶

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MORE TRAUMA-HEALING NUTRITION TIPS

* American children as well as adults might mistake thirst for hunger. Studies show that chronic under-hydration can aggravate depression, chronic fatigue, fibromyalgia, ulcers, headaches, compromised liver function, urinary infections, constipation, bad breath and obesity.⁴⁷ According to Christiane Northrup, M.D., most conventional soft drinks, juices, non-herbal tea and coffee take water away from the body's supply, due to the dehydrating ingredients caffeine and sugar.⁴⁸

Drink a glass of NON-CARBONATED WATER between meals to help flush out your body's waste products. Water can help clear toxins from environmental pollutants and processed foods. Aim for drinking at least 6 eight-ounce glasses daily - more if you're in a hot dry climate or physically active.

Treat yourself to filtered water that has chlorine removed. Filters that attach to faucets and free-standing filters can be bought from internet businesses, drugstores and health food stores. Carry your own reusable container for drinking water with you, to reduce the number of disposable cups and water bottles cluttering our landfills.

* EAT MINDFULLY, for at least one meal a day. Turn off the radio, TV or other distraction. Take a few deep breaths, so your parasympathetic nervous system is more prominent, to improve digestion.⁴⁹ Notice the colors and aromas of the food. Your body responds to your senses, making digestive enzymes more available.

Well-chewed food is less work for the stomach to digest. Pause between bites, to accurately discern when you're full. People increase the nutrition they absorb, by the simple act of paying attention to food sensory perception!⁵⁰

One of my clients revealed, "I figured out why I had been wolfing down my food. I didn't want to notice the loneliness that eating alone stirred up! So lately, I pause between bites. I tell myself self-caring statements."

Other nutrition clients of mine rushed when eating "junk" food, because they had judgmental thoughts about such food. I suggested they slow down and savor every bite. They tried this strategy, reporting later that they ate less "junk" food and felt better about themselves.

During mealtime spoken conversation, don't speak until you've swallowed your mouthful of food. Do you talk silently to yourself (think in words) while you eat? When you do such "sub-vocalizing," your muscles involved in speech production move. The movements put you at risk for choking or hiccupping while eating. Solution? Focus on the sounds outside of you.

Sub-vocalization is common for people with or without DI. But for people with DI, I've noticed sub-vocalization can happen more often, due to internal conversation between personality areas. Regardless, notice outside sounds instead of your worded thoughts, while you eat. My other chapters teach you to train your awareness.

* Daily, eat 4 to 6 MINI-MEALS that include LOW-GLYCEMIC FOODS. A mini-meal is half (or less) the amount of a regular meal. By eating smaller amounts more frequently, your blood sugar is steadier than if you don't eat for several hours.

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Low-glycemic foods help, because they don't cause a sharp rise-then-fall in blood sugar. Generally, the less processed a food is (i.e., the more it resembles the original food source), the lower its glycemic count. Low-glycemic foods include fruits, vegetables, beans, nuts, whole grains, "healthy fat" (such as olive and canola oils), lean meat, poultry without the skin and seafood.

Watch out for high-glycemic foods such as highly-processed foods with minimal fiber and added sugars.⁵¹ Take a low-glycemic food with you on-the-go. A small bag of nuts and seeds fits easily in a pocket or purse.

* HELP YOUR BODY CLEAN ITSELF. Your body not only rebuilds itself - it releases, via "elimination functions," what it no longer needs. How might you assist your body's elimination functions and thus absorb nutrients better? One way is to brush your skin with a dry bristle brush, to remove dead skin cells.

Dentists such as Vincent Cali⁵² recommend that people clean their tongues daily. Why? It helps remove bacteria and toxins that worsen "gingivitis" (bleeding, sore gums that can lead to tooth loss). Healthy teeth and gums enable us to chew food thoroughly, thus improving digestion and nutrition. Cleaning your tongue makes your breath smell better.

Clean your tongue first thing in the morning, before you eat or drink. Gently scrape your tongue with a thin-edged small spoon (second choice: tongue depressor). If scraping is difficult, instead brush your tongue with a toothbrush.

* EAT HIGHER-FIBER FOOD LAST at a meal. In some non-U.S. countries, their traditional mealtime food-sequence supports the body's elimination functions. For instance, instead of eating a fiber-rich salad at the beginning of a meal, people eat that higher-fiber food last.

Fiber helps push previously-eaten foods along the colon. Your colon absorbs nutrients better, if it's not overly-coated with mucus and toxins. I often end my meals with part of a raw apple or raw carrot. They have a sweet taste, which meets my American expectation of sweet (dessert) as a last course. Introduce fiber slowly into your diet, to minimize intestinal gas.

* TAKE DIGESTIVE ENZYMES IF NEEDED. Some people get intestinal gas when eating foods high in fiber (vegetables, fruits, beans, whole grains, etc.). One enzyme that may help with digesting fiber is alpha-galactosidase. The supplement Beano® and other products have it.

Supplemental hydrochloric acid, bromelain or papain can assist you with digesting protein. For digesting dairy products, lactase (in Lactaid®) may indeed aid. Human babies usually already make an enzyme for digesting human milk. But adults, especially people of color, produce less enzymes for digesting dairy.

* SEPARATE LIQUIDS FROM SOLID FOOD. Drink most of your day's liquids between meals. That way, your hydrochloric acid and enzymes aren't diluted and can go to work on food you've eaten. Do drink enough during a meal to get food or supplements down to your stomach.

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Do you have “dry mouth” and need to drink a lot of liquid when you eat? Dry mouth is worsened by stress and other causes. This book shows you how to decrease stress and other dry-mouth causes. By applying the information, you will probably be able to drink less during mealtime.

DO YOU HAVE A HIDDEN FOOD SENSITIVITY?

A food allergy or sensitivity can increase depression, anger, difficulty concentrating and other PTS/DI symptoms. A few common food allergens in the U.S. are wheat, gluten, and cow dairy products. Because of the chemical reaction caused by allergens, we can actually crave more allergen-food!⁵³

Some medical lab tests won't show a food sensitivity. They only indicate a full-blown allergy. But your body can show you most food sensitivities – for free! Here's my true-life example.

In 1972, I was a freshman university student living in a dormitory. I knew little about nutrition other than a vague “four food groups” model. At my first meal in the dorm cafeteria, I was told I could eat as much as I wanted at no extra cost. What a contrast to the meager portions I could eat when living with my mother!

Despite the many food item choices, I felt compelled to drink several glasses of nonfat milk and orange juice - almost exclusively - for several days in a row. My logic argued, “This is weird! This isn't the four food groups. It might make the lupus disease I have worse.” But my body felt so much better with milk and juice.

I told a boyfriend who was into meditation. He advised me to close my eyes, relax, and ask my body what it needed to eat. When I did so, I inwardly saw glasses filled with nonfat milk and orange juice.

I divulged my dietary weirdness to my roommate (an alternative-minded daughter of a medical doctor). She suggested, “Go search in the university library about the nutritional deficiencies in lupus. You might find something – if a doctor dared to publish it and the library dares to have it!”

I timidly ventured among the towering book stacks. The scientific studies I found stated the common deficiencies in lupus were calcium (high in milk) and Vitamin C (high in orange juice)! I determined to stay more open to intuitive body-wisdom. That wisdom led me to high-calcium, high-C foods more agreeable to my body than milk and orange juice.

YOUR SELF-DETECTIVE METHODS

Your most important nutritional resource is your own gentle self-inquiry and observation of your symptoms. Below are self-detective methods; you can use any or all of them. The last two are versions of “elimination diets” and “rotation diets.”

* Do you have a physical condition? Learn if food allergies/sensitivities or nutritional deficiencies are common with that condition.

* Keep a diary for a week of when and what you eat (including beverages other than water). Note when your symptoms are worse. Any connections?

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- * Meditate, while holding a small amount of a possible allergen food in your hands. After becoming more relaxed, ask your body how it feels about the food. If you have a spiritual reference (deity, guide, etc.), ask that reference about the food. See my other chapters for meditation instruction.
- * Hold the possible allergen food with one hand, while your other hand holds a pendulum (described in the self-hypnosis chapters). Ask questions about how your body responds to that food. Note what your pendulum answers.
- * Notice which food you crave (not merely enjoy). If you think you crave "spaghetti and meatballs with marinara sauce," visualize each food separately. Do you crave the meatballs or the pasta or the sauce?
 Suppose you crave the meatballs. What ingredients are in them? Is one of the ingredients on a list of common allergens? Do you crave other foods made with the same common-allergen ingredient?
 Consider whether you crave the food because you need a nutrient that's in it. What other foods have meatballs' nutrients? Do you crave those other foods?
- * Suppose you might have identified an allergen food. Do not eat it for a test period of at least two weeks. How do you feel toward the last few days of the test period? Then reintroduce the food into your diet. How does your body respond?

I have many reasons for not recommending muscle-testing (also known as Applied Kinesiology®) to determine food allergies. My reasons are based on my past experiences of being muscle-tested as well as observing others getting muscle-tested. For articles examining the issue, see this endnote.⁵⁴

When you eliminate a food allergen from your diet, it may take awhile for a craving for that food to fade. The craving for an allergen is actually a degree of addiction. Keep returning your focus to non-allergen, tasty foods in your diet.

If you have difficulty, designate one day a week as "allergen food day." On that day, you eat as much as you want of the allergen food. The difference in your health between the day before "allergen food day" and the "allergen food day" will motivate you to avoid the problem food. After months without the allergen food, sometimes we can reintroduce an occasional small amount of it without getting symptoms.

Some of my clients successfully used the same method with unhealthy food they emotionally craved but to which they were not actually allergic. "Junk food day," one client dubbed it. Feel free to adapt or invent some version of this method to fit you.

Once you're familiar with your food sensitivities, you can better handle contradictory diets. Decades ago, I read that a component in nightshade vegetables (tomato, potato, eggplant, green and red bell-peppers) may aggravate arthritis. So I stopped eating nightshade vegetables. Within two weeks, my joints were no longer puffed with swelling! I avoided nightshade vegetables from then on.

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Years later, I was in a bookstore perusing a new diet book. The foods the book recommended for my blood type emphasized tomatoes and nightshade foods. I put the diet book back on the shelf and kept my nightshade-free eating style.

FOODS TO SAMPLE OR COOK⁵⁵

Food variety provides more nutrients and lessens the chances of developing a food sensitivity. Below, I show how to cook a variety of grains quickly – more than a week's menu "core" in just an hour! Add nuts and fruit to the grain and it's a breakfast. Or add beans and vegetables for a lunch or dinner. Try a new grain, bean, nut or seed - delicious destinations on your world foods tour below! With a flick of your wrist (shaking spice), you instantly make a food into a main course, breakfast or dessert. You transform it into Mexican, Asian, Italian or other ethnic food style (below).

Combining two or more of the following foods almost always makes a VEGETARIAN COMPLETE-PROTEIN: grains, beans, nuts, seeds. For example, some grains are missing one of the essential amino acids that make a complete protein. But most of the bean group has the missing amino acid(s). Together, they make a complete protein. Eating a variety of those plant food sources insures you get all the essential amino acids.⁵⁶

Soy (a bean) is generally considered a complete protein by itself; so is hemp seed. Agricultural hemp (distinct from marijuana) can be used as food: hempseed. In a health food store, you see dairy-free milks, cheeses and butters made from soy, hempseed, cashews or other vegetarian foods.

SPICY SECRETS

For this chapter, "spices" include culinary herbs. See the herb chapter, for medicinal herbs. Sometimes, dry spices in bulk bins are not fresh. If that's the case, I buy dry spices in sealed jars.

Got an unopened jar of dried spice? Don't open it yet. First read the following "Secrets of the Jar" to save up to \$100 a year. If you have an opened jar, you can still use most of the secrets. Spices that some chefs say to replace each six months, I've safely used for four years or more!

SECRETS OF THE JAR

Remove the jar's outer lid. You'll find one of four situations:

* The jar has paper glued across the opening. Carefully peel the paper away to keep its shape. Did your jar come with a plastic "shake-on" part (with little holes for shaking spice)? You can place or tape the peeled paper on the underside of that part, to keep air out.

But if there's no shake-on part, put the paper between the jar opening and the lid between uses. If the paper tore or won't stay in place, use aluminum foil. Cut aluminum foil a little larger than the jar opening. If the foil slips, use a bit of tape to keep the foil across the jar opening. Screw the lid back on.

* The jar has paper that's not glued to the opening. The paper is under a removable "shake-on" plastic part. Let the paper stay combined with the shake-on part, as an airtight cover. When you want to use the spice, pull the paper + shake-on cover off.

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* The jar has a "shake-on" part but no paper. Cut foil to the size of the part. Put the foil on the underside of the shake-on part. Now it's an airtight cover! Put the lid on.

* The jar doesn't have paper or a shake-on part. Cut foil a little larger than the jar opening. If needed, use tape to keep the foil over the opening between uses. Screw the jar lid back on.

Now you've improved your spice jar's freshness-keeping potential. Store the jar in a cool (not refrigerated), dark, dry place. When the spice doesn't season well anymore or smells odd, I buy new spice.

MORE SPICY SECRETS

Dry spices are more concentrated than fresh spices. Fresh spices are a treat, because they're fresh. If you like a certain style of cooking (below), note its spices. You might read the ingredients lists on the labels of spice blends ("Asian Blend," etc.) to learn more.

Take some of an unfamiliar spice home to test as follows:

* If the spice is a dry, fine powder, taste a little on your tongue or mixed into a tablespoon of bland food.

* If the dry spice "pieces" are larger than a powder, steep a mild "spice-tea" as directed below. Break up large dried spice (such as whole bay leaves), so they'll fit into the "tea-ball."

WHY AND HOW TO MAKE SPICE-TEA

Spice-tea lets you and other persons at your table enjoy tailor-made seasoning at each meal. Some spices taste okay shaken dry onto individual food portions. But other spices need to be cooked or steeped, to release their flavor. You can drizzle steeped spice-tea onto food for the desired degree of spiciness.

To make spice-tea, get a tea-strainer. I suggest a metal "tea-ball" that will fit into your heat-resistant cup. The tea-ball should fit inside your cup but should not be taller than the cup brim.

Spices are stronger when steeped. For a test, put a wisely-tiny amount of the dry spice into the tea-ball. Place the tea-ball into the cup. Pour boiling water into the cup so the water covers the tea-ball. Put a plate over the cup. Let steep for 5-15 minutes.

Smell the steeped spice-tea. If you like the aroma, pull out the tea-ball and put it in the sink to cool. Sip a little spice-tea. If you like the taste but want it stronger, you can steep more spice next time.

At mealtime, serve the cooked, unseasoned grain/bean/vegetable. Place a cup of spice-tea (without the tea-ball) on the table with a spoon. Any diner can spoon an individualized amount of spice-tea onto a food portion.

To season an entire batch of soup, drop a tea-ball with dry and/or fresh spice(s) inside, into the simmering stock.

To season an entire batch of grain, substitute some of the water you use for cooking the grain with already-steeped spice-tea. Another option is to put plain water into a pot. Put a

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tea-ball filled with dry or fresh spice into the water. When the water reaches a boil, remove the tea-ball. Cook the grain in the now-spiced water.

Refrigerate leftover spice-tea in an airtight container for up to a week or two. Or put room-temperature tea into an ice cube tray; freeze spice-tea cubes for longer storage.

Don't repeatedly reheat the spice-tea. It'll go bad faster. Put just the refrigerated or frozen amount you're going to immediately use into a pot to heat.

USING FRESH GARLIC: Peel the garlic clove. Let it sit for 10-15 minutes, which may increase its anti-cancer effects. Then cut the clove into tiny pieces to be added raw by each person to individual servings. To season an entire batch of uncooked grain, add the tiny pieces to the water with which you'll cook the grain.

AROUND THE WORLD WITH COOKING STYLES

In any style, one or more spices will be central. Secondary spices may also be present.

* French or Italian (both styles often use the same spices):

Central: caraway, sage, marjoram, tarragon, fennel, rosemary.

Secondary: dill, thyme, chervil, basil, oregano, parsley, garlic, bay leaf.

Toppings: dairy or vegetarian cheeses "romano" or "parmesan," diced fresh tomatoes, fresh basil or rosemary, fresh-pressed/finely-diced garlic, a splash of lemon juice, a little balsamic vinegar, a drizzle of extra-virgin olive oil.

* Asian: Avoid monosodium glutamate (MSG). It's in some Asian spice blends, tamari/soy sauce or precooked foods. MSG can cause headaches, stomachaches and other symptoms.⁵⁷

Central: cumin, mint.

Secondary: parsley, mustard, pepper, cilantro, garlic, ginger.

Toppings: oils from sesame seeds or peanuts; whole sesame seeds, chopped peanuts, sliced almonds; tamari/soy sauce.

* Mexican, Latin-American, Southwest U.S.:

Central: cinnamon, cilantro, cumin, allspice

Secondary: bay leaf, oregano, garlic, onion. Use caution with fresh hot pepper and dried chili! They can burn your skin and eyes. An option is powdered hot pepper or chili.

* Indian from India:

Central: coriander, cinnamon, cumin, cardamom.

Secondary: mustard seed, chervil, turmeric, pepper, parsley, nutmeg, ginger.

* Middle Eastern:

Central: mint, coriander, cinnamon, cumin.

Secondary: turmeric, paprika, cilantro, parsley, pepper, nutmeg, marjoram, ginger, garlic.

* U.S. New England:

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Central: onions, dry mustard or brown mustard.

Secondary: a little of any of these: molasses, 100% real maple syrup, apple cider vinegar, salt.

* Dessert:

Many anglo-Americans and others respond to the following as dessert:

Central: cinnamon, nutmeg.

Secondary: mint, ginger, vanilla, cocoa, carob, cloves, allspice.

Eat a rainbow of VEGETABLES AND FRUITS. Their natural colors are made from phytochemicals (antioxidants) that provide many health benefits.⁵⁸ Wash vegetables and fruits that have skins you eat under running water, to clean off bacteria.

Do you avoid raw or lightly steamed vegetables, because you get intestinal gas from them? See this chapter's tips for improving digestion and "Resources." Do you have difficulty chewing crunchy food? See "Resources" for Vita-Mix. To lightly steam vegetables, use a "steamer pot." Save the steam-water; it's instant soup stock! Use steam-water to cook grains and beans. Freeze leftover steam-water in an ice-cube tray for later.

GRAINS AND BEANS

I cook enough unseasoned grain(s) as a menu core to last a week. Locate whole grains and whole-food flours in the bulk bins, or the "baking" or "health food" aisles of food stores. Whole grains have more nutrients, flavor and texture than "processed" grains. Certain grains are complete proteins. For any grain, increase the protein by eating it with beans, nuts, and/or seeds.

Store uncooked grains in a closed container; put in a dark, dry cool place. I find most grains can stay fresh for three months or longer. For longer freshness, refrigerate or freeze grains. If a grain smells different than it used to, discard it.

Unless I notice dirt during my grain measuring, I don't rinse grain (except for quinoa). Unnecessary rinsing can rinse off some of a grain's nutrients. To cook a grain, unless otherwise indicated below, bring water to a boil. Add the grain then simmer with the lid on for the time indicated.

WHOLE GRAINS

* Amaranth: No gluten. An ancient grain appreciated by indigenous people of Mexico. It has a high level of complete protein.⁵⁹ Store uncooked amaranth in the refrigerator so it won't go rancid quickly. Amaranth has a sticky texture and hardens when it cools. Simmer 1 cup grain in 3 cups water for 15 minutes. Stir to scrape the grain from the pot bottom. Then put the lid back on and simmer another 10 minutes. Amaranth complements Mexican-style meals. Add a little liquid (water, soy milk, etc.) to cooked amaranth for a pudding or breakfast cereal.

* Buckwheat: an alkaline fruit. No gluten, no wheat and it's a complete protein.⁶⁰ High in B vitamins, Vitamin E, calcium. A source of the relaxing amino acid tryptophan. Popular in Russia and eastern Europe as "kasha." Raw (white) buckwheat has a milder flavor than

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roasted (brown) buckwheat. Add 1 cup raw or roasted buckwheat to 2 cups boiling water. Simmer for 15-20 minutes.

* Millet: Alkaline. No gluten. Easy to digest. High in B vitamins. A staple grain in the Middle East and Africa. To 3 cups non-boiling water, add 1 cup millet. Bring to a boil, cover, reduce heat to medium. Cook 20 minutes. Remove the pot from the heat. Let it sit 20 more minutes with the lid still on.

* Oats: Depending on the scientific reference, oats either are low-gluten or have no "true" gluten. Oat forms have minerals, seven B vitamins, and high-quality protein. "Groats" are whole oat kernels that have been hulled. Groats have their nutritious germ and bran in place. Oat bran lowers excess cholesterol. Simmer 1 cup groats in 3 cups liquid for 2 hours. Very chewy texture. Use for lunch and dinner.

The other three oat forms are fine breakfasts. "Steel-cut" oats are steamed and coarsely-cut groats. Add 1 cup steel-cut oats to 3 cups boiling water, simmer 30 minutes. "Rolled" oats are groats crushed between steel rollers. Rolled oats are good in baking recipes. Add 1½ cups rolled oats to 3 cups boiling water; simmer 20 minutes. "Quick" oats are steel-cut and roller-flattened. Add 1 cup quick oats to 2½ cups boiling water. Simmer 5 minutes.

* Rice, Brown, Long-Grain: No gluten. Easy to digest. Has fiber and several vitamins and minerals. Fluffier and drier than short-grain brown rice. Add 1 cup long-grain brown rice to 2 cups boiling water. Simmer covered for 45 minutes. Popular in Asian styles.

* Rice, Brown, Short-Grain: No gluten. Easy to digest. Has fiber and several vitamins and minerals. Chewier and stickier than long-grain. Add 1 cup rice to 2 cups boiling water. Simmer covered for 50 minutes. Popular in Asian styles.

* Quinoa: Quinoa is a complete protein⁶¹ and an ancient Incan fruit. More calcium, iron, phosphorus, vitamins A, B and E than most grains. Put 1 cup uncooked quinoa into a fine-mesh strainer. Hold the strainer under running water. With your hand or a spoon, move the quinoa around, to thoroughly rinse all the quinoa. By thoroughly rinsing the quinoa, you remove the waxy coating (saponin) that otherwise makes quinoa bitter-tasting. Add 1 cup of thoroughly-rinsed quinoa to 2 cups boiling water. Cover, reduce heat and simmer for 20-30 minutes. Quinoa quadruples in size after cooking!

Now let's explore WHOLE-FOOD FLOURS suitable for baking. I've stored most in a closed container, in a cool dry place for a month. For longer storage, I refrigerate or freeze them. If a flour smells different than it used to, I discard it. Below I list non-gluten flours, which are free of the common allergen gluten. You may find recipes on the flour's package or visit the company website. For better results, put non-gluten dough in your refrigerator for 6-8 hours before baking. Enjoy variety by sampling flours and pastas made of beans (soy, chickpea, etc.), fruits (e.g., buckwheat, quinoa), nuts or grains.

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- * Amaranth: This flour has a strong flavor and retains moisture. It's better to combine it with other flours: 1 part or 2 parts amaranth with 3 or 2 parts other flour(s). Amaranth flour's texture is fine-crumbed. Buy this flour packaged with an expiration date. Store in the refrigerator.
- * Blue Cornmeal (corn flour): Corn grows in a variety of natural colors. Blue cornmeal has more of the minerals iron, potassium and manganese and more protein than yellow cornmeal.
- * Brown Rice: Offers a light, somewhat dry texture. Bakes better combined with other flours. Mild flavor.
- * Buckwheat: Don't use buckwheat flour in sauces or gravies; it makes them thick as glue! Buckwheat flour bestows a moist, fine-crumbed texture to baked goods.
- * Millet: Mild flavor. Bakes best combined with other flours.
- * Oat: Sweet flavor. Heavy texture. Combine it with other flours.
- * Soy: Soybean flour adds moisture. Use soy flour for up to ¼ of a recipe's total flour.
- * Quinoa: No need to rinse commercially-sold flour! It has the bitter saponin mechanically removed. Quinoa flour has a delicate and dry texture. Combine with other flours.

BEANS are a good source of fiber, B vitamins, minerals and other nutrients. For protein and easier digestion, use 1 part bean to 2, 3 or 4 parts grain. Store beans in a covered container away from heat. They last 6-12 months.

- * Adzuki (aduki): Easier to digest than most beans. A mildly sweet flavor. Complements Asian or Mexican styles.
- * Black Bean: A full-bodied flavor in Mexican/Central American/South American styles.
- * Black-eyed Pea: Easy to digest. Rich in the mineral selenium. Especially good in Mexican entrees and U.S. Southern and African-American soups and stews.
- * Lentil (dahl): Easy to digest. Varieties include brown, red or green. Cooked brown lentils hold their shape well – handy if you make a lentil-loaf. They're a tasty salad addition. Cooked red lentils lose their shape; use them in soups or blend them into a spread. Lentils go well with Middle Eastern and other styles.
- * Mung: Easy to digest. Traditional for Chinese and Indian styles. Blend cooked mung beans. The blend will thicken when refrigerated; you can then slice or spread it.

* Soy: A complete protein. Green, sweet-tasting edamame are soybeans picked while in the pod. Edamame is in the frozen foods section. Liquid soy milk is in the refrigerator case. Soy milk powder and soy flour are at the baking aisle. Whole, cooked, beige or black soybeans are usually canned. Tempeh is fermented, whole soybeans. Tofu is soymilk curdled solid. Tofu and tempeh are found in the refrigerated sections. "Shelf-stable" tofu (such as Nori-Mu®) might be in the canned or Asian food aisle.

Unseasoned tofu comes in consistencies (soft, medium, firm, extra-firm). Its blandness is perfect for picking up spice flavors! Tofu can be eaten raw or cooked. Rinse the tofu block for about 10 seconds. Refrigerate it covered in water; change the water daily. Mash and season tofu with "sandwich" condiments (mustard, pickle relish, etc.) for a spread or "chef salad" topping. Firm and extra-firm tofu can be cut, baked or fried.

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Tempeh provides B-12 (unlike most vegetarian foods). Cook tempeh before eating it, for better digestion. To make chewy-crispy tempeh strips, preheat the oven at 325F. Cut the tempeh into strips no thicker than ½ inch. Place the strips onto a pan. Bake for 5-8 minutes. Turn them over and bake another 5-8 minutes. Try them in a sandwich, salad or grain.

NUTS AND SEEDS boost us with protein, fiber, Essential Fatty Acids, minerals, Vitamin E and other nutrients. Avoid nuts and seeds prepared with hydrogenated fat. That fat is linked to heart disease and other risks.⁶² Store nuts and seeds in a cool, dark place or refrigerate for up to 6 months. If a nut/seed looks or tastes different than it used to, discard it. Nuts and seeds are tasty raw or roasted.

To roast nuts/seeds, preheat oven to 350F. Lay out the nuts/seeds onto a baking sheet. Bake for 5-10 minutes, stirring each few minutes. Or stir them in a skillet at a medium heat until browned.

Treat yourself to NATURAL NUT/SEED BUTTER. It doesn't have ingredients added (hydrogenated fat, etc.) that force the nut oil and solids to blend. A new jar of natural nut butter has the nut's oil floating. Stir, then refrigerate.

* Almond: Alkaline. More fiber and calcium than most nuts. Almond slices are good in Asian-style foods. Add almonds to breakfast cereals and desserts. A source of the relaxing amino acid tryptophan.

* Brazil Nut: Alkaline fruit foraged in the Amazon. High in fat but it's mostly polyunsaturated.

* Cashew: Very low fat, yet a creamy texture. Sprinkle on the top of Asian or Indian foods.

* Flaxseed: High in Essential Fatty Acids, including Omega-3. You can find whole seeds, pre-ground flaxseed (flax meal), flax flour, and flax oil. With unground flaxseed, chew it well. Refrigerate flaxseed.

* Hempseed: A complete protein. High in EFAs (including Omega-3). Bulk hempseed may be difficult to find in local stores; request they order it. See "Resources."

* Pecan: In U.S. Southern and African-American dishes. Add to desserts, cereals.

* Pumpkin: More protein than most seeds. Hearty flavor. Use with any grain and in stir-fry vegetables.

* Sesame: Not only high in calcium, minerals and Essential Fatty Acids, sesame lowers oxalic acid (which would tie up those nutrients). Sesame seed butter is "tahini." Use in Middle Eastern, Asian or other styles.

* Sunflower: Rich in certain B vitamins and calcium. If baking with baking powder, the seeds might turn a harmless green. Sunflower seed butter can taste a little bitter. But with sweet recipes, sunflower seed butter is a pleasant addition.

* Walnut: A good source of tryptophan, a relaxing amino acid.⁶³

TO FURTHER IMPROVE YOUR NUTRITION

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* Change over from a food with artificial ingredients to one that's natural. There's growing evidence that artificial sweeteners, colorings and "flavor enhancers" such as monosodium glutamate (MSG) are detrimental. Artificial food additives may be even more dangerous, if you're ingesting more than one, due to their interactions.⁶⁴

Sweeteners from sugar cane and corn syrup are natural. But too much negatively affects body and mind.⁶⁵ Consider using a small amount of one of these other sweeteners that may be easier on blood sugar and more nutritious:

FRUCTOSE (granulated not "high fructose syrup") is found in fruits and honey. ½ teaspoon of granulated fructose is equivalent to 1 teaspoon of white, sugar-cane sugar. In baking, replace 1 cup of white, sugar-cane sugar with ½ to 2/3 cup of granulated fructose.

HONEY is made by bees. ½ teaspoon of honey is equivalent to 1 teaspoon of white, sugar-cane sugar. In baking, replace 1 cup of white, sugar-cane sugar with ½ to 2/3 cup of honey. Reduce the recipe's liquid (e.g., water or milk) by ¼ cup.

REAL MAPLE SYRUP (nothing added) is from maple trees. Grade B has the most mineral content. ½ teaspoon of maple syrup is equivalent to 1 teaspoon of white, sugar-cane sugar. In baking, replace 1 cup of white, sugar-cane sugar with ½ to ¾ cup of maple syrup. Reduce the recipe's liquid (e.g., water or milk) by ¼ cup.

* Change over from a conventional food to organic. Foods with pesticides, exposed to radiation, or genetically-modified are "conventional." Many pesticides have been shown to be harmful to humans.⁶⁶ Certain pesticides are banned in some countries. But new pesticides are introduced before legislation can catch up. It's a problem not only in the U.S. but in other countries such as Germany.⁶⁷

Some food is exposed to radiation. The safety of food irradiation has yet to be clearly shown. So look for "non-radiated" on your food labels. The United Nations' Food and Agricultural Organization concluded that artificial fertilizer is contributing to a "serious shortage" of minerals in soil.⁶⁸ Depleted soil means fewer nutrients in crops grown in such soil. Organic food is grown without artificial fertilizer.

Have you wondered about genetically-engineered (GE) or genetically-modified (GMO) food? Such "Franken-food" could be a plant that had an animal gene combined with it in a laboratory. It might be a plant altered so it contains a pharmaceutical drug. There are no long-term, multi-generational studies proving the safety of GE/GMO food. Therefore, many countries don't allow the import or the growing of GMO crops - but the U.S. does.

GMO seeds easily escape the intended growing place. They contaminate land and water sources, affecting plant and animal species. Suppose you're a gardener who doesn't plant GMO seeds but your growing area has been contaminated with GMO seeds carried by the wind? You could be sued by the patent-owning corporation and convicted for theft-related crimes!⁶⁹

How about animals that provide conventional dairy and meat? The animals are usually given hormones that can end up in the food product. These animals might eat pesticide-ridden and/or GMO feed.

What happens when you buy an organic food? You help organic food producers keep natural resources freer of harmful chemicals. When an environment is cleaner, so is the food coming from that environment.⁷⁰

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Organically-raised vegetables were found to have 50 to 200 percent more nutrients.⁷¹ Hundreds of my nutrition clients who changed over to organic foods told me they felt better so spent less on health care. As one client put it, "It doesn't cost more to eat organic, when I consider my total living costs. And feeling better – I can't put a price tag on that!"

Which foods might you change over to organic first? It depends what you eat. For dairy, meat or eggs, read the label. Was the animal free from hormone treatment and given vegetarian, organic feed? There's evidence that the beef and milk from cattle that ate solely pasture (grass) have more beneficial Essential Fatty Acids. Grass-fed beef is leaner than most conventional beef and is devoid of "Mad Cow disease."⁷² Choose eggs from free-roaming, cage-free hens given vegetarian feed.

Change over from a conventional plant food to its organic kind. Jeffry Anderson, M.D. writes that the conventional plant foods highest with toxin residues (pesticides, etc.) are:

- * among fruits: strawberries, grapes, peaches and other fruits with stones.
- * among vegetables: celery, bell peppers, green beans, spinach, leafy greens, cucumbers.
- * among grains: wheat and rice.⁷³ If soy or corn is not specified "organic," it's probably GMO.⁷⁴

* Eat a locally-grown food. Shorter travel = less transportation-caused pollution, less handling and less contact with illness-making contaminants.⁷⁵ The fresher flavor is a bonus. Save money at a food co-op (cooperative), farmers market, or with a farmer's "buying group." If you don't see "organic," ask the sellers for it.

Decades ago, at one of the first farmers markets held in a certain county, I looked at the non-organic produce offered at one of the stalls. I asked the farmer, "Do you have the organic kind?"

He replied, "You're the eleventh person to ask today. I guess – I guess I'm going to start. Never mind what the farmers living next to me think!"

About a month later, the farmer's stall had a hand-printed sign: "organic." He excitedly told me, "My neighbors were kinda angry at first, saying 'Have you become one of them bleepin' tree-huggers?' But I told them I'm selling more of the organic kind than I ever did of the regular and that my asthma is almost gone since I stopped spraying pesticide. One by one, each neighbor asked me how to get started growin' organic!"

* Change over from an animal-based meal to a "vegan" meal.

Vegan means no animal products (no meat, poultry, fish, eggs, dairy). Medically, a vegetarian diet is vegan. The American Dietetic Association and Dietitians of Canada stated that vegetarian diets, if appropriately planned, help prevent and treat certain diseases.⁷⁶ The Physicians Committee for Responsible Medicine explains it's typical to get too much protein eating animal products. High-protein intake can increase the risk of cancers, osteoporosis, kidney and heart disease, and other problems.⁷⁷

Dairy products are linked to insulin-dependent childhood onset diabetes. Infants below one year of age should not receive whole cow's milk, says The American Academy of Pediatrics. Some childhood conditions (colic, etc.) may be aggravated by dairy.

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Fortunately, vegetarian foods can provide not only enough protein but also calcium, preventing or reversing various physical ailments.⁷⁸

Many adults can't digest cow milk products due to "lactose intolerance." It affects about 95% of Asian-Americans, 74% of Native Americans, 70% of African-Americans, 53% of Mexican-Americans and 15% of Caucasians. Symptoms include flatulence, diarrhea, and gastrointestinal distress, as well as a risk of chronic diseases.⁷⁹

Supplements such as Lactaid® are made with lactase - an enzyme to digest lactose. People who have trouble digesting cow dairy products occasionally find they digest goat dairy products better. Some people who survived trauma deal with Irritable Bowel Syndrome or other digestive problems that are worsened by dairy products.

Many people reduce their consumption of animal-based foods, out of concern about animal pain or the environment. Vast amounts of water, soil and energy are used - and pollution produced -, to keep animal-based industries operating.⁸⁰ Over-harvesting of the ocean's seafood species and even "fish-farm" fish can negatively impact the environment.⁸¹

Some of my vegetarian clients guiltily reported that though they were eating a nutrient-rich diet, their bodies seemed to need occasional animal foods. I suggested they practice letting go of guilt. I encouraged them to take a few moments before eating, to spiritually thank the food source. I also replied to each vegetarian client's specific quandary:

Client 1: "I'm thirty and super-healthy. But whenever a cold is trying to start, I want chicken with the fatty skin on it! According to science, animal protein isn't superior to vegetarian protein. What gives?"

I said, "I've read somewhere that scientists discovered something in chicken soup that has anti-viral qualities. It might have been the chicken fat. But you could take anti-viral herbs such as echinacea or osha root. Would you like me to tell you about herbs?"

Client 2: "I easily eat vegetarian food all year – until winter comes. That's when my body nags me to eat a little fish or even chicken. It's like a battle between my mind and body! When I finally relent and eat some, I feel much better. How can I have peace between my mind and body?"

I commented, "You might recall from my acupressure class that 'chi' – life force – has two polarities: yin and yang. Asian medicine practitioners believe people need 'yang' foods in winter. Yang is warming. Some practitioners declare meat and eggs to be yang foods. But other practitioners disagree.

"In acupressure class, with your hands, you intuitively sensed yin and yang emanating from students' bodies. You could go to the health food store and sense through your palms the degree of yang a food contains. We can get yang from non-food things. Light and the element fire are yang. Get more light and heat, including natural flame, in your daily life."

Client 3: "I do psychic healing work. Some clients are especially challenging. After I work with them, if I don't eat some animal product, I'm spaced out. I've chosen to eat

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eggs after difficult sessions. But I'd like to know why this need for animal-based food happens at all!"

I asked, "Do you have any personal animal, plant, or mineral spiritual guides?" The client shook her head no. I added, "Such guides can assist us with feeling grounded. If you like, I can show you ways to request wise, loving guides who are connected to animals, plants or minerals."

Client 4: "Now that I'm past menopause, my body seems to crave animal products. But I've been a strict vegetarian for decades. I would feel so guilty if I ate animals! What's going on with me?"

I responded, "I read somewhere it's harder for some older people to assimilate vegetarian protein. The article gave a scientific reason. I remember thinking it wasn't merely meat-industry propaganda. But there are ways to improve digestion of vegetable protein. May I ask you about your body-mind-spirit? I'd like to see if the vegetarian options I told three other clients today might help you."

Speaking of clients, whatever happened to obese self-named "Blubber Boy" with the triple-chin whose story began this chapter? After a few appointments with him, I didn't hear from him for about eighteen months. Such an absence was actually preferred by me. I educated clients and often told them, "You've hired me to teach you, so you won't need as many appointments!"

I'd frequently see nutrition clients in my acupuncture, self-hypnosis, holistic health careers or spirituality classes. Sometimes, I'd encounter them at my music performances. I'd wait for them to initiate conversation, to respect their privacy. They'd typically tell me good news about how they were applying what they learned and enjoying the results.

Here, I'll give "Blubber Boy" a better pseudonym: "Bob." After that eighteen-month absence, Bob phoned me to make another appointment. We set up a time.

He arrived for his appointment much slimmer and happier. "My blood pressure's within normal range." He pointed to his now-trim chin. "I've lost a couple of chins!"

He continued, "I wanted an appointment today not 'cause anything is wrong. I want to see if there's any nutrition fine-tuning I can do. The absolute best thing is how I feel about myself! I'm really a friend to myself now.

"What I've been doing is I'd eat a little better or do another small, healthy thing. Then within a day or two of that, I'd feel a little more self-caring. That made it easier to improve my nutrition a little bit more, which helped the self-caring flow. Then I'd walk a little farther for exercise, or do self-hypnosis and so on.

"The small things I did kept building on each other! I knew - in that inner feeling place you called Heart - that I deserved self-love. But I couldn't feel the self-love much, until I started changing my nutrition."

- ¹ Read studies on stress, relaxation and health on www.healingjourneys.com.
- ² Most physiology books (such as Principles of Anatomy and Physiology by Tortora and Grabowski) explain stress, as well as homeostasis (a body's balanced state).
- ³ The Web of Life by Fritjof Capra (1996, Anchor Books, Doubleday)
- ⁴ The Natural Pharmacy revised and expanded edition (published 1999 Healthnotes, Inc.) by Schuyler W. Lininger, Jr. DC, Alan R. Gaby MD, Steve Austin ND, Donald J. Brown ND, Jonathan V. Wright MD and Alice Duncan DC, CCH.
- ⁵ such as Phillip Lee Miller, M.D. author of The Life Extension Revolution p. 260-264.
- ⁶ VitaChart 1994 edition, Mind Boosters by Ray Sahelian, M.D. (2000, St. Martin's Press), The Natural Pharmacy (revised and expanded edition published 1999 Healthnotes, Inc.).
- ⁷ Mind Boosters p.92.
- ⁸ Brown University www.brown.edu/Student_Services/Health_Education/nutrition/veg.htm; Physicians Committee for Responsible Medicine www.pcrm.org.
- ⁹ www.pcrm.org article on vegetarian diets cites World Cancer Research Fund, Food, Nutrition and the Prevention of Cancer: A Global Perspective, American Institute for Cancer Research, Washington, D.C.: 1997.
- ¹⁰ p.40-41 Food and Behavior (second edition 1997) by Barbara Reed Stitt, Ph.D. cites William Dufty Sugar Blues and M.S. Jones "Hypoglycemia in the Neuroses" the British Medical Journal Nov.16, 1935 p.945-6
- ¹¹ According to www.referenceforbusiness.com, Paul Stitt earned a master's degree in biochemistry. He began work for Tenneco Chemicals, becoming disillusioned with the food additive industry. He realized that "appetite enhancers" (fat, caffeine, sugar, salt, etc.) were added to increase consumption of a food. Paul left the food industry and started his own natural bakery and wrote books about the food industry and healthy dietary approaches. For Paul Stitt, Barbara Stitt, PhD (nutritionist) or their bakery, contact Natural Ovens Bakery, PO Box 730 Manitowoc, Wisconsin 54221-0730 phone 1-800-558-3535, 920-758-2500 www.naturalovens.com.
- ¹² Mind Boosters p.147-148; also as cited in that book "Effect of 12-month dehydroepiandrosterone replacement therapy on bone, vagina, and endometrium in postmenopausal women" by F.Labrie, et al.. 1997 J. Clin Endocrinol. Metab. 82:3498-505; "DHEA and cardiac arrhythmia" by R. Sahelian and S. Borke, 1998 Ann Int. Med. Oct 1; volume 129;7:588; "Dehydroepiandrosterone replacement in women with adrenal insufficiency" by A. Wiebke, et al., 1999 N Engl J Med 341:1013-20; "Replacement of DHEA in aging men and women" by S.S. Yen, A. J. Morales and O. Khorram, 1995, Ann NY Acad Sci 774:128-42.
- ¹³ May 2005 Life Extension p.27-29: "Concerning the mechanism of increased thermogenesis in rats treated with dehydroepiandrosterone" by V. Bobyleva, N. Kneer, M. Bellei, D. Battelli, H.A. Hardy, J Bioenerg Biomembr 1993 Jun;25(3):313-21; "Dehydroepiandrosterone reduces serum low density lipoprotein levels and body fat but does not alter insulin sensitivity in normal men" by J.E.Nestler, C.O. Barlascini, J.N.Clore, W.G. Blackard, J Clin Endocrinol Metab 1988 Jan;66(1):57-61
- ¹⁴ Council for Responsible Nutrition, www.crnusa.org (1828 L St. NW, Suite 900, Washington DC 20036-5114).
- ¹⁵ May 2005 Life Extension p.27-29; also The Natural Pharmacy p.288.
- ¹⁶ Mind Boosters by Ray Sahelian, M.D. (2000, St. Martin's Press) p.152.
- ¹⁷ Mind Boosters by Ray Sahelian, M.D. (2000, St. Martin's Press) p.154.
- ¹⁸ May 2005 Life Extension p.27-29: "Excretion of testosterone, epitestosterone, androstenedione and 7-ketodehydroepiandrosterone in healthy men of different ages" by L.P. Marenich, Probl Endokrinol (Mosk). 1979 Jul;25(4):28-31
- ¹⁹ May 2005 Life Extension p.27-29: "Ergosteroids: induction of thermogenic enzymes in liver of rats treated with steroids derived from dehydroepiandrosterone" by Lardy, Partridge and Wei, Proc Natl Acad Sci USA. 1995 Jul 3;92(14):6617-9; email communication to Cindee Grace from John Zenk, M.D. in 2001.
- ²⁰ May 2005 Life Extension p.27-29 : "The use of 3-acetyl-7-oxo-dehydroepiandrosterone for augmenting immune response in the elderly" by J.L. Zenk and M.A. Kuskowski, presented at a meeting of FASEB April 17, 2004; "7-Hydroxydehydroepiandrosterone – a natural candidate for steroid replacement therapy?" by R. Hampl, O. Lapcik, M. Hill, et al., Physiol Res. 2000;49 Suppl 1S107-12; "Effects of 7-oxy-DHEA treatment on the immunoreactivity of BALB/c mice subjected to chronic mild stress" by Y.Y. Liu, N. Yang, L.N. Kong, P.P. Zuo in Yao Xue Xue Bao 2003 Dec;38(12):881-4; "The effects of the ergosteroid 7-oxy-dehydroepiandrosterone on mitochondrial membrane potential: possible relationship to thermogenesis" by V. Bobyleva, M. Bellei, N. Kneer, H. Lardy, Arch Biochem Biophys, 1997 May 1;34(1)122-8; "A randomized, double-blind, placebo-controlled study of 3-acetyl-7-oxydehydroepiandrosterone in healthy overweight adults" by D.S. Kalman, C.M. Colker, M.A. Swain, G.C. Torina, Q. Shin, Curr Therap Res 2000;61(7):435-42; "The effects of hypothyroidism in rats on serum leptin concentrations and leptin mRNA levels in adipose tissue and relationship with body fat composition" by A. Karakoc, G.Ayvaz, F. Taneri, et al. Encocr Res 2004 May;30(2):247-55; "Effects of transdermal application of 7-oxo-DHEA on the levels of steroid hormones, gonadotropins and lipids in healthy men" by J. Sulcova, M. Hill, Z. Masek, Physiol Res. 2001;50(1):9-18; "The effect of 7-oxo-DHEA acetate on memory in young and old C57BL/6 mice" by J. Shi, S. Schulze, H.A. Hardy, Steroids. 2000 Mar;65(3):124-9; "7-oxo-DHEA and Raynaud's phenomenon" by G. Ihler, H. Chami-Stemmann, Med Hypotheses 2003 Mar;60(3):391-7; email communication to Cindee Grace from John.

Zenk, M.D. in 2001.

²¹ The Allergy Self-Help Cookbook by Marjorie Hurt Jones (2001, Rodale) p.58-59.

²² The Linus Pauling Institute (LPI) website article “Essential (Omega-3 and Omega-6) Fatty Acids” <http://lpi.oregonstate.edu/index.html>.

²³ The LPI article “Essential (Omega-3 and Omega-6) Fatty Acids” cites Vaddadi KS “The use of gamma-linolenic acid and linoleic acid to differentiate between temporal lobe epilepsy and schizophrenia” *Prostaglandins Med.* 1981;6(4):375-379.

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²⁹ LPI article “Essential (Omega-3 and Omega-6) Fatty Acids” cites Hendler SS, Rorvik DR, eds. PDR for Nutritional Supplements Montvale: Medical Economics Company, Inc; 2001.

³⁰ LPI article “Essential (Omega-3 and Omega-6) Fatty Acids.”

³¹ “Borage Oil” National Centre for Agri-Food Research in Medicine, St. Boniface General Hospital Research Center, www.sbr.ca/ncarm.

³² The Allergy Self-Help Cookbook by Marjorie Hurt Jones (2001, Rodale) p.58.

³³ website of the Physicians Committee for Responsible Medicine (PCRM) www.pcrm.org cites “n-3 Fatty acids from vegetables oils” by J. E. Hunter, *Am J Clin Nutr* 1990;51:809-14 and “Dietary substitution with an alpha-linolenic acid-rich vegetable oil increases eicosapentaenoic acid concentration in tissues” by E. Mantzioris, M. J. James, R. A. Gibson, and L. G. Cleland, *Am J Clin Nutr* 1994;59:1304-9.

³⁴ PCRM www.pcrm.org cites “Health implications of the n-3 fatty acids” by O. E. Odeleye and R.R. Watson, *Am J Clin Nutr* 1991;53:177-8 and “Reply to O. Odeleye and R. Watson” by J. E. Kinsella, *Am J Clin Nutr* 1991;53:178.

³⁵ LPI article “Essential (Omega-3 and Omega-6) Fatty Acids.” Problems with fish oil supplements or EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid) supplements may include heartburn, belching and a fishy aftertaste.

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³⁷ “Fat For Your Brain” cites “The macrophage theory of depression” by R.S. Smith, *Med Hypotheses* 1991;35:298-306.

³⁸ The Natural Pharmacy p. 287.

³⁹ email communication to Cindee Grace from Wilcox Family Farms, a supplier of “Omega-3 Eggs” from hens fed a vegetarian EFA-rich diet. www.wilcoxfarms.com.

⁴⁰ LPI article “Essential (Omega-3 and Omega-6) Fatty Acids” cites Burdge G. “Alpha-linolenic acid metabolism in men and women: nutritional and biological implications” *Curr Opin Clin Nutr Metab Care* 2004;7(2):137-144; Burdge GC, Jones AE, Wootten, SA “Eicosapentaenoic and docosapentaenoic acids are the principal products of alpha-linolenic acid metabolism in young men” *Br J Nutr* 2002;88(4):355-364; Burdge GC, Wootten SA “Conversion of alpha-linolenic acid to eicosapentaenoic, docosapentaenoic and docosahexaenoic acids in young women” *Br J Nutr* 2002;88(4):411-420; Giltay EJ, Gooren LJ, Toorians AW, Katan MB, Zock PL “Docosahexaenoic acid concentrations are higher in women than in men because of estrogenic effects” *Am J Clin Nutr* 2004;80(5):1167-1174; Cunnane SC “Problems with essential fatty acids: time for a new paradigm?” *Prog Lipid Res* 2003;42(6):554-568; Muskiet FA, Fokkema MR, Schaafsma A, Boersma ER, Crawford MA “Is docosahexaenoic acid (DHA) essential? Lessons from DHA status regulation, our ancient diet, epidemiology and randomized controlled trials” *J Nutr* 2004;134(1):183-186.

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fatty acids in bipolar disorder: a preliminary double-blind, placebo-controlled trial” by AL Stoll et. al. Arch Gen Psych 1999;56:407-412.

⁴² article “Borage Oil” National Centre for Agri-Food Research In Medicine, St. Boniface General Hospital Research Center www.sbrca.ca/ncarm/.

⁴³ The article about 5-HTP, written by Healthnotes for The Vitamin Shoppe (www.vitaminshoppe.com) cites van Praag HM, Lemus C “Monoamine precursors in the treatment of psychiatric disorders” Nutrition and the Brain, vol.7, eds RJ Wurtman, JJ Wurtman (New York: Raven Press) 1986 [review].”

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⁴⁶ “The Acid/Alkaline Mystery Solved” by Stephen Cherniske, M.Sc. www.starrwalker.com/newsletters/september2005.htm.

⁴⁷ The Energy Prescription by Constance Gauds, R.Ph. and Doug Childers p.73.

⁴⁸ Mother-Daughter Wisdom by Christiane Northrup, p. 214 (2005, Bantam Dell).

⁴⁹ The Slow Food Diet by Marc David p.23-24 (2005, Healing Arts Press).

⁵⁰ The Slow Food Diet by Marc David p.64-65 cites G.R. Barclay “Effect of Psychosocial Stress on Salt and Water Transport in the Human Jejunum” Gastroenterology 93, no.1 (July 1987); B. Baldaro. “Effects of an Emotional Negative Stimulus on Cardiac, Electrogastrographic, and Respiratory Responses” Perceptual and Motor Skills 71, no.2 (October 1990).

⁵¹ “The Glycemic Index, Simpler” article from washingtonpost.com by Sally Squires.

⁵² The Doctor’s Book of Home Remedies (Bantam 2003 expanded revised edition).

⁵³ Food and Behavior by Barbara Reed Stitt, Ph.D. p.57-58 cites Dr. Theron G.Randolph and Ralph W. Moss An Alternative Approach to Allergies (New York: Lippincott-Crowell, 1980) p.138-155; Doctors David S. King and Marshall Mandel in Diet, Crime and Delinquency p.76 by Schauss; Dr. Doris Rapp “Food Allergy Treatment for Hyperkinesia” Journal of Learning Disabilities Nov 1979 Vol.12 No.9. p.42-50; Chereraskin and Ringsdorf Psychodietetics p. 130; Dr. Mandell in Diet, Crime and Delinquency p.76 by Schauss. In Fibromyalgia Aware (Dec. 2004), Alan C. Logan (naturopathic physician) describes findings published in the medical journal Lancet in 2000. They show the link between food intolerances, the body’s cytokines production and headaches, joint pain and fatigue. Dr. Logan writes that when cytokines production is elevated in healthy adults, they have symptoms such as those and also depression, cognitive difficulties and anxiety.

⁵⁴ A free, simple article at www.revolutionhealth.com/articles/applied-kinesiology/ns-bottomline-appliedkinesiology (accessed April 18, 2008) cites these published scientific articles: “Applied kinesiology – double-blind pilot study” by Weisberg Friedman MH; “Kinesiology and food allergy” by J.S. Garrow; “Effects of an applied kinesiology technique on quadriceps femoris muscle isometric strength” by J.A. Grossi; “Muscle testing response to provocative vertebral challenge and spinal manipulation: a randomized controlled trial of construct validity” by M. Haas, D. Peterson, D. Hoyer, G. Ross; “Diagnosis of thyroid dysfunction: applied kinesiology compared to clinical observations and laboratory tests” by G.E. Jacobs, P.G. Gilman; “Applied kinesiology unreliable for assessing nutrient status” by J.J. Kennedy, R. Clemens, K.D. Forsythe; “A review of the research papers published by the International College of Applied Kinesiology from 1981 to 1987” by B. Klinkoski, C. Leboeuf; “Interexaminer agreement for applied kinesiology manual muscle testing” by A. Lawson, L. Calderon; “Test-retest reliability and validity of the Kinesiology muscle test” by R. Ludtke, B. Kunz, N. Seeber; “Health kinesiology is neither reliable nor valid” by R. Ludtke, N. Seeber, B. Kunz, et al; “Muscle strength testing as a diagnostic screen for supplemental nutrition therapy” by J.J. Triano.

⁵⁵ The Allergy Self-Help Cookbook by Marjorie Hurt Jones (2001, Rodale), “World Tastes: Wild Oats’ Guide to Buying and Preparing Bulk Foods” (2001 edition), “The Wheat-Free Page” on the web at www.nidlink.com/~mastent/wheatfre.html.

⁵⁶ www.pcrm.org article on vegetarian diets states there are 9 essential amino acids our bodies can’t make. Other nutrition references sometimes state there are 8 essential amino acids. Whether it’s 9 or 8, eat a variety of plant food sources to maximize complete protein.

⁵⁷ Fibromyalgia Aware magazine (Dec. 2004), Alan C. Logan describes that in case studies published in the Annals of Pharmacotherapy, when patients with fibromyalgia eliminated MSG and aspartame (a sweetener), they had a dramatic reduction in symptoms.

⁵⁸ For example, Alzheimer's and cardiovascular disease can be eased with dietary antioxidants, as mentioned in Dr. Logan's Fibromyalgia Aware article (Dec. 2004).

⁵⁹ www.wholegrainscouncil.org.

⁶⁰ www.swua.org; www.enabling.org/ia/ceciac.

⁶¹ www.hort.purdue.edu/newcrop/afcm/quinoa.html Table 2.

⁶² See writings from Andrew Weil, M.D. and other nutrition references.

⁶³ www.hypoglycemia.asn.au/articles/rich_sources_nutrients.html; www.md.com "10 Tips to Get Better Sleep" by Michael Breus, PhD. Walnuts, almonds and buckwheat are good tryptophan sources.

⁶⁴ "Sentient Times" (p.14 April/May 2006). It reports researchers tested the toxic effects of a combination of aspartame (in Nutrasweet® and other artificial sweeteners), MSG and artificial colorings. The combination had a total of four food additives. The concentration tested was equivalent to the compound that enters a child's bloodstream after a child eats the additives in a snack and drink. The researchers exposed mouse nerve-cells to that combination level. The mouse nerves cells stopped growing. The combined additives interfered with normal nerve signaling systems. The additive mixture was more powerful than each additive by itself.

⁶⁵ "You Do What You Eat" by Marco Vissccher Ode Magazine Sept. 2005 refers to research conducted by the University of Oxford and elsewhere demonstrating refined sugars and other aspects of poor nutrition increase aggressive behavior and other problems. See Food and Behavior by Barbara Reed Stitt, Ph.D. She and others have had long-term success improving the mental health of schoolchildren, child and adult prisoners/parolees and others through nutrition.

⁶⁶ One example is the largest study done on humans investigating pesticides and Parkinson's disease. Dr. Alberto Ascherio (Harvard School of Public Health) in Boston was the research team leader. After research with over 143,000 participants, the team discussed their finding (July 2006 Annals of Neurology): pesticides increased the risk of Parkinson's by 70% (www.organicconsumers.org/2006/article_902.cfm).

⁶⁷ "Chemical Vegetables" Ode Magazine (May 2006) cites a study by the Chemical and Veterinary Investigation Institute in Stuttgart, Germany (website www.cvua-stuttgart.de).

⁶⁸ "You Do What You Eat" by Marco Vissccher (Ode Magazine Sept. 2005) cites research by Britain's Medical Research Council showing a sharp decline in food nutritional value since 1940, as reported in What Doctors Don't Tell You Dec. 2002.

⁶⁹ As happened to a Saskatchewan farmer in Canada and others ("Eating At Home" by Brian Halweil, Ode magazine May 2005).

⁷⁰ The Estrogen Alternative by Racquel Martin and Judi Gerstung, DC (fourth edition 2005, Healing Arts Press, pages 127-132) cites Epstein, "The Chemical Jungle: Today's Beef Industry," International Journal of Health Services, Vol. 20, no. 2, 1990, 277-80, "Studies Document Pesticide Harm," Science, June 7, 1996 and The Lancet, July 1996. Also see information from www.pcrm.org.

⁷¹ "Minimizing Toxic Exposure" by Jeffrey Anderson, M.D. p.198 in Optimal Digestive Health, ed. Trent W. Nichols, M.D. and Nancy Faass, M.S.W., M.P.H. (2005, Healing Arts Press); The Slow Down Diet by Marc David (2005, Healing Arts Press) p.45 references include "Organic Foods vs. Supermarket Foods: Elemental Levels" Journal of Applied Nutrition 45 (1993).

⁷² "Study Finds More Good Fats in Grass-fed Beef and Dairy" Northcoast Co-op newsletter (Spring 2006). cites the Union of Concerned Scientists (website www.ucusa.org), Dr. Kate Clancy (a senior scientist at the UCS' Food and Environment Program) and Dr. Margaret Mellon (program director).

⁷³ "Minimizing Toxic Exposure" by Jeffrey Anderson, M.D. p.199 in Optimal Digestive Health, ed. Trent W. Nichols, M.D. and Nancy Faass, M.S.W., M.P.H. (2005, Healing Arts Press). Also "Co-op News" Spring 2006 describes research about the substantial decline of nutrients in many conventional food crops, as well as the increased nutrition in organic foods, citing University of Texas biochemist Donald Davis and the Organic Consumers Association.

⁷⁴ Northcoast Co-op information, the Center for Food safety (www.centerforfoodsafety.org), and Cindee Grace's conversation with the Center For Food Safety's California Outreach Coordinator Charles Margulis (aired on "Thursday Night Talk" KHSU March 23, 2006).

⁷⁵ After eating in a certain restaurant, 600 people got sick and 3 died in Pennsylvania in September 2003. The cause was food poisoning tied to a few Mexican farms' green onions shipped to the restaurant ("Eating At Home" by Brian Halweil, Ode magazine May 2005).

⁷⁶ See the position paper (copyright 2003) at www.eatright.org.

⁷⁷ Physicians for Responsible Medicine website cites "Cross-cultural association between dietary animal protein and hip fracture: a hypothesis" by B.J. Abelow, T.R. Holford, and K.L. Insogna, *Calcif Tissue Int* 1992;50:14-18, "Protein consumption and bone fractures in women" by D. Feskanich, W.C. Willett, M.J. Stamfer, and G.A. Colditz, *Am J Epidemiol* 1996;143:472-9, "Nutrition and colorectal cancer" by J.D. Potter, *Cancer Causes Control* 1996;7(1):127-46, "The role of fat, fatty acids, and total energy intake in the etiology of human colon cancer" by E. Giovannucci, and B. Goldin, *Am J Clin Nutr* 1997;66(6suppl):1564S-71S, "Meat intake, heterocyclic amines, and risk of breast cancer: a case-control study in Uruguay" by E. De Stefani, A. Ronco, M. Mendilaharsu, et al., *Cancer Epidem Biomark Prev* 1997;6:573-81, "The Impact

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⁷⁸ PCRM website cites “Milk, dietary calcium, and bone fractures in women: a 12-year prospective study” by D. Feskanich, W.C. Willet, M.J. Stampfer, and G.A. Colditz, *Am J Public Health* 1997;87:992-7, “Case-control study of risk factors for hip fractures in the elderly” by R.G. Cumming and R.J. Klineberg, *Am J Epidemiol* 1994;139:493-505, “Nutrition and subsequent hip fracture risk among a national cohort of white women” by Z. Huang, J.H. Himes, and P.G. McGovern, *Am J Epidemiol* 1996;144:124-34, “Risk factors for hip fracture in white women” by S.R. Cummings, M.C. Nevitt, W.S. Browner, et. al., *N Engl J Med* 1995;332:767-73, “The skeleton crew: is calcium enough?” by S.C. Finn, *J Women’s Health* 1998;7(1):31-6, “Calcium and osteoporosis” by C.B.E. Nordin, *Nutrition* 1997;3(7/8):664-86, “Nutritional influences on bone mass” by D.M. Reid and S.A. New, *Proceed Nutr Soc* 1997;56:977-87, “Potassium, magnesium, and fruit and vegetable intakes are associated with greater bone mineral density in elderly men and women” by K.L. Tucker, M.R. Hannan, H. Chen, L.A. Cupples, P.W.F. Wilson, and D.P. Kiel, *Am J Clin Nutr* 1999;69:727-36, Bowes and Churches Food Values of Portions Commonly Used by J.A.T. Pennington, 17th ed., New York:Lippincott 1998, “Can lifestyle changes reverse coronary heart disease?” by D. Ornish, S.E. Brown, L.W. Scherwitz, J.H. Billings, W.T. Armstrong, and T.A. Ports, *Lancet* 1990;336:129-33, “Galactose consumption and metabolism in relation to the risk of ovarian cancer” by D.W. Cramer, B.L. Harlow, and W.C. Willet, *Lancet* 1989;2:66-71, “Dairy products and breast cancer: the IGF-1, estrogen and bGH hypothesis” by J.L. Outwater, A. Nicholson, and N. Barnard, *Medical Hypothesis* 1997;48:453-61, “Plasma insulin-like growth factor-1 and prostate cancer risk: a prospective study” by J.M. Chan, M.J. Stampfer, E. Giovannucci, et. al., *Science* 1998;279:563-5, World Cancer Research Fund. *Food, Nutrition, and the Prevention of Cancer: A Global Perspective*. American Institute of Cancer Research. Washington, D.C.:1997, “Milk intake and bone mineral acquisition in adolescent girls: randomised, controlled intervention trial” by J. Cadogan, R. Eastell, N. Jones, and M.E. Barker, *BMJ* 1997;315:1255-69, “Cow milk and insulin-dependent diabetes mellitus: is there a relationship?” by F.W. Scott, *Am J Clin Nutr* 1990;51:489-91, “A bovine albumin peptide as a possible trigger of insulin-dependent diabetes mellitus” by J. Karjalainen, J.M. Martin, M. Knip, et. al., *N Engl J Med* 1992;327:302-7, “Hypervitaminosis D associated with drinking milk” by C. H. Jacobus, M.F. Holick, Q. Shao, et. al., *N Engl J Med* 1992;326:1173-7, “Vitamin D and bone health” by M.F. Holick, *J Nutr* 1996;126(4supp):11595-645, “Human breast milk contains bovine IgG. Relationship to infant colic?” by P.S. Clyne and A. Kulczycki, *Pediatrics* 1991;87(4):439-44, “Intolerance of cow’s milk and chronic constipation in children” by G. Iacono, F. Cavataio, G. Montalto, et al., *N Engl J Med* 1998;339:110-4.

⁷⁹ PCRM website cites “Racial bias in federal nutrition policy, part I: the public health implications of variations in lactase persistence” by P. Bertron, N.D. Barnard, and M. Mills. *J Natl Med Assoc* 1999;91:151-7.

⁸⁰ Article section by Marc Kolle (*Ode* magazine, April 2006, p.21) states it takes 33 percent more fuel to produce 1 calorie of meat than to produce 1 calorie of potato. Eighty percent of the world soybean crop goes to feed cattle and only twenty percent goes to feed people. To make 1 calorie of meat requires 17 calories of cattle feed. “Greenhouse” gases may be damaging the planet’s ozone layer. Methane is a greenhouse gas. Manure from cows puts out 16% of the world’s total methane emissions. The article section source: Danielle Nierenberg: *Happier Meals* (Worldwatch Paper 171, Sept. 2005).

⁸¹ The New Dimensions radio show airing in March 2006 (Program 3121) featured an interview with Joshua Reichert, PhD (Pew Trust). He described the damage done to the ocean environment by over-fishing.

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celestialsinger1-healingbook@yahoo.com*

Bilateral Body-Mind-Spirit Weaving

You can “change your mind” about something – but can you change your brain?

I heartily answer, “Yes... and for the better!” We with PTS/DI have brains and minds that may need healing changes. The techniques in this and other chapters teach how to utilize your natural healing powers. Leading-edge research proves that people can use do-it-yourself techniques, to improve mental functioning and brain structure.¹

Your brain has neural pathways that transmit and receive information. Research suggests a brain region may assist with the tasks of a different region, if necessary due to a brain injury or neurological condition.² In PTS or DI, some neural pathways may have changed the way they function. If trauma causing PTS/DI occurred when the person was young, then neural pathway functional change is even more likely.³

A person with DI may have one personality that’s right-handed while another personality is left-handed. DI research subjects showed different brain electrical patterns (EEG coherence) between the personalities within one individual. These distinctive EEGs could not be faked. When professional actors pretended to have alter personalities, their EEGs were not like those of the DI subjects.⁴ Within the same individual, one personality area can have a certain allergy while a different personality area does not. Eyeglass prescriptions may be different for different personality areas.⁵

Up-to-date articles about the biochemistry and neurology of PTS are found at websites such as www.psychinnovations.com/sitetrau.htm. The National Center for PTSD has a free electronic index (www.ncptsd.org//publications/pilots) to the world’s literature not only on PTS but other “mental-health consequences of exposure to traumatic events.”⁶ Information from these and other resources, as well as my experiences with clients, have shaped my belief that DI-like physiological changes can occur with PTS.

For example, during a particular PTS-induced “mood,” a person’s blood sugar may be at a certain level. When the PTS mood changes, so does the blood sugar level. One PTS mood includes a headache while a different mood doesn’t.

Whether DI or PTS, physiological shifts can strain us. But with Bilateral Body-Mind-Spirit Weaving (BBMSW) techniques, we can ease subtle or intense PTS/DI symptoms (such as hyper-startle anxiety, headaches when personality areas change, etc.). We can also become more “whole” and comfortably connected within. It’s not necessary to force fusion of personality areas in order to be more whole. If compassionate fusion happens naturally during any technique, fine.

With BBMSW, I practice accepting my emotions and expressing them in nonviolent healthy ways. Thus, I reclaim a fuller, less dissociated emotional range. BBMSW orients my brain and nervous system to function in a relaxed yet aware state. I reveal my personal details here to illustrate self-care concepts.

Depending which personality areas are consciously active, I am either more right-handed or more ambidextrous. Some of my personality areas are not as aware of my body’s left side, while others are less aware of my body’s right side. To survive early abuses, some of me became blind so as not to see trauma. Some of me became deaf so as not to hear it. Thanks to BBMSW and holistic self-care, now all of me is able to see and hear.

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Another brain-related illustration involves personality areas of all of me that became autistic-like. When I experience life mostly from my autistic-like areas, my muscles are more prone to spasms. My speech and gestures at these times are of a style often seen in non-DI people who have autism or brain injury. Holistic self-care has greatly improved these personality areas' functioning.

For language learning, the brain's language template of the younger person is more malleable.⁷ Starting at age three, I stayed away from my English-speaking abusive parents as much as possible. I sought out Latino neighbors. Some of my personality areas learned rudimentary Spanish and speaks with a native Mexican tone. But other areas of me do not readily grasp Spanish.

The previous examples encompass handedness, two senses (vision, hearing), perception, cognition and language. The brain engages distinct neural pathways for such diverse activities. As I continue to use BBMSW, my body and mind function improves for all of me in these and other brain-related categories. Any PTS/DI-related headaches, anxiety and other symptoms lessen dramatically.

For over one hundred years, bilateral therapies ("bilateral" means both sides) that are forerunners to my BBMSW have been astonishingly effective for thousands of people with neurological conditions including dissociation. Certain physical health professionals (such as Carl Delacato, Glen and Robert Doleman, and Moshe Feldenkrais) have used bilateral therapeutic movements to benefit clients who medical doctors declared "beyond help."

The "cross-crawl" is a classic bilateral exercise. A therapist directs the client to crawl on the floor. Why? Generally, the right brain hemisphere directs the left body side. The left brain directs the right body side. By crawling, the client relearns how to coordinate both sides of the brain and body.

Some mental health professionals (e.g., Francine Shapiro, Fred Friedberg) have employed bilateral theory to create techniques to heal psychological challenges. Some techniques are EMDR (Eye Movement Desensitization and Reprocessing™), Eye Movement Therapy or other "eye movement" exercise. During such a session, a practitioner might instruct a client to repeatedly look left and right while noticing a symptom (e.g., PTS-related fear).

When you move your eyes across the vertical middle of your visual field, one brain hemisphere is more active. Glance in the other direction and your other brain hemisphere is more involved. A special bilateral eye movement happens in the Rapid Eye Movement (REM) dreaming stage of your sleep cycle. Dreaming can let your unconscious mind resolve past trauma. Bilateral eye movement done when awake, focusing on specific sensations, emotions or thought patterns, can help relieve trauma.

Thanks to the ground-breaking of past inventive therapists, in the 1980s I began designing Bilateral Body-Mind-Spirit Weaving techniques to help heal PTS/DI. BBMSW techniques serve one's whole being (body, mind and spirit). I believe BBMSW may be more effective and holistic than some other bilateral approaches. New scientific discoveries about the brain's "body maps" and common associative networks seem to confirm my theory that BBMSW may enhance body maps and associative networks in ways helpful for people with PTS/DI.⁸

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What’s In A Name?

“B” in BBMSW is for “bilateral.” BBMSW connects one side of the body and brain with the other side. By “side,” I mean not just left-right but also the “sides” of front-back, top-bottom and midline-periphery. I’ve created BBMSW to connect all these “sides” in specific combinations. Thus, the nerves send and receive signals to regions of the brain in ways that may assist us who have PTS/DI. The “B,” “M,” and “S” in BBMSW stand for body-mind-spirit. “Spirit” can mean a power larger than oneself (the universe, God, or whatever you want to call it).

For “front” and “back,” I mean the Asian-medicine version (*Figures 1 and 2*). The front “yin” surface is moister, softer, and less hairy. The soles of your feet have the yin surface. The back “yang” surface is usually drier, rougher, and hairier. By including these yin-yang “sides” in BBMSW, we may be empowering the “chi” (life force) of acupuncture meridians. This BBMSW “front” and “back” includes dermatomes - sections of skin that receive nerve signals. We are likely more aware of our fronts with which we “face” the world.

Industrial peoples are often sedentary, sitting and interacting with peoples’ top halves. The bottom half has been degraded in our society. Divinity is usually represented as skyward not Earthward, the ground considered “icky,” “dirty.” No wonder we might be “ungrounded” emotionally! With BBMSW, we include the body’s top and bottom halves.

English reflects prejudice against the left side (e.g., “he’s my right-hand man;” “sitteth at the right hand of God”). Naturally left-handed people were and sometimes still are punished in school for using the “wrong” hand when writing. Yet the left body side and its guide (the right brain) offer emotional, artistic and musical talents.

In between your left and right brain hemispheres is the corpus callosum. It facilitates holistic communication between brain hemispheres.⁹ During BBMSW, we can employ the corpus callosum for healing PTS/DI.

Due to dissociation, we may not be as aware of one or more sides of the body. Someone might avoid noticing a body side associated with the trauma – even if that side wasn’t physically harmed. For instance, a person might dissociate from his left side, because someone came from the left direction to attack him. BBMSW is designed to connect the body and brain not merely via left-right but also top-bottom, front-back and midline-periphery. Thus, the brain hemispheres may communicate better with each other, and neural pathways become restored.

Your brain and mine are already primed for holistic health. The brain is made of about ten billion nerve cells. The brain’s structure is interlinked. Each section has subsections communicating with each other. There are networks within networks with inherently cooperative and coherent properties.¹⁰ These properties likely help BBMSW work.

If I feel PTS anxiety, I typically use BBMSW. I often utilize it in the evening to digest the day’s events and relax for a more peaceful sleep. If I have a PTS hyper-startle symptom (e.g., from a sudden loud noise), I can immediately do BBMSW. Then, I’m better able to accurately assess my safety and take wiser actions.

If I begin to get a DI-related headache, nausea or anxiety because a new personality area is emerging into awareness, I rely on BBMSW. The personality area can emerge

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with less or no nervous system strain. BBMSW assists my other personality areas to helpfully, inwardly communicate with the area.

You have the option of recording the script of any BBMSW technique. See “Holistic Self-Hypnosis – Part 1” for tips. Pre-recorded instructions or live audio instructions spoken by a support person could add focus. Even if you use a recording or support person’s spoken instructions, do guide yourself without audio input on occasion. That way, you can adapt the technique spontaneously.

You do not have to tough out your healing journey all by yourself! There might be a trustworthy friend, therapist or other person suitable to be present for some of your sessions. At bookstores and libraries are resources for “active listening” and “peer counseling,” to inform a potential support person.

Conversely, you might prefer to do BBMSW or other techniques in this book alone. You might be able to concentrate better or get other benefits with solitude. Whichever way you work best is fine.

Pre-Requisite for BBMSW

It’s essential to be able, to some degree, to observe thoughts, emotions and body sensations in a friendly, detached (not dissociated) manner. In other words, it’s essential to know how to calm and “center” oneself. Centering techniques have been around for centuries throughout the world. Nowadays hospitals, yoga studios, and other places offer religious and non-religious centering techniques (Mindfulness Meditation, guided imagery, etc.). We with PTS or DI need centering skills, so we don’t get overwhelmed by our bodies and minds. I present centering instruction below.

What do “relaxation modalities” such as centering, biofeedback, meditation, hypnosis, and guided imagery have in common? They are conducive to promoting creative, relaxing alpha and delta brain waves. The brain goes through cycles of brain wave activity, throughout the day and night.

The beta brainwave enables us to do logical tasks. But when someone is feeling anxious, overworked, tired or ill, she or he may be deficient in the relaxing and creative alpha and delta waves. During cycles of greater alpha and/or delta wave activity, there is tremendous potential for physical and psychological healing.

Some misguided health professionals might warn people who have dissociative disorders not to do meditation, guided imagery, self-hypnosis or similar relaxation activities. Those professionals unrealistically fear that increasing alpha and delta brain waves will worsen dissociative disorders. I think it’s a mistake to warn against these activities instead of simply warning against misusing or overdoing them. I propose that lack of sleep, constant anxiety, and stress-related physical conditions are more likely to worsen dissociative symptoms than would relaxation techniques! Fortunately, authors such as BelleRuth Naparstek publicize research that documents the safety and effectiveness of guided imagery and related modalities for people challenged by dissociation.¹¹

What can be harmful is an inappropriate intention for meditation, self-hypnosis or other method. If the intent is to use a relaxation technique to unduly repress thoughts or

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emotions, dissociative symptoms might very well increase. My book shows you ways to work with and heal thoughts and emotions, without overly repressing them.

Sometimes, increased dissociation is humane and ultimately healthy. One could design a hypnotic technique to act as an anesthesia (temporary dissociation) during surgery. A hypnotic suggestion can affirm that physical sensations return to normal after a set time or when a criterion is met (e.g., the pain subsides).

How can you make sure that your practice of relaxation methods (meditation, guided imagery, BBMSW, etc.) will lessen - not worsen - your dissociative condition?

Follow these guidelines:

1. Be willing to adapt a technique to better suit you.
2. Use the original or adapted technique in a self-compassionate way (never forcing a change). If any part of your body is tense during practice, imagine inhaling relaxation into it; exhale the tension. See “Resources” for relaxing recordings.
3. Be willing to keep adjusting your practice of BBMSW, to fit ongoing feedback from your body-mind-spirit.

I’d like to share a true story about one of my students. She followed the above guidelines regarding adapting a relaxation method – in this case, self-hypnosis. See other chapters for self-hypnosis instruction.

The student was in her forties and had completed my group self-hypnosis classes. Soon afterward, she phoned for a private appointment with me. She had sounded frantic.

At our appointment, she related how for years, she’d tried numerous medical and alternative tests and treatments for worsening neck and back pain. As a last resort to diagnose the cause, her medical specialists now recommended she undergo an excruciating medical test. During the proposed test, the medical staff would require her to be awake...no anesthesia. To determine her nerves’ condition, the specialists would probe each of her pain-ridden nerves. All the while she would need to tell them where she feels the pain travel from the probes and to describe the pain intensity.

She had asked the specialists if she could use hypnotic anesthesia. They had said, “No; it would interfere just like chemical anesthesia. We need to hear you say exactly what you feel during the procedure!”

Now with me giving her my full attention, she sobbed wildly. “I can’t go through with the pain of that procedure! I know I’ll go crazy if I do! But I can’t stand this constant neck and back pain either! I’d rather kill myself than go through with the procedure or live with this daily pain! But I want to live. I love my family! I’ve been thinking for days it’s hopeless. But my intuition kept telling me not to give up! It told me to come see you!”

Taken aback, with awkwardness I swallowed, not knowing how to help. “Um, er, I’m going to tune into my intuition. Maybe I’ll come up with something.” I closed my eyes, began meditating and soon dropped most of my tension.

One benefit of alpha-brain-wave-friendly techniques like meditation is increased creativity. After a few moments of meditation, a creative idea popped in. I opened my eyes and began telling her, “During the procedure, use the self-hypnosis you learned in my class. But for – “

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"But Cindee, the doctors said no hypnosis anesthesia!"

"This won't be anesthesia. For your self-hypnosis content, for your self-hypnosis suggestion sentence, intend to be aware of the body's pain signals and that the pain signals instantly and automatically translate into colors. You intend to experience pain as visual not kinesthetic."

She asked meekly, "Do you really think I could learn to do that?"

With deep conviction, I said, "You were able to ask your intuition for guidance, even with all this stress going on. Yes, you can learn it!"

Valiantly, she immediately adapted the relaxation method (hypnosis) to better suit her. She problem-solved aloud, "Even when I think of the word 'pain', I get queasy. So in my self-hypnosis suggestion sentence, I'll substitute the word 'signal'. I'm gonna choose a red color to symbolize the strongest degree of signal. Orange means a little less signal. Yellow is moderate signal. Green is a mild degree and blue means no signal."

With my assistance, she chose "personally meaningful words" and a "symbol" for her self-hypnotic suggestion. These terms are explained in the self-hypnosis chapters. My brave student also added a self-hypnosis instruction: after the medical procedure, she would perceive her body sensations kinesthetically as usual.

I gave her a letter to give to her doctors, describing to them her self-hypnosis plan. To help her keep her pain-as-color focus, everyone involved with the procedure was to speak only in terms of color, regarding her pain. They should say "signal" not "pain." For example, a doctor could ask her "When I probe this nerve, what color do you see and where do you see it?" She could answer "I see red down my arm and yellow at my wrist."

At home, she practiced this adapted self-hypnosis content daily for a week. She showed her doctors my letter. They were elated that she had an option and agreed to her plan. During the procedure, on her chest the staff placed a sheet of paper with a printed reminder about her color code words. The test went smoothly. The thrilled medical staff was able to get her verbal feedback yet she stayed kinesthetically comfortable! Because she was so precise with her visual descriptions, they were able to devise an effective, non-surgical treatment for her neck and spinal pain.

One of her doctors thanked me for helping her. "I've started telling people all about this. Once a pain's cause is diagnosed, they can do self-hypnosis to get pain relief!"

About a week after the procedure, my student returned to see me. She beamed as she relayed details about the successful procedure and non-surgical treatments. Then abruptly, her face drooped with guilt. "I need to confess something. Even though the procedure is over, I'm still using the visual colors for other pain. Like when I accidentally smashed my toe a couple days ago. Is that wrong? Is that dangerous?"

"Tell me more about what you've been doing."

"When I smashed my toe, it hurt so bad! I cursed, then I asked my body to send me colors instead of pain. The pain was orange at first. I cleaned my toe. I saw that I could move it; the bone wasn't broken. So I bandaged it, put ice on it and kept off it that day. I decided if it didn't get better fast, I would call my doctor. After awhile, my mind's colors showed yellow, then yesterday green. Today it's just a blue-green degree of pain. There's no more swelling."

"Are you able to feel pleasant touches, like petting your cat or getting a hug?"

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"Oh sure! I'm experimenting with feeling pleasant touch and seeing in my mind's eye beautiful shades of blue. My self-hypnotic suggestion is that my body lets me feel pain when it first starts so I can notice it. Then only after I know what's hurting and why, I ask my body for colors instead of pain. I guess that's wise, isn't it?"

"So when you hurt your toe, you were aware of your body's pain signals telling you that you had hurt yourself. Then you took care of the toe and monitored its healing. Your sense of pleasant touch is not impaired in any way. Instead, you've heightened your pleasure in life." A tad of envy tinged my voice. "I don't think that's wrong or dangerous. I wish I were as skilled as you are at translating unnecessary pain into color. Maybe you'll help other people learn what you're doing!"

She grinned. "I hoped you'd say that! I already showed how to do this kind of self-hypnosis to one of my doctors. After the procedure, he asked me to teach him!"

To sum up this story, my student with her self-care avoided further dissociation ("going crazy," as she had put it). She emphasized one of her senses (vision) in her perception of body signals and took care of her body. She was then able to live her present life more fully - the opposite of dissociation!

As you saw from the above true story, adapting a technique to better suit the individual is worthwhile. So let's embark on your adventure of learning Bilateral Body-Mind-Spirit Weaving and related techniques.

Centering Meditation (pre-requisite for upcoming techniques)

Sit or lie down in a comfortable position. Close your eyes. Observe (in a friendly yet matter-of-fact way) each inhalation and exhalation as it occurs. You might observe your breath at your belly, at your nostrils or other location. Stay in each present moment.

When thoughts, emotions or body sensations arise, observe them. Do not judge or try to change them. They are like clouds floating past in the vast spacious sky. When a thought, emotion or sensation arises, gently return your attention to your breath. In this way, you develop a relaxed concentration.

Practice at least 1-3 minutes twice a day, for at least a few days.

Commentary: If you prefer, choose a different "object of focus" other than your breath. You might listen to a ticking clock or notice the feel of a fabric on your skin. As long as the object of focus is consistent, you can use it.

Outside of your practice sessions, in that same friendly yet matter-of-fact fashion, play with observing your thoughts, emotions or sensations. Centering is different from dissociating. During dissociation, you are not as aware of your thoughts, emotions or body sensations.

Practice centering with all or any personality areas that are conscious during the session. Some personality areas might be more adept. But also practice centering with the less-adept personality areas. Treat yourself to centering a few minutes daily. That way, you'll know to more calmly observe PTS/DI thoughts, emotions and body sensations that arise and fall anytime.

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Now you’re ready to sample the Warm-Ups and BBMSW itself. Regardless which one you practice, consider these tips:

- * Practice a few minutes daily where you won’t be interrupted. Practice when your symptoms are manageable not just when symptoms are extreme. Thus, you’ll have a degree of skill already established when under stress.
 - * Practice each BBMSW technique at least once. This way, you’ll discover which aspects of your body-mind you want to enhance, to prevent or reduce PTS/DI symptoms. If you practice a different BBMSW technique daily, you cover them all in just 23 days. You can do more than one a day, if you wish. There are 23 exercises (I like to call most of them “Experiences”). See this endnote for that group of 23.¹² This chapter also has instructions for relief from various symptoms that you can use as needed.
 - * Be patient and compassionate with all of you. Over time, BBMSW gets easier.
 - * Adopt a friendly, curious attitude. Don’t strain or judge yourself about your BBMSW.
 - * If you have extreme discomfort during a BBMSW Experience, adapt it or stop doing it for awhile.
 - * Have a notebook and pen ready. Make “sensory references” in your notebook. A sensory reference is an image, sound, smell, taste or feeling that helps you recall your successfully practiced skill. When you do BBMSW with any amount of success, immediately write a word or two or draw what the skill reminds you of. If it had a look, sound, smell, taste, feeling, word, or symbol, what would it be?
- Your sensory reference does not need to make sense to anyone else. Your sensory reference may change over time. When a PTS/DI symptom occurs, recall your sensory reference for the BBMSW skill that may ease the symptom.
- * If your personality area or PTS mood changes during a practice session, continue if possible. If needed, simplify the instructions.
 - * Read through the entire Experience then do it. If you wish, record your voice reading aloud the instructions and then practice as you listen to the recording.
 - * Sense the indicated body region with eyes closed. Sense its borders, depth, and temperature. Then keep the awareness going after you open your eyes and return to daily activities.
 - * If you have trouble tuning into a body region during BBMSW, open your eyes to look at the region. Or lightly stroke it. Then do BBMSW with it. Feel free to do BBMSW while receiving massage, meditating, or exercising.
 - * Gradually increase the degree of awareness. In daily life, notice what degree helps during your PTS/DI symptoms. Write in your notebook which BBMSW Experience and awareness degree work best for which circumstance.

THREE WARM-UPS (each one enhances certain sides or “lateralities”)

Warm-up 1 (the enhanced lateralities are front-back, top-bottom, left-right):

Sense the left side of your body head to toes. Notice its borders, depth, and temperatures. Notice the front and back surfaces of your left side for a few moments. Now let it go. Notice your body’s right side in the same way. Now sense both sides at once.

Warm-up 2 (left-right, top-bottom and front-back; see *Figures 1 and 2*):

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Sense your body’s front (yin surface), including the soles. Then release the awareness. Notice your body’s back (yang surface). Then sense front and back simultaneously.

Warm-up 3 (left-right, front-back, top-bottom):

Sense your bottom half (from waist level down). Include the left, right, front and back of your bottom half. Release that. Now sense the top half. Then sense bottom and top simultaneously.

Safely Touching, Safely Touched (STST)

Now we’re about to get acquainted with a type of BBMSW Experience that I call “Safely Touching, Safely Touched” (STST). If disability or other factor prevents you from touching one of your body regions as instructed in a STST Experience below, you can instead notice the air temperature or textures contacting the region’s skin. If you’re unable to kinesthetically perceive a region and its skin, fantasize that you can. Such fantasizing still supports brain and neural activity in remarkable healing ways.¹³ Another option is to touch a body region other than the one indicated in a STST Experience, touching it in a similar way.

BBMSW Experiences are distinct from certain, more conventional bilateral approaches (e.g., EMDR®). Often in conventional approaches, someone (usually a paid therapist) taps a client’s left and right sides alternately (e.g., left leg and right leg). Or the therapist tells the client to watch the therapist’s finger moving left and right. Whether tapping left-right or moving the eyes left-right, the intent is to help the brain hemispheres communicate and resolve emotions. But if a bilateral approach doesn’t include the lateralities of front-back and top-bottom, I think it probably stimulates the client’s brain hemispheres in a more passive, narrow way than does BBMSW.

Bilateral sessions often bring up past trauma memories and sensations, in order to heal them. I consider the passive, narrow approach more emotionally strenuous than BBMSW. For daily symptom relief and for stabilizing calm, I rely on BBMSW. It enhances the body-mind’s passive and active modes and includes all lateralities and body regions. It decreases my need for the narrow, passive approach sessions. BBMSW seems to heal broadly yet gently and deeply over time.

I do occasionally use a passive narrow approach (described later in this book). My BBMSW-toned body-mind-spirit derives more benefit than if I did a passive narrow approach with no BBMSW preparation. I immediately follow my narrow, passive session with BBMSW, to help integrate the effects and be more comfortable. As you’ll read below and elsewhere in this book, “Safely Touching, Safely Touched” (STST) and other BBMSW techniques may help you anywhere with PTS/DI symptoms. More importantly, your practice of BBMSW, I believe, may improve the function and structure of your brain, nervous system and other aspects of your body-mind-spirit... resulting in fewer symptoms.

STST Experience 1 (the enhanced lateralities are left-right, front-back):

Sit or lie down so that your hands can reach your lap. Place the palm side of your right hand and fingers so that they rest mostly on top of the back of your left hand and fingers.

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Become aware of what your right palm and fingers are feeling. How does it feel to your softer yin surface to be resting on the rougher yang surface? Notice it for a few moments. Now shift your awareness to your left hand. How does it feel to be touched by the softer yin surface? Notice that a few moments.

Ease your awareness back to your right hand. Then ease your awareness to your left hand. Shift back and forth a few times as swiftly as you can. When you're ready, be aware of both surfaces simultaneously.

Repeat the Experience with your left palm on top of the back of your right hand.

Commentary: This Experience can be done inconspicuously anywhere with your hands in your lap or in front of your torso.

STST Experience 2 (left-right, top-bottom) **Figures 1 and 2** show the yin-yang boundaries:

Sit. Rest your right palm (yin) and/or fingers onto the upper, inner (yin) surface of your right thigh. Position your hand so it is within the yin boundary. Move your awareness to that hand's yin surface, then let that awareness go. Move your awareness to that upper thigh's yin surface, then release the awareness. Now move your awareness back and forth a few times. Then sense those hand and thigh yin surfaces simultaneously.

Move your right hand away from your thigh. Now touch your left palm on your left inner thigh. As before, notice palm, then thigh, back and forth a few times. Then sense both simultaneously.

Keep that awareness going and that left hand in place, as you bring your right hand to your right inner thigh. Notice those four touching yin surfaces (both thighs and both hands) simultaneously.

Commentary: At a later practice, start with your left hand and left thigh. Any difference?

STST Experience 3 (left-right, front-back, top-bottom):

Sit so you can touch your inner upper right thigh (yin) surface with the back (yang) surface of your right fingers. Notice your right thigh a few moments, then your right fingers, then both at once.

Move your right hand away from your right thigh. Touch your inner upper left thigh with the back of your left fingers. Notice your left thigh, then your left fingers, then both at once.

Keep that awareness going and that hand in place, as you bring your right fingers back to rest on the right thigh. Notice all four touching surfaces (right fingers, left fingers, right thigh, left thigh) simultaneously.

Commentary: At the next practice, start with your left thigh and fingers. Any difference?

STST Experience 4 (left-right, front-back, top-bottom):

Sit. Touch your outer upper right thigh (yang surface) with the palm-side (yin surface) of your left fingertips. Your outer thigh (yang surface) is a little drier, rougher and hairier than its inner yin surface. Become aware of those fingertips for a few moments. Let go of that. Now be aware of the thigh for a few moments.

Ease your awareness back and forth a few times, then sense both simultaneously.

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Commentary: It’s probably better for neurological resiliency (to handle PTS/DI symptoms) to practice a mild degree of awareness with all the lateralities and body regions, rather than practice a deep degree of awareness with only a few.

STST Experience 5 (left-right, front-back):

Bring your right arm up and across your chest. Reach the palm-side (yin surface) of your right fingers onto the back of your left shoulder just within the yang surface. Bring your left arm up and across your chest. Reach the palm-side (yin surface) of your left fingers onto your right shoulder just within the yang surface.

Become aware of the yin surface of your right fingers. Then notice the yang surface of your left shoulder. Shift your awareness back and forth until you’re ready to notice both surfaces simultaneously.

Keep your right hand in place but move your awareness to your left fingers. Notice their yin surface, then the right shoulder yang surface. Ease your awareness back and forth, until you’re ready to sense both surfaces simultaneously.

Keeping both hands in position, sense all four surfaces at once: right-left yin fingers, right-left yang shoulders.

Commentary: At a later practice, start with your left fingers. Any difference?

STST Experience 6 (left-right, front-back, top-bottom):

Sit so that the back (yang surface) of your left fingers can touch the inner (yin surface) of your lower right leg or ankle. If you comfortably can, sit cross-legged on the floor. Otherwise, sit in a chair with your right ankle resting on your left knee.

Sense the back of your left fingers then notice your right lower leg/ankle. Move your awareness back and forth then notice both simultaneously. Then let it go. Move your left fingers away from your right leg. If you’re in a chair, put your right foot back onto the floor.

Rest your left ankle on your right knee. Now place the back (yang surface) of your right fingers on the inner (yin surface) lower left leg or ankle. Become aware of those fingers, then the leg. Shift your awareness back and forth then become aware of both at once.

If you’re sitting on the floor, keep that awareness going and those right fingers in position. Bring your left fingers back to touch the right inner leg/ankle again. Your left arm will cross over your right arm. Sense the four touching surfaces simultaneously.

Commentary: Invent your own BBMSW that touches your fingers to your feet.

STST Experience 7 (left-right, front-back):

With the back (yang surface) of your right fingers and/or hand, touch anywhere on the left side of your forehead. Your entire forehead is a yin surface. Notice those fingers, then that area of your forehead. Then notice both at once.

Move your right hand away. Place the back side (yang surface) of your left fingers/hand to anywhere on your right forehead. Become aware of those fingers, then that area of your forehead, then both simultaneously.

Keep that awareness and the left fingers in position. Now bring your right fingers back to touch the left forehead. Notice your forehead and both hands simultaneously.

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Commentary: I do this Experience after intellectual tasks or to ease a migraine headache.

STST Experience 8 and beyond (enhanced lateralities are whichever you choose):

Make up your own sequences for bringing the yin surfaces to your yang surfaces.
Explore bridging left-right and/or top-bottom.

Because you’ve sampled the STST Experiences, you can apply your new awareness to using BBMSW to relieve common physical and emotional PTS/DI symptoms. The first time you practice the BBMSW techniques (below) takes longer, because you might be unfamiliar with the anatomy or other health information mentioned. But after the first time, you can skip over the health information and go right to doing the BBMSW for relief.

BBMSW for PTS/DI Headaches and/or Raynaud’s (cold fingers and toes):

Some people have Raynaud’s (constriction of blood vessels in fingers and toes) by itself. Other people have Raynaud’s along with an autoimmune challenge (such as fibromyalgia). A “tension” headache involves overly-tight head and/or shoulder muscles. A “migraine” has blood-vessel constriction in the fingers and blood-vessel dilation (too much blood) in the head.

To relieve a tension headache, first you need to know about your frontalis muscle. Raise both eyebrows up. You just used your frontalis muscle. Lower your eyebrows back to the usual position. You just relaxed your frontalis. The frontalis is like a cap covering your head. The frontalis goes from your eyebrow ridge to the base of your skull.

Good; now you’re ready to use BBMSW. Rest one hand’s fingertips across your eyebrow ridge. Put your other hand’s fingertips across the base of your skull. Sense the frontalis muscle along your eyebrow ridge for a few moments. Now simultaneously sense the muscle along the base of your skull. Fantasize the frontalis becoming a much looser cap over your head.

Another variation for the tension headache: First you need to know about your trapezius muscle. Slowly raise and then lower your shoulders once. You just used your trapezius muscle. Tilt your head slightly back. With your left hand’s fingers, feel the indentation at the center of the base of your skull. Now feel the trapezius’ attachments at the left and right of that indentation.

Still with your left hand, touch your right upper chest “collarbone” (clavicle). Touch along this horizontal, prominent bone from close to your throat, and then out to the top of your right arm.

Now, touch the middle of the clavicle. From there, slide your fingers slowly up and towards your back. Pause at the highest point. That muscular peak is the trapezius.

Staying along the horizontal height of the trapezius, slowly touch-slide toward your right arm. The trapezius slopes down, out to its attachment above your right arm. Then slowly touch-slide in the opposite direction. Follow the trapezius slope up, to its attachment to the right of the skull-base indentation.

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The trapezius has another mountain like this one, on your left side. With your right fingers, touch-slide along the horizontal height of the left trapezius. Find its attachment above the left arm and at the left side of the skull-base indentation.

Good; now you're ready to use BBMSW. Become aware of the trapezius attachments at the left and right sides of the skull-base indentation. Sense both attachments (left-right) simultaneously for a few moments.

Sense the trapezius attachments above your left and right arms. Sense both attachments (left-right) simultaneously. Add sensing the skull-base attachments. Sense all four attachments at the same time a few seconds.

Sense the trapezius region that's between these four attachments. Fantasize that entire region of becoming looser and spacious. Keep that sense of looseness, as you slowly return to your day's activities or prepare for sleep.

For migraine headache, become aware of your forehead (a yin surface). Add an awareness of the backs (yang surfaces) of your fingers. Become aware of forehead and backs of fingers simultaneously. Imagine the excess forehead warmth pumping along the shoulders to the yang arm surfaces, the warmth pooling into the fingers.

BBMSW for PTS/DI Dizziness:

Become aware of your midline – an imaginary column where your front-back laterality intersects your left-right laterality. Your midline goes from the top of your head to your tailbone. To further your awareness of your midline, see the “Midline Experiences” section below.

To relieve PTS/DI dizziness, keep awareness of your midline and add an awareness of your soles. Then add awareness of your fingertips.

BBMSW for PTS/DI Nausea:

Become aware of the back (yang surface) of your left and right legs from your thighs to your heels.

Variation: Add an awareness of your mid-back located behind the Solar Plexus chakra (see chakra section below). Then add awareness of your Solar Plexus chakra.

BBMSW for PTS/DI Anxiety:

Sense your midline and your Center chakra simultaneously. Sense the lower-half midline becoming heavier.

BBMSW for PTS/DI Depression:

Let your inhalations start low and deep in your belly. Become aware of the region between your shoulder blades behind your Heart chakra. Let each inhalation start at your belly and fill up to include that back region. Fantasize large yet weightless wings attached between your shoulder blades. Inhale... your wings stretch. Exhale... they fold. Fantasize soft healing light connecting your back with your Heart chakra front. Sense this luminescent tunnel.

If I have a PTS/DI symptom not mentioned above, I ask myself:

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- * At which body region is the symptom?
- * What surface (yin or yang)?
- * What lateralities? Is the symptom on the left or right? Top or bottom? Front or back?

Then, I simultaneously sense the symptomatic location and a non-symptomatic (or less-symptomatic) body region. The less/non-symptomatic region is a kinesthetic “role model” to the symptomatic region. For me and hundreds of my students who used this BBMSW technique, it has never been the case that a symptomatic region sends illness to the role-model region. Instead, the role-model region instructs the symptomatic region.

How do I choose the role-model region? I might pick a body region that has the same polarity (the same yin or yang surface). For example, if the symptomatic region is on the yin surface, on the left side of the body, and on the top half, I might pick a role-model region on the yin surface, left side and top half. If the symptomatic region is an appendage or digit (arm, leg, finger, or toe) and if there’s a less/non-symptomatic counterpart (the other arm, leg, finger or toe), I’ll likely choose that counterpart to be the role model.

When the symptom is mild to moderate, I usually connect the symptomatic region with a role-model region that shares the same polarity and/or sides and that’s located close to the symptomatic one.

If the symptom is intense, I might choose a role-model region with the opposite polarity and/or the opposite laterality and that’s far away from the symptomatic region. A distant spot is less affected and a better role model.

Here’s an example of how I used the role model concept. One night, I awoke from a nightmare to find my right calf cramping. I moved my awareness to my cramping right calf. The cramping was on the lateral (yang surface) of the calf. My left calf was also on the verge of cramping. So I did not choose the left calf as a role model for my right calf.

I thought, “The arms are somewhat like the legs; they are appendages with digits.” So I chose to become aware of the yin surface of my left arm, while keeping awareness of my lateral (yang) right calf. In other words, I had simultaneous awareness of a role model on the opposite polarity (yin), opposite body side (left) and opposite half (top half).

As I kept the right calf and the left arm simultaneously in my awareness, the right calf stopped cramping. I dozed off and had a healing dream about a trauma! I theorize that by doing BBMSW, my body then had better neural and energetic connections, so my unconscious could provide a psychologically productive dream.

Midline Safely Touching, Safely Touched

You have visited your lateralities of left-right, front-back and top-bottom. Now we’ll deepen our BBMSW with awareness of the midline. The midline is an imaginary three-dimensional column (2-4 inches wide) where your front-back intersects your left-right. It reaches from your tailbone up the torso’s depth to your head’s top. When you inhale, your torso surface expands away from your midline.

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Why sample awareness of the midline? Your midline interacts with “chakra” energy centers, acupuncture meridians and glands that help maintain biochemical balance. We who have PTS/DI can appreciate having more biochemical balance.

You may have noticed that some of this chapter’s BBMSW for PTS/DI symptom relief includes the midline. In BBMSW, you can connect your midline with your “periphery” - the body regions farthest away from your midline. I call this laterality the midline-periphery.

Midline STST Experience 1 (the lateralities enhanced are front-back, midline-periphery):

Sense your midline. As you breathe, your torso expands away then contracts toward the midline. Add awareness of your front laterality (including feet soles, palms). This addition includes the periphery of the front. So you’re sensing midline-periphery + front.

Now let go of the frontal awareness. Add awareness of your back laterality. Sense midline-periphery + back. Keep the midline awareness and the back awareness and add frontal awareness: midline-periphery + front-back.

Put your new skill to work if you have a PTS hyper-startle symptom from stimuli in front or behind you. If I get startled by stimuli in front (such as when preparing to cross a busy street). I practice adding my front laterality to my midline awareness. I then feel more centered and relaxed. Suppose I feel startled by activity behind - such as when seated in a restaurant with my back toward a constantly-used entrance door? I could add my back awareness to my midline to calm myself.

Midline STST Experience 2 (left-right, midline-periphery):

Sense your midline. Keep that awareness going and add awareness of your right side. Thus, you also include the periphery (the right-side’s outer muscle and skin level). Sense midline-periphery + right-side.

Keep the midline awareness but let go of the right-side awareness. Add awareness of your left side. Sense midline-periphery + left-side awareness. Keep the midline awareness and the left-side awareness as you add right-side awareness. Midline-periphery + left-right.

Commentary: To reduce PTS hyper-startle response, use midline plus right or left awareness, depending upon stimuli to the right or left of you.

By practicing midline-periphery + right-side awareness, I help personality areas that are more right-handed (or right-side aware) feel less disoriented by the here-and-now. When I sense midline-periphery + left-side, my personality areas that experience the left side feel less disoriented in the present. My language and math skills are better accessed by all of me, due to BBMSW with my left and right lateralities.

Midline STST Experience 3 (top-bottom, midline-periphery):

Sense your midline. Add awareness of your full top half. Thus, you include the periphery of the top half. Sense midline-periphery + top awareness.

Keep the midline awareness but let go of the top-half. Add awareness of your full bottom half. Sense midline-periphery + bottom.

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Keep the midline and bottom awareness and add the top awareness: midline-periphery + top-bottom.

Commentary: To reduce PTS/DI anxiety: I can use top or bottom awareness added to my midline awareness, regarding stimuli to the top (e.g., eye exam) or bottom (e.g., pelvic exam). Top-bottom + midline-periphery awareness may improve neural communication with my glands and energetic communication with chakras (energy centers) associated with glands.

Chakra Safely Touching, Safely Touched

Science has documented increased skin electrical activity at acupuncture point locations. Chakras happen to be on acupuncture points. The skin-level of the chakras (and those acupuncture points) are doorways to the midline. The chakras are doorways to other energy channels and have long been used in Asian medicine. Even allopathic (drugs-and-surgery oriented) medical associations are recommending acupuncture and other chakra-friendly modalities for certain ailments.

[EDITOR: Insert **Figure 3**. Insert "references Shamanic Spirit p.21, Sounding The Inner Landscape p.2 and p.11, and Cindee Grace's observations." TEXT FOR FIGURE 3 below.]

Root Chakra: at the tailbone and/or sacrum. Associated with reproductive and sexual organs, with passion for anything (not only sex), and with physical and sexual energy.

Center Chakra: located 2-3 finger-widths below navel. Associated with kidneys, adrenals, bladder, spleen, emotions in general, appetite.

Solar Plexus Chakra: located between navel and the division of the ribcage. Associated with the pancreas, motor activity, social identity.

Heart Chakra: located at the middle of the chest. To find your Heart chakra, sit upright with your head level. Place your palm on your chest so that your fingertips touch just under your chin; where your wrist lands will be your Heart chakra and the location of your thymus gland. Associated with the thymus and love, grief, compassion.

Throat Chakra: at the base of the front of the neck. Associated with the thyroid. And parathyroid glands, communication, creative expression

Brow (Third Eye) Chakra: located just above where the eyebrows meet. Associated with the pituitary gland, innovative ideas, intuitive perception.

Crown Chakra: located at top of head. Associated with the pineal gland, bliss, feeling of oneness with spirit.

I conceive of a chakra as an energy tunnel with one end at the midline and the other end on my skin. A healthy chakra can open and close to the degree best suited for each moment. A chakra can be nourished by chi "life force" pervading the universe.

The Center chakra is the physical center of gravity. If the torso with its Center chakra moves too far, the person may topple over. What might the Center chakra do for us with PTS/DI?

Chakra STST Experience 1 (enhanced are the Center chakra and midline-periphery):

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Place your palm on your Center chakra. Your belly expands as you inhale and next your chest expands. As you exhale, let your chest deflate first. Breathe slowly and deeply. Commentary: This calm centeredness lets the adrenal glands rest from their overproduction of adrenalin during PTS hyper-vigilance or DI anxiety.

Chakra STST Experience 2 (Center chakra, midline-periphery):

Place either palm on your Center chakra. Allow your inhale to begin there. As you slowly exhale, let your chest deflate first, then let your belly deflate. Add midline awareness to your Center chakra awareness.

Chakra STST Experience 3 (Center chakra, midline-periphery, one or more other lateralities):

Sense your Center chakra. Add awareness of your midline. Add awareness of one laterality of your choice (left-right, front-back, top-bottom).

You can use BBMSW with the other chakras. Which chakra do you want to develop more? Which chakra is located in a body region influenced by trauma? Sense a chakra of your choice then add awareness of your midline and/or lateralities of your choice.

Healing Site Safely Touching, Safely Touched

You can improvise BBMSW. For instance, Joe’s trauma (a physical assault) approached toward his right side. In daily life, his awareness avoids the right side of his body. His life force inhabits his left side more than his right. So Joe does BBMSW to improve the neural weave between right and left sides. He also practices connecting the right side to his midline and chakras.

There might be a region not physically traumatized but that the person’s mind associates with trauma. Eileen’s trauma was longtime verbal abuse about her sexuality. Her awareness withdrew from her bottom half (housing her genitalia). So she utilizes BBMSW with her bottom half.

What if due to trauma, your awareness overly inhabits a region? What if you’re hyper alert regarding that region? Employ BBMSW to strengthen the region’s opposite side, to counterbalance.

What if you notice negative thoughts about a region or your whole body? Consistent negative thoughts can indicate trauma perpetrated by a person or by a society. Oppression (sexism, racism, homophobia, etc.) is a form of trauma. Don’t trivialize any oppression you’ve endured; apply BBMSW to help heal!

For example, Cecilia, an African-American, dissociated as a child to cope with racist taunts and threats of racism-motivated physical harm. Now an adult, she notices her “internalized racism” - her own negative thoughts about her race. For her BBMSW improvisation, Cecilia assigns her African features (dark skin, kinky hair, etc.) as the “body region” that needs healthy attention. During BBMSW practice, she practices simultaneous awareness of her African features, Center chakra and midline.

Let’s call any traumatized site a “healing site.” This name affirms its healing potential. How might you use BBMSW with your healing sites?

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One option is to connect a healing site with a less-traumatized or non-traumatized “role-model” body region that is physically far away from it. Suppose your healing site is on your torso. You could place one hand on the healing site and your other hand on your role-model foot. You would then bring your awareness to the healing site, then to the foot, then to both at once while touching. Then sense both at once without touching.

Or you might connect your healing site with a role-model spot of the opposite laterality. If the healing site is on the front, weave it to a location on the back. This practice may reduce hyper-startle reaction regarding stimuli at the healing site.

Another option is to weave the healing site with a role model of the opposite polarity. Yin and yang are opposite energy polarities. If the healing site is on your face (yin surface), sense it. Then add awareness of the back (yang) surface of your hands.

More choices for your BBMSW improvisation:

Connect the healing site with a role-model spot close to it. Or connect the healing site with a role-model spot that shares one or more of the healing site’s lateralities (left-right, top-bottom, front-back).

To summarize, the role-model spot to connect with your healing site can be:

- * the same polarity (e.g., yin healing site yin to yin role-model spot)
- * the opposite polarity
- * the same laterality (e.g., top to top)
- * the opposite laterality (e.g. top to bottom)
- * close
- * far away
- * a combination of the above.

Though it might at first seem difficult to decide which of the above options to use with your healing site, deciding really does get easier. If you daily do a few minutes of any kind of BBMSW practice, you will soon develop a natural intuition of how to work with your healing site. Initially when you learned to walk, drive, or do countless other activities, it took lots of conscious effort. But quickly it became much easier.

Let’s suppose you’ve decided on a role-model spot to connect with your healing site. Here’s something you might want to play with. As you hold simultaneous awareness of both, imagine the role-model spot sends positive messages, images, sounds, or feelings to the healing site. For example: “Welcome back! You can sense from me how to feel calm.” A caring intention matters more than your exact wording or other positive message. Do what you can in a respectful way. Your respectful effort actually creates better intuition and self-love!

Roaming Around

Pleasant possible effects from the “Roaming Awareness” Experiences below include decreased PTS/DI symptoms, increased ability to focus attention where desired, and a greater sense of connection with spirit.

Roaming Awareness Experience 1 “Multi-Layered Surfaces”:

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Let the back of your right hand (yang surface) rest on your inner (yin surface) upper left thigh. In the palm of your right hand, place the back of your left hand back (yang surface). Sense that inner thigh. Notice the gentle pressure on it for a few seconds. Now, move awareness to the right hand’s back. Then roam with awareness to the right palm. Now roam to your left hand’s back. Then roam to your left palm.

At your own pace, roam to and from these five surfaces: the inner thigh, the right hand back, the right palm, the left hand back, the left palm side. Every few moments, allow your awareness to roam to another of these five surfaces. You can roam with eyes open or closed.

Repeat this Experience but rest your left hand back on your inner upper right thigh; place your right hand back onto the left palm.

Commentary: Another variation is to rest the back of one hand on a chakra of your choice. You then place the back of the other hand onto the bottom hand’s palm. Roam between the chakra and the other four surfaces. Your increased BBMSW sense of wholeness may diminish PTS symptoms, by letting your brain and nervous system better perceive the safer, present time. You may also create healthy cooperation between personality areas that might predominate in various body lateralities.

Roaming Awareness Experience 2 “Surrounded By Space”¹⁴.

Glance around at your surroundings. Now close your eyes. Become aware of the space a few inches in front of you. Notice sounds or lighting that gives you a sense of the space in front. Then let go of that. Now sense the space behind you for a few moments.

Let it go. Sense the space to your right for a few moments. Release it and sense the space to your left for a few moments. Release it; sense the space above you for a few moments. Release it and sense the space below you for a few moments. Release it.

Sense the space in front and behind you simultaneously. Now release that awareness. Simultaneously sense the space to your left and your right. Release it. Sense the space above and below simultaneously.

Sense space in all directions simultaneously. Add awareness of your midline or Center chakra.

Commentary: To avoid dissociation, be aware of space don’t “become” space.

When you know you’re going to be in a situation that tends to trigger PTS symptoms, prepare ahead with simultaneous awareness of your midline + laterality + space. Add positive silent or spoken words. For example, “Here’s how to sense surroundings calmly.”

Being aware of your midline + laterality + space may reduce anxiety, nausea and other symptoms when personality areas “switch..” “Switch” means one conscious and predominant personality area is replaced by a different personality area. That midline + laterality + space awareness orients a newly-arriving personality area to the present.

For anyone (with or without PTS/DI), having increased three-dimensional (3-D) awareness is especially beneficial after spending time in front of a flat, two-dimensional stimulus (e.g., computer, TV). If you work with a computer, don’t just refresh your

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internet image. Refresh your nervous system by sensing your body surrounded by space. Instead of a coffee break, take a five-minute 3-D break.

Roaming Awareness Experience 3 “The Soothing Surfaces”:

As in “Roaming Awareness Experience 1,” let your back right hand back rest on your inner (yin surface) upper left thigh. On your right hand, place your left hand palm up. Bring your awareness to your right hand back. Let it go. Sense the left hand back. Then sense both backs of hands simultaneously.

Release that awareness. Sense your inner thigh then release it. Move your awareness to your right palm. Release it. Move your awareness to your left palm. Sense these three yin surfaces (thigh + palms) simultaneously.

Let it go. Now sense both backs of hands. Then release these yang surfaces. Sense the three yin surfaces. Roam awareness slowly between these yin and yang surfaces like a pulse (yin...yang...yin...yang...). Repeat this Experience but rest your left hand back on your inner upper right thigh, place your right hand back on your left palm.

Sensory Techniques For Pain or PTS/DI Phenomena

The techniques below help you deal with physical pain or unpleasant external stimuli (sights, sounds, smells, tastes, touches). The techniques also ease distressing internal sensations (e.g., flashback pictures, sounds, emotions).

If DI personality areas are creating intense internal pictures, sounds (talking, music, etc.) or emotions, try to keep communication between personality areas open. Techniques in this book teach you to develop harmonious cooperation between personality areas. Anyone practicing these sensory techniques will increase concentration and equanimity.¹⁵

“Sensory Shift” Technique

Researchers have found that when a person shifts attention away from thoughts to external sensation, the heart slows down. The key is not to focus on your heart but to focus on the external stimuli.¹⁶ This shift is a non-simultaneous awareness.

Here’s a non-simultaneous awareness I call “Sensory Shift.” Use it to slow down overly-rapid heart rate and ease discomfort from physical pain or PTS/DI phenomena.

1. Bring your attention to the overall, entire kinesthetic (touch/feeling) aspect of the discomfort for a few seconds. Notice the whole area of your body where you have physical pain or uncomfortable PTS/DI symptoms (e.g., muscle tension or tense breathing).
2. Shift your attention to a small detail you can see or hear in the external environment (e.g., the angle of a shape, your breathing sounds). Notice that detail for a few seconds.
3. Repeat the sequence several times, quickly shifting.

By doing the Sensory Shift technique, you shifted on different levels. You moved your attention from a larger sensation (the overall discomfort) to a smaller one (an external detail). You also shifted from internal to external. A sensation has direction. A sensation can be external (coming from outside the body-mind) or internal (coming from inside the body-mind). In addition, you shifted from the kinesthetic sense to a non-kinesthetic sense (sight or sound).

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Were you able to do Sensory Shift to any degree? If yes, commend yourself for developing a stronger and more resilient awareness and concentration! These improvements will assist with your PTS/DI healing journey.

Simultaneous Awareness for Relief

Buddhist psychology proposes that any sight, sound, touch/feeling, smell or taste can be perceived as "pleasant" or as the opposite pole "unpleasant" or as "neutral." A neutral sensation is in the background of your awareness (e.g., air and clothing on your skin, the sound of a refrigerator operating). I'll divulge to you how I use these concepts to ease PTS/DI. You can use them too, anywhere - and no one even knows you're doing it.

Suppose I feel troubled by an unpleasant internal image (e.g., a visual PTS trauma flashback). One option for me is to be simultaneously aware of something external I can see that is pleasant or neutral. Thus, I add awareness of something else.

If an unpleasant internal sound arises (e.g., sounds from past trauma), I add simultaneous aware of a pleasant/neutral external sound I can hear. Thus, I have simultaneous awareness of both directions (internal and external) of the same sense (in this case, sound) that carries the unpleasantness.

Another choice is to practice simultaneous awareness of the internal unpleasantness plus something pleasant/neutral in the external environment but using a different sense. For instance, if an unpleasant internal picture arises, I become simultaneously aware of a pleasant or neutral external sound.

Suppose something in the external environment is unpleasant? I can use simultaneous awareness of something internal that is pleasant or neutral, using the same sense. If there is loud noise, I could fantasize birdsong.

Another option is simultaneous awareness of something internal that's pleasant/neutral but using a different sense. During loud noises, I could imagine a pleasant or neutral image, smell, taste or touch.

To recap your choices of this "simultaneous awareness for relief" style:

If the unpleasantness is internal:

- * Simultaneously notice/fantasize something internal that is pleasant/neutral, using the same sense.
- * Simultaneously notice/fantasize something internal that is pleasant/neutral, using a different sense.
- * Simultaneously notice something external that is pleasant/neutral, using the same sense.
- * Simultaneously notice something external that is pleasant/neutral, using a different sense.

If the unpleasantness is external:

- * Simultaneously notice something external that is pleasant/neutral, using the same sense.
- * Simultaneously notice something external that is pleasant/neutral, using a different sense.
- * Notice/fantasize something internal that is pleasant/neutral, using the same sense.
- * Notice/fantasize something internal that is pleasant/neutral, using a different sense.

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I suggest you practice so that if PTS/DI or any discomfort arises, you’ll be already familiar with these tools. For your first 8-minute practice session, notice any mild or not-mild external unpleasantness. Which sense carries the unpleasantness (sight, sound, smell, taste or external touch)? Practice the four choices above for external unpleasantness, for about one minute per choice. Use the “pleasant” not “neutral” option. Then let it go.

Now notice an internal subtle or not subtle unpleasantness. Which sense carries the unpleasantness (sight, sound, smell, taste or internal feeling)? Practice the four choices for internal unpleasantness, for about one minute per choice. Use the “pleasant” not “neutral” option.

For your second 8-minute practice session, do the same but use the “neutral” not “pleasant” option. I often get more relief from intense pain or emotion with the neutral option. Perhaps it’s too difficult for me to be simultaneously aware of extremes of unpleasant and pleasant. Write in your notebook which choices work best for you.

If you’ve practiced this chapter’s techniques, you’ve added significantly to the healing tools in your self-care toolkit. Well done! You’ve laid the groundwork from which to later add some BBMSW and related techniques for deeper emotional healing. Those techniques are in a later chapter.

- ¹ The Body Has A Mind of Its Own: How Body Maps in Your Brain Help You Do (Almost) Everything Better by Sandra and Matthew Blakeslee (Random House, 2007).
- ² As researched by Dr. V.S. Ramachandran of U.C. San Diego and other scientists.
- ³ See research at www.annafoundation.org/stwh.html "Scars That Won't Heal: The Neurobiology of Child Abuse"; Anna Foundation 21 Ocean St. Rockland, ME 04841 www.annafoundation.org
- ⁴ See a literature review of related topics by Fredric Schiffer, M.D. published in the Harvard Review of Psychiatry Sept/Oct 1996. Also see "Conditional Handedness: Handedness changes in multiple personality disordered subject reflect shift in hemisphere dominance" Henninger, P. (1992) *Consciousness & Cognition*, 1, 265-287.
- ⁵ www.nami.org (National Association for the Mentally Ill).
- ⁶ PILOTS database is produced by Fred Lerner, information scientist, National Center For PTSD, VA Medical Center (116D), White River Junction, VT 05009 phone 802-296-5132; fred.lerner@dartmouth.edu
- ⁷ The Language Instinct by Steven Pinker p.293 (Gardners Books, paperback 1995).
- ⁸ BBMSW encompasses many aspects, including three-dimensional, multi-sensory awareness and simultaneous awareness of physical, psychological and/or spiritual levels. Since body maps can respond to a person's focused awareness on even just one of these aspects, it's plausible that body maps could improve from BBMSW practice. Dissociation can separate memories from the brain's common associative networks ("Coming Apart: Trauma and the Fragmentation of the Self" by David Spiegel, M.D.). Since BBMSW practice involves making sensory, emotional and other associations, it seems likely that common associative networks (and probably other structures and functions) would improve.
- ⁹ See bibliography at www.dyslexia.org "Is The Corpus Callosum The Missing Link In Dyslexia?"
- ¹⁰ The Web of Life by Fritjof Capra (Anchor Books, Doubleday 1996).
- ¹¹ Invisible Heroes: Survivors of Trauma and How They Heal by Belleruth Naparstek (Bantam Dell, 2004).
- ¹² one Centering Meditation, three Warm-Ups, eight Safely Touching-Safely Touched, three Midline related, three Chakra related, three Roaming related, one Sensory Shift, two 8-minute exercises of Simultaneous Awareness with internal-external sense direction.
- ¹³ "Motor imagery and action observation: cognitive tools for rehabilitation" by T. Mulder, Royal Netherlands Academy of Arts and Sciences, Amsterdam, The Netherlands, Journal of Neural Transmission 2007:114(10):pages 1265-78, Epub 2007 Jun 20. In numerous studies, imagining muscle movement activates the same brain areas as actual movement. I conjecture that brain activation and other healing changes may occur when the imagery content is that of perceiving (e.g., sensing touch) rather than of movement.
- ¹⁴ Shinzen Young has meditation recordings including "Dealing with Pain" (see "Resources").
- ¹⁵ Shinzen Young has recorded meditations for the sense poles ("The Millennium Retreat Series").
- ¹⁶ Beatrice Lacy and John Lacy, "Two-way Communication between the Heart and the Brain" *American Psychologist* 33 (1978): 99-100.

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Herbs, Sleep, Homeopathy and Aromatherapy

Prerequisite: Read the nutrition chapter.

In the nutrition chapter, for convenience I called culinary plants "spices." In this chapter, I refer to medicinal plants as "herbs." Many culinary spices are also medicinal. To set the mood for our healing alliance with plants, go with me back in time for an herb walk in the summertime wilderness of the Rocky Mountains...

I stood beneath the turquoise sunny sky, watching a young woman who was among several women and men on this herb walk alongside a Rocky Mountain creek. Between her hands, the woman rubbed plant pieces and creek water together. With awe, she announced, "Wow, it really is making soap lather!"

Our female guide, wise with herbal lore, brightened - glad the young woman now understood why all we students had been instructed to rub the plant pieces between our creek-wet hands. "That's why this plant was used by Native Americans and white settlers, to clean their bodies and clothes." Our guide caressed one of the still-rooted plant individuals of the soap-making species, intimately praising, "It's very considerate to grow next to water, so people can wash easily." Then addressing us humans, she commented, "The lather's not lots like from chemical detergents. But it does clean. Everybody, smell your hands now!"

We rinsed plant-lather off our hands, and then obediently sniffed them. They smelled far cleaner than they would have from water alone. Continuing her instruction, the herbalist guide urged, "If you go herb-hunting on our own, be sure to accurately identify wild plants. Only harvest non-endangered species. And then ask each plant individual's permission before you take it. If it gives you permission, thank it before you harvest. This is called 'ethical wild-crafting.'"

A few miles from that creek, a world-renowned herbal tea company housed their headquarters. One day, I joined about fifteen locals and visitors on a guided tour led by a thirty-something woman employee of the tea company. She showed us vast herb storage rooms and the noisy manufacturing area where clanking machines filled hundreds of teabags per day.

Then the tour guide led us to a quiet hallway. "We keep the peppermint and eucalyptus together in a separate vault-room. Otherwise, their fragrance would contaminate our other herbs." With a cautious tone, she said, "If you think you can handle it, I can take you into the vault. But the aroma is very strong!"

A male tourist scoffed, "You wanna smell something strong – just work around horse manure like I do! Come on, take us in."

She responded unhurriedly, "I'm supposed to warn you first." To the tour group at large she asked, "You sure you want to go in?" We all nodded yes. "Okay. I'll have this box of facial tissues if any of you want them. As soon as I open the door, go in as fast as you can, because I'll seal it right up again. Ready?" She opened the walk-through vault; we rushed in.

Instantly, our lungs, skin pores and nasal sinuses flung open wider than they'd ever been! I gazed up at the multi-story-high ceiling and the walls' oversize shelves stacked with gargantuan bales of peppermint and eucalyptus. The easy-going tour guide,

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accustomed to the vault's atmosphere, lectured on arithmetic, "The number of shelves times tons of herb per shelf ..." But the horseman, I and the others paid little attention, as we urgently plucked facial tissues out of her proffered box. We cleared our herb-induced runny noses. Then we intently inhaled the delicious, astoundingly powerful refreshment-times-tons.

An herb's power may not always be as overt as a vault-room of peppermint and eucalyptus. Before we head into the how-to content of this chapter, let's acknowledge the millennia of herbalists who have gone before us. Throughout history, all indigenous cultures knew how to use medicinal herbs. Humans learned by observing results. If a tribal member ate an unknown herb, what happened... healing, sickness, or death?

But if observing first-use results were the only way to learn, too many people would have died. The more common and safe way to learn was to ask the plant's spirit if it was safe to use. Even in modern times, many plant shamans, medicine women and men say that the plant spirits show them how to use plants medicinally.¹

Plants have their own nervous system of sorts and abilities to remember, learn, and communicate with humans.² Herbal information could appear via dreams and visions.³ With a consistency that modern ethnobotanists found "simply amazing," cultures throughout the world that had no contact with each other attributed the same spiritual qualities to the same plants.⁴

The folks dedicated to herbalism were known as "medicine men," "witch doctors," "witches," and other names. "Witch" is derived from "wicca," meaning "to bend or shape, to make useful" or "wise." True witchcraft ("craft of the wise") was (and is) peaceful; it isn't Satanism.⁵

When patriarchal power-over societies conquered indigenous peoples, herbal wisdom hid. In Europe, poor peasants - especially women who were midwives, witches, old or unmarried - were targets. During the fifteenth and other centuries, the economic elite blamed herb-friendly folk for the Plague and other problems. The targeted peasants were imprisoned, tortured and/or murdered. Modern scholars estimate the number of these victims around the fifteenth-century to be 9 million or more.⁶

Modern research proves the traditional uses of plants.⁷ One life-saving example is the "cinchona" tree bark used by the traditional healers of Bolivia to heal malaria. The bark is the source of quinine - a medicine that allopathic doctors rely upon.⁸ Some scientists admirably work with indigenous peoples, to preserve herb habitats.

Thanks to past and present herbalists, you and I can get to the "root" of this chapter's topic (humor intended). We can consider herbal relief for PTS/DI discomfort. We begin with a bit of herbal lingo and answers to common questions.

Forms of Herb Remedies

Internal Use:

An herb tea is sometimes called an infusion or decoction. You can make herb tea with your nutrition chapter tea-ball; place herbs in it. There are also commercial teabags filled with herbs. Another herb-remedy form is cooked herb in food (such as in a soup or baked good). A medicinal herb can be within herbed oil (such as olive oil) or herbal vinegar.

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A tincture is a concentrated liquid of herb, within a base of alcohol or glycerin (called a “glycerite”). The tincture bottle top is a rubber bulb with a dropper. There are herb capsules and tablets, too. All these above forms are for internal use via the digestive system. Sometimes, an herb remedy directs the person to inhale herb smoke (an internal use via the respiratory system).

Which form works fastest? Tea or tincture on an empty stomach starts working within 5 minutes. A capsule or tablet with a large meal takes about 30 minutes to begin. What body systems do you want the herb to heal? Relaxation (a brain and nervous system effect) occurs faster than bone repair.

Is it O.K. for an alcoholic to take alcohol-based herbal tinctures and Bach Flower Remedies? The amount of alcohol in the recommended daily dose of an herb-tincture or “Bach Flower Remedy” (below) is very small – way below any intoxication level. The purpose (healing) is distinct from the purpose of addictive alcohol intake (intoxication and emotional suppression). The affiliated items and setting of herbal self-care are distinct from the affiliated items and settings of a street bar or “cocktail party.” Alcoholism is not only alcohol but also addictive mind-set, affiliated items and settings.

If you’re alcoholic, consider the following questions:

1. “Did I ever abuse herbal alcohol tinctures or flower essences?” If yes, use alcohol-free herbal forms (glycerite tinctures, teas, capsules, tablets) or other self-care remedies and techniques.

2. “How long have I been sober?” Some alcoholics who are sober less than a year prefer to avoid the smell of alcohol-based cleaning and medicinal supplies (e.g., rubbing alcohol). The longer your sobriety, the safer it may be to take recommended amounts of alcohol-based tinctures or flower essences.

3. “How do I react to the smell of the alcohol-based tincture?” Ask the store clerk for a “tester bottle” (a sample bottle that is for customers to smell). Smell (don’t taste) the tincture. If your body-mind makes no associations (addictive cravings, etc.) about past intoxication, the tincture/essence may be safe for you.

Periodically during your sobriety, re-visit these questions to determine if you want to change your decision about tinctures/flower essences.

External Use:

Herbs can be within a salve or ointment. Other external uses include herbs in a bath, herbal eye-wash or herbal nasal rinse. All external applications are also subtly internal. Why? Anything that contacts the skin might penetrate deeper and then ride on the bloodstream to organs.

Essential oils derived from herbs are sometimes listed in an internal-use or external-use recipe. I urge you not to use them internally. Don’t use them externally as eye-washes or nasal rinses. Allergic reactions or even fatal poisoning are too likely.⁹

Herb species vary in intensity. For external use on skin, the safety depends on the intensity of the herb and the amount of the essential oil compared to the product’s other ingredients. Several herbs are great for healing skin rashes, acne and other external skin conditions.

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If an unfamiliar lotion or salve has essential oil, test a tiny amount (from the store’s “tester bottle”) on a very small skin area. Wait a few minutes. If there’s no redness or discomfort at the test spot, the product might be fine to apply on larger skin regions.

Most essential oils are wonderful for aromatherapy (below). The inhaled aroma contacts the lining of the nostrils and travels into the lungs; so technically this form is internal. But this airborne herbal form is generally very safe.

Herb forms that are almost non-physical include flower essences and homeopathic remedies (below). An herb “form” that is non-physical is the herb’s spirit. The person asks it to assist with healing, even without using the herb’s physical form.

Cautions

Are you taking medication or going to have surgery? Below, I describe possible herb-drug or herb-surgery interactions. To learn more, check out “Resources.” Even with the risks, natural medicine overall is much safer than allopathy.

Some plants’ “common” names include “wort” (e.g., St. John’s Wort). “Wort” means “plant” in Old English.¹⁰ Some plants’ Latin “botanical” names in print might be followed by “L.” The “L” stands for Latin. “Hypericum perforatum L.” is Hypericum perforatum (St. John’s Wort). Be careful about using herbs not identified by Latin botanical names. Different plants may be called by the same common name.

Sometimes, people want to use an illegal plant for healing, mind-altering, recreational or sacred purposes. Some law enforcement and judicial professionals have formed groups to repeal laws that restrict personal use of plants and drugs. Their research shows that “prohibition laws” increase drug abuse.¹¹

Parts, Preparation and Storage

An herb’s medicinal part might be its flowers, stem, leaves, roots, “fruits” (such as a rose’s “rose hips”), seeds, or a combination of parts. Want to make tea? Flowers and leaves steep well in your teacup. So, too, do powdered roots, seeds or barks. Steeping is when you pour boiling water over steep-able goodies. See each herb listed below or consult your herb resource regarding herb dose. A guideline is steep 10-20 minutes.

Intact plant seeds and non-powdered pieces of root or bark won’t steep well. Put 16-24 ounces water in a pot. Add 4 to 6 tablespoons of the roots, seeds and/or barks. Cover the pot and simmer. If you’re using herb seeds, simmer 15 minutes. For roots or barks, simmer 20-40 minutes. The smaller the herb part, the quicker it cooks. Refrigerate or freeze tea-cubes with leftover brew.

The smaller the part = more surface exposed to air = a faster loss of potency. Store dried herb flowers and leaves in airtight glass jars in a cool, dark cupboard (shelf life 1 year). Store roots and barks the same way (shelf life 2 years). Refrigerate herbal powders (lasts up to 2 years). Alcohol-based tinctures without refrigeration may last 5-7 years. Glycerin-based tinctures with refrigeration may last 2 years. If an herb looks, smells or tastes differently than it used to, discard it.

Glycerin is easier on the stomach than alcohol. However, some herbs don’t release their healing properties into glycerin well. Whether glycerin or alcohol, many herb tinctures have a strong, bitter taste. Stir the tincture dose into a teacup of water and if needed sweeten just enough to be willing to take it. Over time, try to get used to the original

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flavor. The herb's flavor is one way the plant's spirit communicates. In Chinese medicine, flavors have healing effects.

One herbalist might state it's best to use a standardized extract (a certain amount of the herb's active ingredient). But another might insist, "All the herb's constituents should be present to work better. Some methods of making standardized extracts use harmful chemical solvents." As for my opinion, I find some herbs work better with a standardized extract, while others work better with the whole plant (or medicinal plant part). See my suggestions below.

Measures Found on Herb Product Labels¹²

1 milliliter (ml.) = 1/8 teaspoon = 1.035 grams

2 ml. = 1/4 teaspoon = 2.07 grams

3 ml. = 1/2 teaspoon = 3.11 grams

4 ml. = 3/4 teaspoon = 4.14 grams

5 ml. = 1 teaspoon = 5.175 grams

30 ml. = 1/8 cup = 1 ounce

1 fluid ounce = 2 tablespoons

Some (not all) "household teaspoons" hold 5 ml. of liquid instead of 6ml. of a "real" teaspoon. If necessary, you can buy an accurate measuring spoon from a pharmacy.

Obtaining and Growing Methods

If the herb is wild-crafted, is it better than farmed herb? It depends where it was harvested: busy roadside (car exhaust deposits), pesticide-laden crop field, or somewhere where it didn't incorporate contaminants. If foraged from uncontaminated wilderness, the herb's beneficial ingredients and "chi" (life force) might be noticeably stronger than if it were farmed.

But an endangered plant species appreciates being cultivated instead of foraged! A cultivated herb can be grown organically so it has ample beneficial ingredients and life force. The thoughts, emotions and behavior of the growers factor in, too. There's evidence of plants (herbs and others) thriving, when their diet includes kind words and pleasant music.¹³

Sometimes I might consider a "standardized active ingredient" product to be best to treat a health condition. What if such a product is too costly or unavailable? I choose a "fresh freeze-dried" product instead; the fresh herb was freeze-dried to preserve potency.

Recommended Doses

Doses in herb reference books and clinical studies are almost always based on "average" weight adults. If gender isn't specified, the doses were used on men. You might want to start with the lowest likely-effective herb dose. If you take brief "field notes," you'll soon know if and when to adjust your dose.

Write down:

- * your physical and emotional state.
- * the herb details (product name, amount, etc.).
- * any PTS/DI factors (whether you had a PTS flashback just before the dose, etc.).
- * the results from that dose.

Suppose you want to lower an herb dose. If you have powdered herb in capsules, you can reduce a capsule dose. Fill a drinking cup about half-full of water. Just above it,

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gently pull the two sections of your capsule apart. Empty the capsule portion you want into the water. Push the capsule sections back together. Stir the cup’s water so the powder mixes in.

For herb tablets that aren’t time-released, you can cut them with a pill-cutter. Do you have herbs in commercial teabags? Snip off a teabag edge. Empty the contents into a glass jar. Put a portion into your tea-ball. This penny-saving tea is fresher, more potent and accurate than re-steeping the same teabag.

More Is Not Always Better

Used wisely, herbs can provide reliable relief. But if someone takes too much, severe side effects or even death can occur. Learn about an herb before trying it (see “Resources”). Listen to your body-wisdom, during your self-experiment. Some herb medicines require weeks before the benefits are noticeable. PTS/DI won’t go away by taking lots of herbs or supplements and doing no emotional healing work.

Let’s say you want to raise your herb dose. Are you feeling impatience about waiting for the current dose to work? Is your desire to take more actually social conditioning to over-consume? Are there other self-care means to ease your symptom while staying on the current herb dose?

A change in a person’s age, weight or other attribute may signify a dose change is needed. A DI personality area of you may respond differently to an herb than do your other personality areas. Suppose an environment you routinely encounter tends to trigger a PTS flashback? Try a calming herb before you go there.

Suppose you’ve taken a certain herb for several months, while doing self-care. As you hold that now-familiar herb capsule, you wonder, “Now that my body-mind has changed so much, do I still need this herb?” I don’t know the answer. But you will, by doing observant self-care experimentation.

What about driving while using herbs? Many factors can impair driving ability: talking on a cell phone, feeling exhausted from overwork, having too much caffeine, etc. Below, I mention professional opinions regarding specific herbs and driving. But don’t eliminate an herb from your healing options based solely on such opinions. Remember you are in control of how much and when you use an herb.

Take most herbs with food. Many herbs are bitter-tasting and might otherwise upset the stomach. The food can improve your assimilation of certain herbs. If you want to take sedative herbs at bedtime and your stomach is in good condition, experiment with taking the herbs without food.

HERBS FOR PTS/DI

St. John’s Wort (*Hypericum perforatum*) has common names such as Goat Weed and Klamath Weed. The herb has anti-viral and antibiotic effects.¹⁴ But it attracts world-wide attention for its anti-depressant and anti-anxiety effects.¹⁵ In tests with thousands of people with mild to moderately-severe depression, St. John’s Wort has been shown to be as or more effective than various antidepressant drugs – and with little risk of side effects.¹⁶ In a study of 251 patients with acute depression, German researchers found the herb (in extract form WS5570) to work as well as paroxetine (e.g., Paxil).¹⁷

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Different studies claimed St. John’s Wort was less effective than anti-depressant drugs. But I saw serious flaws in those studies.¹⁸ Well-designed studies and my clinical experience show that St. John’s Wort consistently works better than anti-depressant drugs. It improves sleep quality too. The mood improvement does not interfere with a healthy range of emotion. I highly recommend St. John’s Wort, to people who can safely take it.

The makers of Kira® (a quality St. John’s Wort product) say the herb is not recommended for pregnant women and children under age 16. The company also says that using the product together with serotonin reuptake inhibitors (SSRIs) is to be avoided, especially if you’re elderly. But Dr. Michael T. Murray and Norman Rosenthal, M.D. are among health professionals who aren’t hesitant about using the herb alongside SSRIs. Dr. Rosenthal’s book St. John’s Wort: The Herbal Way To Feeling Good outlines how to reduce or eliminate SSRIs with St. John’s Wort. Dr. Murray writes that the person taking SSRIs with St. John’s Wort should be closely monitored for “serotonin syndrome” (too much serotonin). The syndrome is characterized by fever, shivering, sweating, muscle spasms, diarrhea, and confusion.

You might say, “But Cindee, PTS/DI, anxiety, or irritable bowel syndrome can cause the last five of those symptoms of serotonin syndrome!” Right you are. That’s why your becoming observant is so valuable. Suppose you’re taking an SSRI and start St. John’s Wort at a dose suggested by Dr. Rosenthal’s book or by your health professional. Within a couple days, you have a fever and diarrhea.

Then it occurs to you: “I’ve been with people who have the-bug-that’s-going-around. Their symptoms are fever and diarrhea!” So you treat yourself for that cause (flu virus, intestinal bacteria, whatever). If within a reasonable time you feel better, you probably don’t have “serotonin syndrome.”

Our bodies make serotonin (the “happy hormone”). Women have two to three times the likelihood of depression than men do. Part (not all) of that depression may be due to the female brain tending to produce less serotonin.¹⁹ It’s more likely people feel depressed in the morning; the serotonin level is typically lower then. More suicides are committed in early morning.²⁰

At times when I felt depressed, I affirmed to myself to dismiss depressive thoughts that only occur in the morning. If I resented my usual self-care routine, I made sure to do anti-depression natural self-care at least in the morning. I gave myself permission to skip doing it later that day. Often by late morning, the resentment was gone.

I’m about to describe people who (according to a product manufacturer and certain health professionals) should not take St. John’s Wort. But even if you’re among the list, I and other health professionals believe you still might be able to use St. John’s Wort. Your health professional may need to adjust your medication and/or St. John’s Wort amount. See “Resources” for guidance.

Because of your medication, has your health provider, pharmacist or the bottle’s label advised you to avoid grapefruit juice? If yes, consult with a health professional before taking St. John’s Wort. The herb might change the effectiveness of some drugs, due to it inducing “cytochrome-P450 activity” (a normal metabolic pathway). Common foods and products – including grapefruit juice, cruciferous vegetables, charcoal-grilled beef, cigarettes and alcohol – also affect cytochrome P-450.²¹

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Are you are taking organ anti-rejection or HIV/AIDS medicine? If so, it is very important that you first consult with your health professional! See "Resources," this endnote and the next endnote.²²

If you're taking any of the following medicines, ask your health professional before starting St. John's Wort: warfarin sodium, cyclosporine, theophylline, oral contraceptives, carbamazepine, amitriptyline hydrochloride, phenprocoumon, indinavir, digoxin, or any blood-thinning medicine (in particular, coumadin-anticoagulants). See "Resources" and this endnote.²³

Suppose you decide it's fine to take St. John's Wort. What do you look for in a St. John's Wort product? I suggest you get a product with a standardized extract of 0.3% of "hypericin" (a component of the herb). The Kira® tablets (known in Europe as Jarsin®) has been proven effective in numerous clinical trials. The second best choice is a "fresh freeze-dried" product (see "Resources").

You might wonder, "How much do I take?" The standard adult dose is 1 tablet (300 mg. hypericin) three times daily. Thus, you spread the dose out over the day. Take it with food.

Most folks feel a mild degree of benefit within a week or two. But the maximum benefit will occur after six to eight weeks of consistent use. These benefits are truly worth waiting for.

Deglycyrrhizinated Licorice (DGL) is outstanding for preventing and healing peptic and duodenal ulcers, as well as canker sores (mouth ulcers). When under stress or reacting to trauma, some people develop such ulcers or related symptoms (heartburn, indigestion, etc.). In studies, DGL worked as well or better than typical acid-blocking drugs such as cimetidine, H2-receptor drugs or antacids.²⁴

The non-DGL type (standard licorice) supports people with HIV, hepatitis, bronchitis, colic, eczema, asthma, chronic fatigue syndrome, Crohn's disease, fibromyalgia, gastritis, cold sores (topical gel), menopausal symptoms, premenstrual syndrome, ulcerative colitis, shingles (herpes zoster) or postherpetic neuralgia (via a topical gel). Caution: non-DGL can cause side effects of high blood pressure, water retention and other problems (depending on the dose and the individual). The German commission E warns about long-term non-DGL use for pregnant women, as well as people with kidney and liver diseases.²⁵

If you want to try DGL, get chewable DGL tablets or wafers. Chew a DGL wafer very well so it's saturated with your saliva; saliva contact activates DGL. For peptic or duodenal ulcers, chew one 200-400 mg. tablet 3-4 times daily. Chew the tablet 15-20 minutes before meals and one about 1 to 2 hours before bedtime. Use for at least 8 weeks (or longer if needed), so that your digestive organs' structures have time to heal and strengthen.

Kava (Piper methysticum) is a South Pacific herb. The herb's active ingredients are kava-lactones (sometimes called kava-pyrone), found mostly in the root and rhizome (root-like stem). Kava can significantly reduce anxiety.²⁶ Kava lets people easily taper off benzodiazepine (e.g., Xanax) without withdrawal symptoms.²⁷ The herb has anticonvulsant, muscle-relaxing and pain-relieving effects.²⁸ It can improve sleep, too.²⁹

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For problems with blood pressure, heart rate or PTS hypersensitivity to stress, the herb’s been shown to significantly decrease systolic blood pressure “responsivity.” That term means overreacting to stress – which can cause cardiovascular conditions³⁰, heart rate reaction (overreaction) and increased feelings of stress.³¹

Is kava safe? If you have liver problems, if you take any drug known to cause liver damage, or if you regularly consume alcohol, get the advice of a health professional before trying kava.³² If you’re taking anti-seizure or anti-convulsive medicine, consult with a health professional; the herb and/or drug dose may need to be adjusted.

How about kava and driving? Some studies are contradictory. I think it very much depends upon the kava dose, what kind of driving (distance, weather conditions, etc.), your fatigue level and the type of fatigue at the time of the driving.

Different countries have set different “safe supplementary” ranges for kava-lactones. The potency (amount of kava-lactones) varies widely between products. Look for kava products made from kava root and/or rhizome, preferably with a standardized amount of kava-lactones. It’s best to take kava in divided doses. Some practitioners recommend 75-100 mg. of kava-lactones, once to three times daily.

I and others notice that kava, as well as other relaxing and sedative herbs in this chapter, can reduce one’s need for an anti-anxiety or sedative drug, if the drug was prescribed to reduce anxiety or insomnia. But has your doctor prescribed the tranquilizer or sedative for other reasons? An anti-anxiety drug might also have muscle-relaxing, anti-convulsive or other effects. Ask the doctor why the drug is prescribed for you, before tapering off.

Suppose you decide it’s OK to taper off benzodiazepine. To avoid benzodiazepine withdrawal symptoms, stay on the same dose while you also consistently take kava. It may take a week or more for kava to adequately replace most or all the need for benzodiazepine. The drug dose and time length you’ve been on the drug may affect your tapering-off schedule. In one clinical study, within the first week the kava dose was increased from 50 mg. to 300 mg. daily. The benzodiazepines, over a period of 2 weeks, were tapered off.³³

These upcoming relaxing herbs (below) sometimes worsen depression, depending on the dose and the person. To avoid possible herb-related depression, do one or more of the following:

- * Take one of those herbs awhile then replace it with a different one for a time, and so on.
- * Combine them and alternate the combinations (e.g., a “valerian plus hops” product awhile, then a “passion flower plus catnip” tea, and so on).
- * Employ additional self-care means.

MORE RELAXING HERBS

Valerian (Valeriana officinalis) is an herb native to North America. Its root holds medicine: valeric acid and other constituents that work as a team.³⁴ Valerian has been shown to reduce anxiety³⁵ as well as sleep “latency” (the time it takes to fall asleep)³⁶. People with PTS/DI or fibromyalgia often lack enough “deep” sleep. This herb increases deep sleep. Some people might have to take the herb consistently over two weeks to have improved deep sleep.³⁷ However, calmness, as well as muscle and blood vessel relaxation begin at the first dose!

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Reaction time, alertness and mental concentration aren't typically affected by the herb.³⁸ Valerian generally doesn't lengthen the time length you sleep but rather improves sleep quality. The herb was shown to be as effective as standard sleep medications.³⁹ It has been used successfully to taper off benzodiazepines, as well. If you take drugs that cause a sedative effect (e.g., barbiturates, anesthetics or other "central nervous system depressants"), valerian may increase the sedation.⁴⁰ The combination of alcohol and valerian might or might not increase alcohol's effects, depending on the person.

A dose ranging from 300 mg.-600 mg. of valerian root extract is often recommended. Be sure a product has the root or extract from the root. Some health professionals advise that the root extract be standardized to at least 0.5% essential oils.

Valerian tincture needs to be alcohol not glycerin, to be most effective. Another option is for you to brew a potent tea. Simmer 2-3 grams of root in a saucepan with 1 to 2 cups water for 15-30 minutes. Check occasionally as it simmers. Add more water during simmering to avoid scorching. You can dilute the strong-tasting tea to adjust the dose. Refrigerate any unused portion

Skullcap or scullcap (Scutellaria lateriflora, Scutellaria baicalensis): The plant's medicinal substances dwell primarily in either the above-ground parts (stem, leaves, etc.) or the root, depending on the plant variety. Tincture: 2 to 4 ml. up to 3 times daily. Dried herb capsule or tablet: 1 to 2 grams up to 3 times daily.

Another way to get your dose is to make a tea. If you have dry, loose aboveground skullcap parts, steep them. Pour 1 cup (250 ml) boiling water over ½ to 1 teaspoon dried herb pieces. Steep 10-15 minutes. Take up to 3 times daily.

If you're using skullcap roots, simmer them. Simmer ½ to 1 teaspoon dried root pieces in 1-2 cups water for 10-15 minutes. Take up to 3 times daily.

Hops (Humulus lupulus): 500 mg. of hops dried "fruit" taken 3 to 4 times daily is recommended by the German Commission E monograph.⁴¹ Other sources advise anywhere from 500-1000 mg. up to 3 times daily. Tea: pour about one-half cup (about 150 ml.) of boiling water over 1 to 2 teaspoons (5 to 10 grams) of the dried fruit. Steep 10 to 15 minutes. Tincture: 1 to 2 ml. up to 3 times daily. Capsules or tablets: follow directions from your health professional or product label.

Note to alcoholics: hops is a non-intoxicating ingredient in brewing some alcoholic beverages (beer, etc.). If the hops smell doesn't bring up alcoholic cravings, it might be among your herb allies. If you're not sure about hops and alcohol craving, choose a different herb.

Catnip (Nepeta cataria): This herb is traditionally employed to ease pain, as well as help sleep. It contains monoterperene similar to valerian's valepotriates.⁴² The medicinal substances are primarily in catnip's leaves and/or flowers. Tea: Add 1 cup (250 ml.) boiling water to 1 to 2 teaspoons (5-10 grams). Steep 10-15 minutes. Drink 1 cup catnip tea up to 3 times daily. Capsules and tinctures: follow the directions of your health professional or the product label.

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Passion flower (Passiflora incarnate): The medicinal parts are the leaves, stems and/or flowers. Tea: 0.5 to 2.5 grams steeped 10-15 minutes (dose up to 3 times daily). Tincture: 2 to 4 ml. up to 3 times daily. Capsules or tablets: follow the direction of your health professional or the product label. It's a bonus if the product has at least 0.8% total flavanoids.⁴³ An herbalist I respect thinks this way about passion flower: "It slows down busy thoughts. That automatically invites in more calmness." I find passion flower also helps reduce muscle cramping and pain.

OTHER HERBS FOR OTHER USES

How about refreshment and alertness? Perk up with peppermint (Metha piperita). Peppermint's leaves contain oil which reduces intestinal cramping, gas and indigestion.⁴⁴ When peppermint oil was taken internally in an "enteric-coated" product, the subjects with Irritable Bowel Syndrome (a stress-related condition some with PTS/DI have), they experienced relief.⁴⁵ People who don't have PTS/DI sometimes feel nausea or dizziness, as a result of physical illness or injury (e.g., brain concussion) or medications (e.g., chemotherapy). Peppermint can ease those discomforts.

Some of us, though, have what I call "PTS/DI nausea" or "PTS/DI dizziness" due to PTS/DI processes. Consider such symptoms as "benign" (medically okay) emotion-based and brain-based symptoms. I and others with PTS/DI find that peppermint helps tremendously with PTS/DI nausea or dizziness.

Peppermint side effects: gastrointestinal upset (a burning sensation). If you have obstruction of the bile ducts, gallbladder inflammation, severe liver damage, or chronic heartburn, avoid ingesting peppermint.⁴⁶

Ginger (Zingiber officinale): Volatile oils in the root (or "rhizome") improve digestion as well as blood circulation.⁴⁷ Ginger helps prevent (and reduce) nausea caused by motion sickness, chemotherapy, surgery drugs, or pregnancy.⁴⁸ Ginger reduces migraine nausea.⁴⁹ My experience shows ginger also eases PTS/DI nausea.

Take 250-300 mg. – via capsules, tablets or "ginger chewing gum" (see "Resources") up to 3 times daily. For tincture: 1.5 to 3 ml. daily. Ginger powder can be added to food.

Pregnant women should limit the daily ginger dose to 1 gram or less. Ginger is not recommended for people with heartburn. If you have a history of gallstones, ask your health care practitioner before ingesting ginger.

Ginger aromatherapy (below) or ginger tea might be your best choice to ease a PTS/DI symptom that might cause nausea or migraine. At the first sign of the symptom (flashback warning sign, a sense of a different DI area emerging, etc.), go for ginger. Ginger aromatherapy is delivered the fastest. The next most quick to arrive in your body-mind is ginger tincture or ginger tea. Steep commercial teabags or simmer fresh or dried ginger root pieces in a saucepan of water. Start with about ½ to 1 teaspoon of ginger root (cut into 2 or more small pieces). Place the root pieces in 2½ cups of water. Wash hands; don't get ginger in your eyes. Simmer roots for 10-15 minutes.

Cannibis sativa (marijuana): This herb is still illegal in some parts of the world. There's an impressive momentum by the public, health professionals and governments to legalize

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“medicinal marijuana.” Cannabis has clinically-documented, wonderful physical and emotional healing properties.

“Hemp” cannabis (described in the nutrition chapter) does not have significant levels of the psychoactive and medicinal THC (tetrahydrocannabinol) or other “cannabinoids” that the marijuana type has. I’ve read information where the terms “marijuana,” “cannabis” and “hemp” are used interchangeably and confusingly. This mix-up shows up in some of my endnotes and “Resources” listings. But for this book’s main text, I distinguish between the two types of cannabis. “Hemp” means the food you read about in the nutrition chapter. “Marijuana” means the medicinal, psychoactive cannabis.

Numerous religious texts and ceremonies include hemp and/or marijuana.⁵⁰ The website and brochures from Americans for Safe Access (see “Resources”) list scores of studies and testimonials from health professionals about marijuana’s benefits. The herb can assist people with anxiety, depression, nausea, chronic pain, gastrointestinal disorders (including Irritable Bowel Syndrome), Alzheimer’s and several other challenges. Among the dozens of U.S. professional organizations that endorse medical marijuana are the American Academy of Family Physicians, American Nurses Association, American Public Health Association, Federation of American Scientists and Kaiser Permanente.⁵¹

Marijuana is much safer and has far fewer side effects than many prescription drugs. It’s classified “low-risk” and if side-effects should occur, they’re classified “mild.”⁵² Pharmaceutical companies sell a synthetic THC drug “Marinol” that tries to mimic marijuana’s effects. But plant far outshines pill. Marijuana has, in addition to THC, over 60 cannabinoids that Marinol lacks. The herb’s cannabinoid balance provides healing power. It’s much more difficult to take the right amount of Marinol compared with smoking marijuana. A patient can inhale the appropriate amount of marijuana for the amount of symptom experienced at the time.⁵³

When marijuana smokers (even those considered heavy smokers) were studied long-term, there was no lung disease increase.⁵⁴ If you already have a respiratory problem, find out how the herb affects that condition (see “Resources”). For patients concerned about smoke of any kind, there are “vaporizers” which create smokeless marijuana.

When marijuana is smoked or drunk as tea, the effect is usually felt within five minutes. Some patients with nausea utilize this speedy-delivery form. One can eat marijuana as a food (herb butter, baked good). The herb requires heat, to release its power. Eaten forms last longer and are more potent. Those living with severe, chronic pain might prefer these forms, to receive steady, day-long relief.

Different marijuana varieties vary in strength. Different parts of the plant contain different amounts (or none) of the cannabinoids. It’s essential that the herb be unadulterated from a reliable source – preferably a marijuana patients buyers’ club or individual provider. Several U.S. states, counties and cities allow medicinal marijuana.

How can you find out if medicinal marijuana is legal where you live? Check “Resources.” If it’s currently illegal, keep in touch with those resources. In the U.S., there are various court cases pending about the herb’s legality.

Due to health conditions, who shouldn’t use marijuana? Since marijuana may speed up the heart rate (tachycardia) or lower blood pressure below normal (hypotension), people with those conditions should be cautious. There have been a few, rare cases of myocardial ischemia (such as coronary artery disease) reported in previously healthy, young

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marijuana patients. Americans for Safe Access warn about marijuana worsening schizophrenic psychosis in predisposed persons. Since DI is sometimes misdiagnosed as schizophrenia and vice versa, is this caution of concern to you, the reader with DI? If you are very sure you have trauma-based DI and not biologically-based schizophrenia, I don't think it's necessary to refrain from the herb due to that specific warning.

Is the herb physically or psychologically addictive? There are experts who insist it isn't and others who insist it is. In my opinion, it is far less likely to be addictive than tobacco, alcohol or numerous prescription medications. If you currently have a pattern of getting addicted to something (alcohol, over-working, too much television, etc.), I suggest you carefully weigh that possible risk.

Marijuana considerations for people with PTS/DI: There's marijuana research regarding some not all symptoms that people with PTS often have. But the anxiety of someone with PTS can be different from the anxiety of someone without PTS. I don't know of any research about marijuana and PTS as its own health challenge. Similarly, I don't know of any research about the herb's effect on the DI aspect of people with DI.

Because there is little information available about marijuana and PTS/DI, I decided to include the detailed sections below based on my experience and that of several other people I knew who have PTS/DI. As with any herb, a person's response to marijuana can differ from another person's and can change over time. Even if you do not plan to use marijuana, the examples below illustrate ways of analyzing and adapting PTS/DI self-care tools.

Marijuana for anxiety due to PTS flashbacks:

Example 1: Person A has frequent flashbacks. Person A has not yet learned to observe the subtle body-mind signals that precede a flashback. Person A's flashbacks are often triggered by something that is common in daily life (a common object, sound, smell, or something else). Since marijuana tends to heighten external sensory awareness (sights, sounds, smells, tastes, touches), it may not be wise for Person A to use marijuana at this point, unless the following exception applies.

Exception: Person A had already observed that the herb heightened minute details of a “trigger” rather than the trigger in its entirety. The flashback trigger for Person A is a crowd of people in uniform. Marijuana highlighted details (such as the gold glint of buttons on one uniform). It did not highlight the uniformed crowd.

Example 2: Person B has learned holistic self-care and is able to notice flashback warning signs. He thinks to himself, “There's that flashback body tension starting. I'll smoke a tiny amount of marijuana to ease that tension. Then I'll practice ‘Bilateral Body-Mind-Spirit Weaving’. That way, I'll be aware of my whole body – instead of getting lost within the tension.”

On a different week, Person B thinks, “There's that flashback thought-pattern starting. I'll take one marijuana puff. Then I'll practice this book's mindfulness techniques to observe my thoughts. That way, I won't be stuck inside my thoughts. I'll press the relaxing points I learned from the acupressure chapter.”

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Example 3: Person C rarely has flashbacks, thanks to holistic self-care. One day, Person C notices, "Hmm, there's that flashback warning signal. I'll start using one of those self-care methods instead of marijuana. If those other methods are enough, I won't need any marijuana today."

Marijuana and DI: When my international mutual-support organization Multiple Personality Dignity still existed, an out-of-state letter arrived at the office. The writer asked if she could participate in MPDignity even though she smoked marijuana (illegal in her locale). She knew that MPDignity participants practiced not harming self or others.

She wrote, "I know for sure I'm not harming myself with the marijuana." She had carefully evaluated herself for addiction via 12-step publications and found no signs. She used the herb for emotional healing. She had tried other herbs and methods but they didn't work for the therapy issues that "all the personalities really wanted" to explore. "I never drive when I'm using marijuana; I only use it in my MPD healing times. I would never want to go to a support group with it still in my system. When I smoke it, I want to go inside and really listen to my personalities."

I wrote back. I invited her to participate. I urged great caution due to the law. As I shredded her letter for privacy, I thought, "How many out there with MPD are using marijuana for healing? We all better keep our experiments secret – even from each other."

One week, when I was attending my local MPDignity support group, a participant with DI brought up the topic of marijuana. She announced, "I smoke marijuana. I do it when my inner children are freaked out and the prescription tranquilizer isn't enough. Sometimes, marijuana's the only thing that calms them so they'll hear my adult personalities tell them everything's okay."

She continued, "I went to a Narcotics Anonymous meeting to see if I was an addict. The people there laughed when I told them how much I smoked – two or three inhales twice a week. The meeting leader asked me what I do after I smoke it. I told him I do my art therapy and take the art to my therapist to talk about my feelings.

"He laughed really loud and kicked me out. But he did it nice. He said real sincere, 'Thank God you don't belong here. You don't need to waste your time.' He gave me one of their addiction brochures. I read it and I don't fit what the brochure says.

"I'm telling you all this tonight 'cause if any of you smoke marijuana for helping personalities, please call me. Maybe we can tell each other how to get the most healing from it." As I kept my expression carefully neutral, about half of the listening participants nodded their heads to the woman in agreement.

I knew someone else in Colorado with DI who did not participate in MPDignity. She smoked marijuana daily – without any healing intention. She did not do any self-care. In daily life, she squelched any attempts by any of her personality areas to take self-responsibility for her actions. Her abuse of the herb worsened her DI – not because of the herb but her addiction to irresponsibility.

Before I knew I had DI, I smoked the herb sporadically from once each few years to three times weekly. I often sought spiritual insights during my herb use. In 1985 after some of me realized I had DI, my reaction to marijuana changed. If I used it, I switched personality areas very frequently and abruptly. These abrupt changes made some of my

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areas extremely anxious. The marijuana increased those areas’ anxiety. But at the same time, the herb reduced the anxiety of other areas.

A marijuana plant spirit communicated to me it was there to facilitate my psychological healing. I described the effect, “Marijuana softens the borders, makes the walls between my personality areas porous. It makes it easier, less jarring for my consciousness to go from one area to another.” For some of my self-therapy and therapist-led sessions, I combined self-hypnosis with one puff of marijuana.

The herb helped my consciousness purposefully travel through dissociative walls to whichever area was causing a DI-related symptom such as headache. My awareness could go to the personality area from which the headache originated. I’d explore the event that made the personality area originally dissociate. I’d find out what that area needed to be comfortable in the present. The DI-related symptom would subside or vanish.

Some of my newly-contacted areas accepted “first contact” with my traveling awareness, along with the “news” about having DI, with relative ease. These areas had been living for decades trapped in earlier times (e.g., 1959, 1963, etc.). My awareness “from the future” brought good news: all of Cindee was now a grown-up with more rights, living far away from those who had abused me.

But other areas initially reacted to such co-communication by feeling overwhelmed with shame and fear about “being crazy from MPD.” These reactions were traumatic enough to potentially “split” my mind anew. The reactions sprang from internalized prejudice about MPD. To the rescue, through the dissociative walls made porous by marijuana, rushed in a few personality areas well-versed in civil rights!

The diversity-savvy areas sent reassuring messages to the panicked, newly-contacted area. “MPD is an emotional disability, a psychological difference. All of us are in the process of healing. But to heal, we need to let go of the stereotypes and prejudices. It’s like a white person letting go of prejudice against people of color. It’s OK to have MPD. It’s OK to be different. Breathe in relaxation... breathe out tension...”

Periods of “labor contractions” while repeatedly giving birth to my Self often lasted for hours at a time. When necessary, one or more of my areas might request another low dose of marijuana, other calming herbs and/or prescription tranquilizer. The focus of compassionate healing was to take the minimal amount of any medicine needed to proceed with healing.

These intense therapy sessions – endurance marathons combined with spiritual initiations – were exhausting yet liberating. If a DI-related migraine made me so nauseated that I couldn’t eat (resulting in dangerous low blood sugar) and if other self-care tools weren’t effective, it was time for a marijuana healing session. If a suicidal thought might be acted upon, it was time for the herb to help me discover my unexpressed emotions, memories and needs.

Eventually, marijuana sessions became less like grueling marathons. They became steps in a shamanic co-creation of a harmonious inner society. Peace activist Ghandi had said, “You must become the change you wish to see in the world.” All of me was becoming that change within.

Countless times in my early therapy years, two or more personality areas that became familiar with each other would want to integrate/fuse. Numerous integrations/fusions

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went smoothly with no need for anything except a mild, meditative state. However, sometimes – despite the sincere interest, therapeutic readiness, and spiritually-appropriate timing – the areas couldn't integrate/fuse. One puff of marijuana would "soften the borders" between the personality areas, enabling the mutually-desired degree of reunion.

As all of me progressed, I needed less marijuana, prescription tranquilizers and sedatives. About that time, U.S. law enforcement against marijuana outrageously escalated. So I threw away my marijuana. I didn't use the herb again until about twenty years later, when I moved to a county and state that permitted medical marijuana.

In my new locale, I tried marijuana a few times to see if it would help with physician-puzzling, excruciating spine pain and constant, involuntary leg muscle contractions. It reduced the pain somewhat but didn't reduce the contractions. Marijuana made almost all of my personality areas extremely anxious. So I stopped using the herb.

Why had it make me anxious? Why hadn't marijuana helped with the new pain and contractions? My mental structure (mind, brain and nervous system) had changed dramatically since twenty years before. Most or all dissociative walls had thinned or disappeared. As for the pain and contractions, perhaps they were not types that marijuana typically reduces.

While doing surgery on me, neurosurgeons discovered that, for unknown reasons, my main leg nerve was stuck onto the outer covering of my spinal cord – an uncommon situation. The surgeons adeptly separated the nerve from the spinal cord without damaging either. I've obtained significant spine and leg relief from that surgery and by utilizing mental techniques (see other chapters).

Starting the year before the neurosurgery, I began taking kava regularly. I expected its usual gifts of calmness, muscle relaxation and better sleep. But guess what unanticipated bonus kava bestowed? Kava gives me the PTS/DI "healing task" assistance that marijuana used to.

Kava's style of assistance is different from marijuana; kava's much milder. Kava does not spark frequent, abrupt "switching." If I take kava but don't need to work on PTS/DI healing tasks, kava simply provides the benefits outlined in the kava section, while I engage in other tasks or activities.

Will kava assist you with your PTS/DI healing tasks? I don't know. Kava has a long history of sacred, as well as harmonious "social bonding" uses. PTS/DI is similar to sacred states. We with PTS/DI can gain from inner social bonding between body and mind (PTS) or personality areas (DI). Kava might suit many of us who have PTS/DI. Notice what your body-mind, logic and intuition suggest.

My most essential supplies for my PTS/DI healing tasks are meditation, BBMSW and Holistic Self-Hypnosis (in this book). Take advantage of these free, legal healing tools, especially if your money for kava is scarce, if your local marijuana laws are repressive, or if side effects from either herb are bothersome.

You might have questions, such as "I have PTS/DI and am considering using marijuana to help all of me. What else do I need to know?" Some people feel marijuana's effects the very first time. Others don't feel them until after using the herb on several occasions. Smoked marijuana wears off within 2-3 hours usually. Eaten marijuana wears off several hours later. The dose amount affects the length and the strength of the effects.

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Learn about marijuana's medicinal effects (see "Resources"). Due to prejudice against PTS/DI, you might opt to keep your PTS/DI private from people associated with a resource. For instance, you could describe a "headache not caused by a medical condition." You may get ample information (website and printed booklets) without intimate communication with the resource's staff.

For marijuana experiences, you'd benefit from having at least one personality area with a moderate level of concentration and that is willing to reassure and educate newly-contacted areas. That area would need to focus on the healing intention, even while traveling to unusual inner environments that are filled with emotions, thoughts and memories. Practice "Bilateral Body-Mind-Spirit Weaving" to develop concentration.

Reflect on your personality areas' comfort levels about the possible marijuana reactions below. You might have none, one or more than one reaction.

DI Reaction 1: switching areas more frequently and abruptly.

DI Reaction 2: more co-consciousness and co-communication.

DI Reaction 3: desiring to integrate/fuse personality areas.

DI Reaction 4: new memories, thoughts and feelings arising.

DI Reaction 5: becoming aware of helpful, spiritual personality areas.

A supportive person during a marijuana session can aid tremendously, if she or he can stay calm with DI phenomena. The support healing partner must be willing to help you keep focused on the healing direction, if needed. See the chapters on "Holistic Self-Hypnosis" for partner tips.

If you're alone and decide to use marijuana for DI healing, before taking the dose, write or draw on paper what you want to do. Afterward, hold the paper or post it where you can see it, during your healing session. An audio option is to put a music CD that reminds you of relaxing and inner-traveling into your player. Set the player on "repeat" so that the entire CD replays continuously. Set volume on low. See Holistic Self-Hypnosis "Resources" for suggestions. An aromatherapy scent such as relaxing lavender or rose can remind you of your healing direction. A comforting, plush toy or soft blanket reassures your sense of touch as your awareness travels.

Now, let's move on to a topic of interest to many people with or without PTS/DI.

GETTING BETTER SLEEP

Some health professionals call the following "sleep hygiene."⁵⁵

1. Go to bed at the same time each night and get up at the same time each morning (even on your days off work). Allow at least 7-9 hours for sleep.
2. Avoid naps during the day (unless you have a physical illness or disability that requires daytime naps). If a nap is necessary, rest no longer than 20-40 minutes sometime between 2-4 p.m.
3. No caffeine or alcohol after 4 p.m.
4. Use your bedroom only for sleep. Avoid watching television, doing work, or reading in the bedroom. If sex relaxes you, then sex in the bedroom is fine. But if sex leaves you energized or agitated, have sex in a different room.
5. A warm (not hot) bath (not shower) about an hour before bedtime can improve sleep.

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6. During the day, expose your eyes to bright yet comfortable lighting. Starting at least one hour before bedtime, dim the lights. Turn off television and computers. This lighting change signals your body to make more melatonin (a hormone that helps you sleep).⁵⁶ Keep your bedroom as dark and quiet as possible. Consider darkening window-shades, earplugs, or “white noise” products (see “Resources”).
7. Play soothing music. It’s proven to improve sleep.⁵⁷
8. Choose a relaxing, “winding-down” activity (meditating, reading inspiring material, etc.).

Other typical advice for better sleep is not to eat after 6 p.m. and to limit liquids after 6 p.m., to reduce nighttime urination urges. But suppose you need evening food to avoid low blood sugar? In that case, I suggest a small snack one or two hours before sleep.

Your snack works best if it’s something with fiber and “good fats.” The fiber provides blood sugar stability. The good fats tell your body, “Time for relaxing. Please produce relaxing substances.” Milk and banana are often suggested as a bedtime snack because they contain the calming amino acid tryptophan.⁵⁸ These foods work well for dairy-tolerant, blood-sugar-stable people.

But if that’s not you, note that milk has no fiber and banana doesn’t have much. A better option is 2 or 3 walnuts (high in tryptophan, fiber and “good fats”), along with fiber-rich fruit such as a fig, half a pear or half an apple. Want to take a relaxing herb? Take it about one hour before sleep.

People in pre-industrial societies (who weren’t or aren’t exposed to artificial light) may have this sleep cycle: 4 hours of sleep, an interlude of wakefulness lasting up to an hour then 4 hours more sleep. Studies show the body-mind is ready during that interlude for meditation, reflecting upon dreams or other contemplation. Rather than label any wakefulness interlude as insomnia, consider it an opportunity to contemplate.⁵⁹

The unconscious employs dreams to heal trauma. Allow healing dreams (with sometimes distressing content) to occur. With the BBMSW chapters, learn to “mindfully” meditate on uncomfortable phenomena to reduce discomfort. With the Holistic Self-Hypnosis chapters, you learn to create hypnosis suggestions (e.g., “I can relax with dream content”).

Meditation has been proven to bring abnormal sleep patterns back to normal in alcohol-dependent people during alcohol abstinence.⁶⁰ Depression, fibromyalgia and other conditions common for us with PTS/DI often cause an abnormal sleep pattern.⁶¹ I address these in various chapters. See the spirituality chapter regarding spiritual dreams.

The natural hormone melatonin helps sleep. Aging and other factors can reduce the body’s ability to make melatonin.⁶² This hormone can be bought as a supplement without a prescription in the U.S. An adequate amount of melatonin protects the body in numerous ways (including possibly reducing the risk of breast cancer).⁶³ But if you have an autoimmune disease (see endnote), or are taking steroid medication or monoamine oxidase (MAO) inhibitors, avoid melatonin supplements.⁶⁴

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Too much melatonin can cause overly-vivid dreaming that can wake you up – especially if it's a trauma-related dream.⁶⁵ Try relaxing or sedative herbs before trying melatonin. If needed, combine herbs with melatonin so the melatonin dose stays low.

Choosing a melatonin product:

* If you have trouble getting to sleep but once you're asleep you sleep well, try a melatonin product that is not time-released. Non-time-released is usually less expensive than time-released. Start with a .5 mg (one-half milligram) dose. Take 30 minutes to one hour before bed.

* If you wake up several times during the night, get a time-released melatonin product. Take as the label instructs or 30 minutes to one hour before bed. Dose range: .5 mg. (one-half milligram) to 3 mg. Another option is to take a non-time-released tablet and cut it in small doses. Take one dose at bedtime, another dose during the night as needed. Your last dose should be no closer than 2-3 hours before wake-up time.

HOMEOPATHY

Samuel Hahnemann (1755-1843) was a German physician dissatisfied with the medical (allopathic) practices of his era. He discovered that with very minute amounts of a substance (from a plant, mineral, etc.), his homeopathic remedy could stimulate a patient's natural immune response. For instance, when he ingested a dose of quinine (a malaria medicine) he developed temporary malaria symptoms. Nowadays, many homeopathic remedies contain such minute amounts of specially-prepared "constituents" that the constituents can't be detected with a conventional microscope.⁶⁶

In the flu epidemic of 1918, patients using homeopathic flu remedies survived in far greater numbers than those treated with allopathic medicine.⁶⁷ Numerous clinical studies prove that homeopathy works better than placebos or even allopathic drugs, in many cases.

If the constituents are so minute, how can it work? My and others' opinion is that homeopathic remedies can be effective due to the presence of the energy wave-forms of the active constituents. Quantum physics research offers clues to this valid concept. When you buy a quality homeopathic product, you're not buying a bottle of nothing. The science of homeopathy is not tossing like a speck of plant (or other active constituent) into a gallon of tap water, taking the speck out of the water, and selling the water. The obtaining of the constituent, the transporting of it, the dilution and other steps are intricate.

For your self-care, you might have questions. For example, you could wonder, "Should I take a sedative herb product that has measurable amounts of passion flower, avena sativa, hops and chamomile? Or should I take the homeopathic remedy Calms® that has only a bazzillionth of those same plants?"

Here's an intuitive approach example for getting answers:

Before bed, you open the bottle of the herb-blend product. You inhale the scent. You ask your intuition "Shall I take this now?" You also might open one hand, place the capsule/tablet on one palm and inquire again.

Then you put the herb-blend product down. Now you open the homeopathic bottle, inhale and ask within. You might place a tablet on one palm, and inquire again. Perhaps

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place the herb capsule/tablet on one palm and the homeopathic tablet on the other palm for intuitive comparison.

Now here is a logical approach based on my own experience:

* “Do I have muscle tightness or any irritable bowel symptoms?” If yes, I choose the herbal blend.

* “Is my mind tenser than my body?” If yes, I choose homeopathic “Calms.”

* If my mostly-younger personality areas seem to be from where anxiety is arising, I often choose the homeopathic “Calms” or a Bach Flower Remedy (below).

Suppose my muscles are tight and those personality areas feel anxious? I take both a relaxing herbal form and a homeopathic or Bach Flower remedy. From what I’ve read, it’s perfectly safe to take homeopathic remedies or Bach Flower remedies with prescription drugs and herbs. Typical homeopathic remedies can’t cause an overdose. This safety comes from the fact that there are almost no measurable active constituents in them.

Internal homeopathic products are sometimes in the form of tiny milk-sugar tablets (publicized as safe for lactose-intolerant folks). The tablet quickly dissolves in the mouth or under the tongue. Other homeopathic tablets are firm, are swallowed with water and dissolve in the stomach. Some products are in liquid form; you’d place a few drops under the tongue for a sublingual dose.

What about homeopathic products meant for external use? The “Arniflora” arnica gel and the “Sports Gel for Trauma” (below) labels warn us to avoid getting gel in eyes and avoid swallowing gel. These products’ constituents are in a carrier gel not meant for eye contact or ingestion.

We’ve just visited the “symptom” homeopathic approach. If you have a symptom, you decide which remedy to get for it. Another homeopathic approach is “constitutional.” For that approach, a homeopath takes a thorough history of the patient and recommends remedies for the patient’s constitutional weaknesses. Some websites and books enable a non-homeopath to determine one’s own constitution. Typically the constitution is determined by a long series of questions. For example, “Do you prefer to be alone or with others?”

This either-or, “limited choice” inquiry may be woefully inadequate for us with PTS/DI. During a flare-up of PTS flashbacks, Gary retreats to solitude. But otherwise, Gary enjoys company. John has DI; one personality area prefers solitude but another area prefers socializing.

Emphasize open-ended inquiry. When you ask, “How are things at work going?” that’s open-ended inquiry. When you ask, “Are things at work better or worse?” that’s limited-choice. If you want outside help from a health professional who relies on verbal information (such as a homeopath or psychologist), I suggest you first interview a potential health professional over the phone for free.

What is her or his approach (limited-choice or open-ended inquiry)? Ask about the person’s concepts regarding PTS/DI. You might say, “Tell me about how you treat emotional trauma.” Determine whether the professional has individualized the treatment to fit each person’s unique needs.

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Someone with PTS/DI might do her or his own homeopathic, open-ended, self-inquiry and treatment. That person observes which symptoms occur most often regardless of PTS mood or DI personality areas. Then, to save money, she or he buys the homeopathic product that addresses the symptom that most (or all) the PTS moods/DI areas have.

A few homeopathic products that I and others with PTS/DI find helpful are:

- * Calms® or Calms Forte® for anxiety or insomnia.
- * Arniflora Arnica Gel® for bruises, minor muscle and joint pain, swelling and stiffness, and fibromyalgia muscle discomfort.
- * Sports Gel For Trauma® for minor muscle and joint pain from over-exercising, sports injuries (sprains, strains, bruises), back pain, and minor pain from shin splints, “bone bruises” and nerve injuries such as Carpal Tunnel Syndrome. This gel should not be used by people hyper-sensitive to the poison ivy plant.

That gel product seems helpful when I’m dealing with pain from a deeper layer of my muscle anatomy (such as deep muscles near well-healed incisions). It also soothes pain related to body-memory. Have you ever slightly injured a part of your body (say, bumped your elbow), then recalled a long-ago emotional or physical trauma involving that part? That’s body-memory. You might employ the arniflora gel for most days. However, on days where deeper levels of pain have arisen, try the sports gel.

FLOWER REMEDIES

Another kind of hardly-measurable, homeopathic-like medicine is Bach Flower remedies. They’re sometimes called “flower essences.” I’ve used them for both symptomatic relief and constitutional healing. Bach Flower remedies were discovered by Dr. Edward Bach. In 1930, he was a homeopathic physician and bacteriologist. In his view, obstacles in the way of spiritual fulfillment caused physical and emotional illness.

His liquid remedies contain minute amounts of certain flowers. The flowers’ “vibrations” (spiritual qualities) guide a patient’s body-mind back into harmony. These flower remedies can be used along with herbs and prescription drugs. Typically, a few drops of a remedy are placed under the tongue for quick sublingual absorption. Bach Flower remedies have been effective not only on ailing humans but animals and plants. So the placebo effect can’t account for this success.⁶⁸ Some healers expand upon Bach’s ideas (such as flower remedies combined with Western astrology).⁶⁹

I recommend to anyone (with or without PTS/DI) “Rescue Remedy” anytime you experience a new physical or emotional shock. This remedy is a blend of five flower essences. Four drops under the tongue – and it starts to work within a few seconds.

I also use it preventatively before a potentially stressful event to reduce PTS/DI symptoms. I’ve found that for me and others with PTS/DI, “Rescue Remedy” very often:

- * reduces headache or nausea from emerging personality areas.
- * reduces anxiety of mostly-younger DI personality areas.
- * reduces PTS hyper-vigilance.
- * eases PTS flashbacks.
- * reduces the sensitivity to PTS flashback triggers.
- * reduces feeling dissociated from the body and/or present surroundings.

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Buy the 20 ml. size bottle of "Rescue Remedy" and keep the box. That way, you can carry the box-protected bottle in purse, car or wherever. You can utilize that size box for aromatherapy (below).

Here's a true story involving a flower essence. A woman in her forties had attended my beginning-level self-hypnosis class. At that time, I called the class "Feminist Self-Hypnosis;" feminism and holistic health are interrelated. She then set up a private appointment.

It was at that appointment where I learned of her tremendous courage in attending any class about hypnosis. She told me how, more than twenty years earlier, she had been abused in adulthood by a man who was a famous psychiatrist and hypnotist. He had abused her by misusing hypnosis.

As she told me her background, her hands and face trembled severely from anxiety. She took a small bottle from her purse. She placed drops from that bottle under her tongue. I noticed that after the dose, the trembling decreased significantly. I asked, "What's in the drops you're taking?"

"It's mimulus, a flower essence. I got it from a homeopath. Without mimulus, I wouldn't be able to leave my house - let alone go to a hypnosis class. The mimulus doesn't suppress my terror. It seems to heal it by working on all levels of me.

"Cindee, it's really important to me that I get back the gift of hypnosis. Before I ever met that evil man, I was doing self-hypnosis on my own. It was so soothing, so relaxing. Then he came along.

"I had noticed warning signs about his woman-hating, anti-feminist behavior. But then I'd tell myself I must be wrong and kept having sessions with him. I was so young and foolishly thought, 'He's so famous; he must know so much more than I do!' Everyone I knew was telling me how lucky I was that he wanted to help me."

Suddenly, her body had a surge of dramatic trembling. Beads of nervous sweat rolled down her forehead. Her hands could barely hold onto the mimulus bottle, as she re-dosed herself.

Concerned, I said, "You don't have to use hypnosis. I wonder if you might be straining yourself. There are other holistic techniques to -"

She firmly interrupted. "No. I've thought this over carefully for years. It has to be hypnosis. Hypnosis lets me reach and help so much of my mind. And that's where he did his damage - my mind. And he did it with hypnosis.

"And I deserve to have it back! I'm not gonna let that bastard ruin hypnosis for me! I'm gonna use hypnosis - the real hypnosis like how you teach it - to heal the abuse from his hypnosis!"

I thought to myself, "Hypnosis to heal hypnosis abuse - how amazingly brave! Thank Goddess mimulus is helping her." Aloud I inquired, "What made you choose my class instead of the self-hypnosis courses taught by the other local teachers?"

Her poignant, triumphant smile dawned. "Because you called it feminist. Once I was in class, I understood how it was also holistic. I've been using the techniques you taught us. They're exactly what I need to undo the damage from his horrible manipulations of my mind."

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Over the next months, she made tremendous progress. One day in private session she said, "I'm doing so well that I hardly use mimulus anymore. I feel like mimulus is pretty much done with its healing work on me. Mimulus helped me re-harmonize with myself and with the universe. It's like I'm a musical instrument and the universe is the orchestra. Nowadays, I'm playing the song I was meant to play - the true song of my life."

I did a self-care flower essence experiment when writing this book's first chapters. I relied on the book Bach Flower Therapy (see "Resources") and my previous clinical experiences to guide my experiment. I chose one or two of the flower remedies that seemed most appropriate. I used them daily for a period of about three weeks. When I sensed adequate momentum regarding certain self-care concerns, I discontinued the first remedies. I then utilized one or two different essences suitable for the next layer of body-mind issues. Layer by layer, my experiment took about twelve weeks. The symptom relief continues due to the constitutional healing (improvements of body-mind structure and function).

Below, I describe flower essences, their traditional "associated symptoms," and my PTS/DI-related observations and intuitions. I suggest you don't take more than four flower remedies at the same time. You may do quite well with just one. You need not have every "associated symptom" listed for a flower essence, to be drawn to it. If you're not sure which associated symptoms to treat, consider taking an all-purpose essence. Star of Bethlehem, for example, may be effective for any trauma that happened at any time.

Flower Essences for PTS/DI:

Aspen:

This essence can be for raped women or abused children or for DI areas created from childhood abuse.

Cerato:

Indications for this essence include when the person is having stimulating and easy-to-recall dreams, has a weak identity and is overly-influenced by others' opinions. It's also for a person stuck during a stalled reconfiguration of DI personality areas (a stalled integration-fusion). In other words, the DI reconfiguration process resulting from natural healing is unable to continue to resolution. Another use for Cerato is when there already is a newly-reconfigured, healthy mental structure that all the DI areas want - but the person's mind is unable to settle into that structure.

Cherry Plum:

Consider Cherry Plum when afraid of hurting oneself or others or with soldiers' post-war PTS. The essence is useful when feeling afraid of doing something against one's will - such as a DI personality area doing something against the wishes of other personality areas. Try this essence for a person who is staring and not blinking as much as normal (as in a dissociated state).

Chestnut Bud:

This remedy is good for children or for adults in a state of very young energy. The essence can be used if mostly-young DI area(s) are prominent when it's not safe or healthy for them to be prominent. In other words, an older-age area(s) needs to be

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celestialsinger1-healingbook@yahoo.com*

prominent at that time, for the well-being of body-mind. An example is when reading a complex legal contract, and deciding whether to sign it. Chestnut Bud can help with mental blocks to unpleasant memories, or when absentminded or dissociated.

Chicory:

This essence is suitable for inner emptiness that can't be filled by recognition or affection from others in the present. Another application is if the person was not properly loved as a child.

Clematis:

Try this remedy for cold hands, unfocused gaze (as in dissociation), being in a fantasy (or not present-time) world, and for poor memory.

Elm:

Elm may assist for temporary not chronic exhaustion and cycles of despondency.

Gentian:

This essence is for those not helped by psychotherapy, for depression from a known cause (a trauma you intellectually can name), and when pessimistic or discouraged.

Gorse:

Indications for Gorse include chronic illness, despair, and feeling helpless.

Heather:

A remedy for those emotionally deprived as a child (especially during very early childhood). It's suitable when many aspects of personality (or DI areas) are arising.

Holly:

Holly may help someone with an emotionally hardened heart, rage outbursts (such as in PTS), and who is easily hurt by others' non-abusive comments. Try it for someone who misunderstands others, or for a person who is unhappy or frustrated but can't figure out why.

Honeysuckle:

This essence is suitable for someone living in the past - such as someone with PTS regretting the past obsessively or with a DI area too immersed in the past. Another use is for a person who expects nothing good from the present or future.

Impatiens:

Consider Impatiens for a person who has verbal anger that flares and passes quickly, who has excessive reactions and irritability, and wears out quickly.

Larch:

Try Larch for someone who feels inferior to others, holds on to past negative experiences, and has a delicate psychological structure.

Mimulus:

The essence is useful to address a general fear due to conditions that are known (phobias, etc.). Use for someone who considers life on Earth a burden, and is highly physically sensitive and timid.

Mustard:

Try Mustard for deep melancholy that comes and leaves for no apparent reason.

Olive:

The essence may help someone with extreme physical and mental exhaustion and who requires much sleep.

Pine:

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Pine is suitable for someone who feels undeserving of love, guilt about surviving trauma or blames oneself for being abused as a child.

Rock Rose:

This is an important remedy for terror, panic, or nightmares. Use it also when someone’s senses are impaired by fear and doesn’t see, hear, or feel external touch very well during such states.

Scleranthus:

Try Scleranthus when there is a constant change of moods or when DI areas rapidly switch.

Star of Bethlehem:

This essence may help with any physical or emotional trauma that occurred at any time (past or present). Try it also for a person who is not responding to other treatment, when shock seems stuck in the throat or the person has trouble swallowing.

Sweet Chestnut:

Consider this remedy for someone with extreme despair but no suicidal thoughts or for someone who has abandoned all hope but keeps this view private. Another indication is when a person has reached the limits of endurance.

White Chestnut:

This essence is appropriate when a person has restless constant thoughts and mental dialogue (even internal arguments) and a chronic frontal headache.

Wild Rose:

The indication for Wild Rose is when someone is passive beyond depression. Also use Wild Rose when the early years of life need to be integrated or during intense work on one’s personality (or DI areas).

AROMATHERAPY

People have a “nose brain” – the rhinencephalon. It happens to link to the limbic and neocortex aspects of our brains.⁷⁰ Studies show smells affect emotions. The smell of peppermint or cinnamon reduced drivers’ frustrations (“road rage”). Peppermint also reduced anxiety and fatigue. But the smell of fast-food wrappers, breads and pastries dramatically worsened drivers’ irritability and driving faster than speed limits.⁷¹ Since smells may remind us of past events or moods, preferences and responses can vary widely.⁷²

The aroma of ginger or peppermint offers anti-nausea effects. Lavender scent relaxes and can ease insomnia as effectively as tranquilizers.⁷³ An anti-depression scent is rosemary.

Aromatherapy scents are often sold as “essential oils.” Ginger essential oil may not be strong enough but we have other ways to imbibe its scent (see below). Don’t ingest essential oils (a highly-concentrated form) or put them in a bath. To avoid skin irritation and scent your bath, use fresh or dried herb. Make a tea; pour it into the tub.

Buy natural (preferably organic) essential oil in the .5 fluid ounce (15 ml.) size. That size will fit in your empty flower remedy box. Instead of buying an aromatherapy diffuser, dab essential oil onto a cotton swab and lay it on waxed paper where desired. Or trim off the unscented cotton swab end and stick it into a houseplant’s soil. A peppermint-

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scented swab freshens the bathroom. A lavender-scented swab at bedside soothes during sleep.

To enjoy the aroma of ginger, buy an empty 1/8 ounce glass vial with a hard plastic screw-on lid (available from herb suppliers). Get a plastic (not paper) drinking straw. Buy a jar of ginger powder. Cut the straw to make 2 shorter straws. Trim the straw end into a scoop.

Scoop a very small amount of the ginger powder into the vial. Fill the vial enough for the aroma strength desired. Rinse off your straw shovel. Let the washed straw dry; keep it for the future. The partly-filled vial fits nicely into the empty flower remedy box. Put the boxed vial in your purse, pocket or car for portable aromatherapy. When the vial ginger loses potency, empty it and refill with fresher ginger powder. You can fill a vial with any dry herb for aromatherapy!

For lavender, rosemary, peppermint or other essential oil, put the bottle into the empty flower remedy box, to take with you. Or shake a few drops into a 1/8 ounce glass vial. Hold the essential oil bottle’s opening snugly at the vial’s mouth while shaking the drops.

If you inhale aroma with what I call alternate nostril aromatherapy, you enhance balance between brain hemispheres. Studies of centuries-old “alternate nostril breathing” traditions prove each nostril influences a different brain hemisphere (see my chapter on breath). Each brain hemisphere tends to specialize in certain tasks, abilities, emotions, and PTS/DI-related phenomena. By adding scent to alternate nostril breathing, I observe greater healing effects.

Alternate Nostril Aromatherapy (beginning level):

1. Open the aromatherapy vial. Block the opening of your right nostril (without pinching the narrow nostril sides), by placing the pad of your right thumb across the opening. Now your thumb-pad is in the way of the airflow. Hold the vial in your left hand. Bring it close enough to smell without touching it to skin.
2. Inhale the aroma through the left nostril.
3. Retain that inhale (hold your breath) a few seconds, unblock the right nostril and pass the vial to your right hand.
4. Block the left nostril with your left hand thumb pad. Exhale out the right nostril.
5. Inhale the aroma through the right nostril. Hold your breath as you pass the vial to your left hand. With your right thumb pad, block the right nostril. Exhale out the left nostril.
6. After 3 to 5 more “rounds,” unblock both nostrils. Inhale the aroma with both nostrils at the same time, as an integrating finish.

Advanced Level for Deeper PTS/DI Healing: do as before but sense the body’s same “laterality.” Inhale through the left nostril and simultaneously sense your left side. Exhale out the right nostril and notice your right side. In a different session, instead notice your body’s side opposite to the nostril you’re using.

Note effects you observe regarding your PTS moods or DI personality areas. Inhaling aroma one nostril at a time brings its healing effect to more of my personality areas. If a PTS symptom such as hyper-vigilance has flared, calming lavender has more effect with alternate nostril aromatherapy. In the breath chapter, you’ll have access to other low-cost and free techniques for PTS/DI relief.

- ¹ Plant Spirit Shamanism by Ross Heaven and Howard G. Charing, p. xvi (Destiny Books, 2006).
- ² Jeremy Narby PhD describes scientific discoveries about plant sentience in Intelligence in Nature (New York, Jeremy P. Tarcher, 2005) cited in Plant Spirit Shamanism p.167.
- ³ Plant Spirit Shamanism p. xvi.
- ⁴ Kindscher, Kelly Medicinal Plants of the Prairie Lawrence: University Press of Kansas, 1992 cited in Sacred Plant Medicine p.30; footnote 8.
- ⁵ See Dreaming The Dark by Starhawk, (www.starhawk.org) and The Once and Future Goddess: by Elinor W. Gadon, p.235 (HarperCollins, 1989).
- ⁶ The Once and Future Goddess p. 211-213.
- ⁷ Moerman, Daniel E. Medicinal Plants of Native America University of Michigan Museum of Anthropology. Research Reports in Ethnobotany, Contribution 2, vol. 1, 1986 cited in Sacred Plant Medicine p.26; footnote 2.
- ⁸ Plant Spirit Shamanism p.26.
- ⁹ For example, 3.5 ml. (a bit more than 1/2 teaspoon) of eucalyptus oil internally may be fatal. Leung AY, Foster S. Encyclopedia of Common Natural Ingredients Used in Food, Drugs, and Cosmetics 2nd ed. New York: John Wiley & Sons, 1996, 232-33 (cited in The Natural Pharmacy. Healthnotes, 1999, p. 422).
- ¹⁰ “Background Information On St. John’s Wort” from Lichtwer Pharma, division of AbKit, 207 E. 94th St., Suite 201, New York, NY 10128, www.lichtwer.com.
- ¹¹ Mike Smithson, Speaker’s Bureau Coordinator “Law Enforcement Against Prohibition,” interviewed in 2006 on “Thursday Night Talk” KHSU radio show. LEAP, 131 Flint Path, Syracuse, NY 13219-3403 www.leap.cc.
- ¹² Measures from Taber’s Cyclopedic Medical Dictionary 12th edition (ed. Clayton L. Thomas, M.D., M.P.H., pub. F.A. Davis Company 1973; Appendix 5) and Vita-mix Recipes for Better Living (Vita-Mix Corp.).
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 Meruelo D, Lavie G, Lavie D. “Therapeutic agents with dramatic antiretroviral activity and little toxicity at effective doses: aromatic polycyclic diones hypericin and pseudohypericin” Proc Natl Acad Sci USA 1988; 85:5230-5234;
 Weber ND, Murray BK, North JA, Wood SG. “The antiviral agent hypericin has in vitro activity against HIV-1 through non-specific association with viral and cellular membranes” Antiviral Chem & Chemother. 1994; 5:83-90; Wood S, Huffman J, Weber N, Andersen D, North J, Murray B, et al. “Antiviral activity of naturally occurring anthraquinones and anthraquinone derivatives” Planta Med 1990; 56:651-652; Lavie G, Mazur Y, Lavie D, Meruelo D. “The chemical and biological properties of hypericin – a compound with a broad spectrum of biological activities” Med Res Rev. 1995;15: 111-119; Lopez-Bazzocchi I, Hudson JB, Towers GH. “Antiviral activity of the photoactive plant pigment hypericin” Photochem Photobiol, 1991; 54:95-98. Regarding antibiotic and wound healing effects, Roy Upton cites: Gaiand KN, Ganjoo TN. “Antibacterial principle of Hypericum perforatum Linn” Indian J Pharm 1959; 21:172-175; Negrash AK, Pochinok PY. “Comparative study of chemotherapeutic and pharmacological properties of antimicrobial preparations from common St. John’s wort” Fitontsidy, Mater Seveshch 1972; 6th meeting: 198-200; Saljic J. “Ointment for the treatment of burns” Ger Offen 1975; 2: 406-452; Aizenman BE. “Antibiotic preparations from Hypericum perforatum” Microbiol Zh 1969; 31:128-133; Rao SG, Laxminarayana AU, Saraswathi LU, Padma GM, Ganesh R, Kulkarni DR. “Calendula and Hypericum: two homeopathic drugs promoting wound healing in rats” Fitoterapia 1991; 6: 508-510.
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- ¹⁶ Michael T. Murray, N.D. in “Common Questions about St. John’s Wort” American Journal of Natural Medicine, p.14, Vol.4, No.7.
- ¹⁷ British Medical Journal (Feb.11, 2005), cited by Ode magazine May 2006; other studies available from Lichtwer Pharma www.lichtwer.com.
- ¹⁸ “St. John’s Wort Study Misinterpreted Says Herbal Science Group” (April 9, 2002, American Botanical Council) A.B.C., PO Box 144345, Austin, TX 78714-4345 www.herbalgram.org.
- ¹⁹ Ode magazine April 2005 p.15 “Vive La Difference.”
- ²⁰ The Brain by Richard Restak, M.D. (New York: Bantam, 1984, p.118) cited in Yoga For Depression by Amy Weintraub p. 247, p. 260 (Broadway Books, div. Random House).
- ²¹ Kira 2005 package insert.
- ²² “Hypericum, Drug Interactions, and Liver Effects” by Paul Berger, Medical Herbalism (2000)11(2):16) states two articles in “The Lancet” February 14, 2000 highlight very serious possible interactions between St. John’s Wort and certain drugs for treating organ transplant and AIDS patients.

²³ In an email communication to Cindee Grace, Dawn A. Kervel, director of operations at AbKit, mentions that Kira® can interact with coumadin-anticoagulants and mentions the following resources:

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Ernst E. "The risk benefit profile of commonly used herbal therapies" Archives of Internal Medicine 2002; 136:42-53, Fugh-Bergmann "Herb-drug interactions" Lancet 2000; 355: 134-138.

²⁴ Beil W, Birkholz C, Sewing KF "Effects of flavonoids on patietal cell acid secretion, gastric mucosal prostaglandin production and Helicobacter pylori growth" Arzneim Forsch 1995; 45: 697-700; Morgan AG, McAdam WAF, Pacsoo C, Darnborough A "Comparison between cimetidine and Caved-S in the treatment of gastric ulceration, and subsequent maintenance therapy" Gut 1982; 23:545-51; Kassir ZA "Endoscopic controlled trial of four drug regimens in the treatment of chronic duodenal ulceration" Irish Med J 1985; 78:153-56; Bardhan KD, Cumberland DC, Dixon RA, Holdsworth CD "Clinical trial of deglycyrrhizised liquorice in gastric ulcer" Gut 1978; 19:779-82 (cited in The Natural Pharmacy, Healthnotes, 1999, p. 441).

²⁵ Blumenthal M, Busse WR, Goldberg A, et al. (eds.) The Complete Commission E Monographs: Therapeutic Guide to Herbal Medicines Boston, MA: Integrative Medicine Communications, 1998, 161-62 (cited in The Natural Pharmacy, Healthnotes, 1999, p. 442).

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³² "Kava: Is It Safe?" by Hyla Cass, M.D. www.healthy.net (HealthWorld).

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Fibromyalgia typically creates several sleep abnormalities. See *Fibromyalgia Aware* magazine supplement “Pathophysiology” and the *Fibromyalgia Aware* magazine article “To Sleep Perchance to Dream” by Joanne Kabak, Fe.-March 2003 issue, p. 54-57.
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⁶⁴ American Council of Science and Health, according to www.fmaware.org online news article “Melatonin: Helpful or Harmful?” by Elisabeth Deffner (2006, vol. 6, no. 7, received week of July 1, 2006). Cindee Grace’s caution: Fibromyalgia itself is often considered an autoimmune condition. Other means for better sleep should be used before resorting to melatonin!

⁶⁵ Cindee Grace’s experience with trauma-related dreams. Ray Sahelian, M.D. describes overly-vivid dreams as a result of too much melatonin (Mind Boosters p.159, St. Martin’s Griffin, New York, 2000).

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⁷¹ Researchers from Jesuit Institute in Wheeling, West Virginia (“Soothe Your Road Rage” *Alternative Medicine*, Sept. 2005 p. 34).

⁷² The Power of Fragrance at www.auracacia.com.

⁷³ Buchbauer G, Jirovetz L, Jager W, et al., “Evidence for the sedative effects of the essential oil of lavender after inhalation” *Z Naturforsch* 1991; 46: 1067-72; Hardy M, Kirk-Smith MD, Stretch DD “Replacement of drug therapy by ambient odour” *Lancet* 1995; 346: 701 letter (cited in The Natural Pharmacy, Healthnotes, 1999, p. 492).

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celestialsinger1-healingbook@yahoo.com*

BBMSW for Deeper Emotional Healing

Pre-requisite: read the chapter “Bilateral Body-Mind-Spirit Weaving” and practice some of the techniques.

The currently-materialistic culture shames us to “just get over it” - to ignore emotions and get on with producing goods and services. Yet emotions are as real as our bodies. When our feelings are hurt by being rejected, the same brain areas that register pain get activated.¹ Emotion is an essential aspect of our humanness. Research reveals that when people have healthy outlets for emotional expression, they are less prone to stress-related physical and psychological symptoms.²

Intense emotions are part of the standard definition of PTS. People with DI may have emotions compartmentalized within different personality areas. One personality area (or a type of area) might be the most familiar with anger, while a different personality area carries sadness, and so on. Bilateral Body-Mind-Spirit Weaving (BBMSW), by virtue of enhancing neural and energetic connections, may help more of “all of you” have better, access to skills, knowledge and emotions.

Over my lifetime, I’ve certainly had my struggles with intense emotions. I’ve found that trying to repress supposedly “negative” emotions just creates more suffering. I learned, as well as designed, techniques for emotional healing especially for PTS/DI. Even if you feel afraid to deal with your emotions, I urge you to read this chapter. Why? This chapter has techniques to help you handle any strong emotion – even if the emotion is fear of dealing with emotion!

Let’s consider the healing intention you need, in order to use this chapter’s tools. Even if you’re unsure how you can follow through with a healing intention, do use my or your own wording to convey to yourself:

“I intend to develop skills regarding emotion. I deserve to have a more satisfying emotional life. I deserve the authentic inner peace that comes with accepting all of my emotions.”

FOUR SKILLS FOR PSYCHOLOGICAL HEALTH

We benefit greatly by developing the following skills to some degree. We need to be able to:

- * observe the process of an emotion. The process is different from content (such as the emotion’s origins.)
- * examine an emotion’s content (rather than its process).
- * express an emotion in a nonviolent way (e.g., expressive art).
- * transform a portion of an emotion into a different type of useful energy.

In this chapter, I show you how to observe an emotion’s process and how to transform an emotion for reducing PTS/DI symptoms. In the “Holistic Self-Hypnosis” chapters, we develop the skill of examining an emotion’s content. Below I briefly mention expressing emotion through the arts. See other books and community classes about expressive arts therapy (journaling, movement, etc.), for more information.

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I suggest you do this chapter's techniques in order, to build skill. Before you do a technique, read it through. Keep a notebook nearby, to jot down your insights and sensory references.

With us who've survived trauma, the left brain (logic, language) is often temporarily impaired. But the right brain (visual, musical, intuitive) is sensitive. Intellectual, talking-cure therapy alone may not work for us. With a holistic approach that includes skills of the right brain, we can reconnect to the left brain and reintegrate language and logic.³

For self-healing, let's also employ our other "brains" - the complex bundles of nerves in the heart and the digestive tract. Scientists in neurocardiology are finding that the heart is an intelligent organ that can complement or override the brain's commands. For instance, when a person sends loving thoughts and memories to the heart region, anxiety and insomnia can be reduced; irregular heart rhythms and other physical conditions can be eased.

Likewise, the intestinal tract's "enteric nervous system" is influential. Almost every substance (neurotransmitters, psychoactive chemicals, etc.) involved with operating the brain is found in the digestive tract.⁴ A "gut feeling" about something can be valuable!

Researchers in cognitive immunology explore evidence how the immune system is a cognitive system. Endorphins (substances that make us feel happy and reduce pain) are not only produced in the brain but in immune cells. Peptides are macromolecules that play a critical part in our emotions. Every known peptide is made in the brain and in a variety of parts within the body. Contrary to common belief, the body is not a hierarchal structure with brain in charge. The body appears to be a cooperative network.⁵ Scientific evidence gives validity to the concept of the body's innate wisdom.

Our bodies produce electromagnetic fields and receive information from fields produced by others and the planet. The fields are affected by one's heart, thoughts and other body-mind processes.⁶ Nobel Prize nominee Robert O. Becker has noted energy healers who, when they inwardly prepare ("magnetize") their hands for healing, make brain waves in synch with the frequency of the earth's magnetic field!⁷

With practice, we can perceive the underlying energy of the universe and utilize it to empower our PTS/DI healing. Regardless of your personal history of abuse, neglect, or trauma, your body is still fundamentally designed to receive and use this universal energy. I often call universal energy "unconditional love."

By doing the upcoming BBMSW Experience "Receiving Unconditional Love," you develop your inherent ability to notice the unconditional love energy. Physicists and mystics have noticed that universal energy behaves with characteristics that are benevolent and intelligent.⁸ This unconditional love is always available and is independent of any religious belief. I'm glad of that fact, since I want all people, including persons with atheist or agnostic beliefs, to be able to utilize universal energy.

Even if "all of you" does not yet believe it, you deserve unconditional love - no matter what mistakes you made or harm you caused. We make mistakes because we're human. If we perpetrated violence, we learned how from violent individuals and society. It's probable that most people who abuse children were abused themselves as children. When people do violence, they likely dissociate while doing it.⁹ However, this information does not mean that people who survived abuse will necessarily abuse others.

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Often, people who survive trauma feel “survivors’ guilt” for surviving a catastrophe when others didn’t survive. Children try to understand abuse they get by concluding they caused or deserve it. Let’s prepare for the “Receiving Unconditional Love” Experience, by practicing forgiveness and releasing guilt. If that practice sounds too difficult, please know that in the Experience below, we start with a mild situation. By forgiving ourselves for mistakes, we increase our response-ability (responsibility) to wisely respond to life.

What if you have guilt-like discomfort but there isn’t any specific mistake you made? You may have been taught by individuals and society to feel shame. Shaming may be used to shift blame onto the person who suffered the harm (e.g., “she was asking for rape by wearing such revealing clothing”). Shame oppresses people for attributes (e.g., disability) and conditions (e.g., poverty). Some people shame others for non-harmful behavior (such as consensual homosexual adult activity) that is disapproved of by the temporarily dominant culture. If you don’t know of a specific mistake linked to your guilt-like discomfort, skip the following Experience and do the later one to release shame.

BBMSW Experience “Forgiving Yourself For Past Mistakes”:

Sit or lie down, with eyes open or closed as you prefer. For the next few breaths, fantasize inhaling into your Heart chakra (**Figure 3**). As best you can, simultaneously notice your whole body. Let the whole-body + Heart awareness continue for a few minutes.

Now bring to mind a mistake you made that causes you discomfort (a mild degree of the discomfort for the first time you practice). Slowly ponder the following questions:

If I knew then what I know now, would I still do the mistake? If I could go back to that past time and had more inner and outside resources to help me avoid the mistake, would I use the resources?

What do my answers tell me about my inherent goodness?

How does the discomfort I have about the mistake affect my thinking ability? How does it affect my body?

With deep breaths, exhale any layers of the discomfort that you are ready to release.

When you reflected on the above questions, which laterality (left, right, top, bottom, front, back) were you least aware of? Now, while noticing that laterality, review the questions. Use your exhale to release discomfort from that laterality.

If you are likely to repeat the mistake you explored in this Experience, decide upon constructive action you can take.

Commentary: I suggest that you do not practice this Experience with a non-mild, more intense emotion, until after you’ve done the other Experiences in this chapter.

BBMSW Experience “Releasing Shame”:

Sit or lie down with eyes open or closed. For the next few breaths, inhale into your Solar Plexus chakra (**Figure 3**). Simultaneously sense your whole body. Let the whole-body + Solar Plexus awareness continue for a few minutes. If you can, let it continue automatically as you do the next steps.

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Bring to mind the discomfort that might be shame (only allow a mild degree for the first time you practice). Slowly ponder the following questions:

How does the discomfort affect my thinking ability? How does it affect my body? Is it a fluke of chance that I have the discomfort? Who benefits from my feeling shame? What societal oppression is perpetuated by my feeling it?

With deep breaths, exhale any discomfort layers you are ready to release.

During the questions, which laterality were you least aware of? Sense that laterality and review the questions. Exhale discomfort from that laterality.

Commentary: I suggest that you do not practice this Experience again with non-mild, more intense emotion, until you've done the other Experiences in this chapter.

You don't have to completely resolve guilt or shame to move to the below Experience "Receiving Unconditional Love." Merely by starting to notice your Heart chakra, your body starts balancing its biochemistry. Your more-balanced biochemistry then reduces physical pain and makes love easier to feel... an automatic, positive feedback loop!¹⁰ You thus begin "undoing" physiological effects from PTS/DI anxiety.¹¹

BBMSW Experience "Receiving Unconditional Love":

Glance at **Figure 3**. Look at the locations of the Heart chakra, the Solar Plexus chakra and the Center chakra. Then sit or lie down. Close your eyes. Take a few long, deep breaths.

Recall when you felt some degree of unconditional love from someone or something (animal, nature, etc.). Perhaps there was a time, however brief, when a person accepted you unconditionally. If you can't recall a real time, then imagine who or what you would like to give you unconditional love. Don't choose a real person, unless that person gave you unconditional love in real life. Choose a being that embodies unconditional love.

Fantasize details - how the being looks, sounds, moves. Choose the scene where you will receive that Love. Notice the details of the scene, as if it is happening right now. Notice the colors and shapes... sounds... temperature... textures... smells. Notice the details, as you breathe into your Heart chakra a few times.

Receive the Love as deeply as you comfortably can. You might receive it into your Heart chakra on your inhale. Or see it as light filtering into you. Do this receiving for a minute or so.

Keep the receiving going, as you become aware of your Solar Plexus chakra for a few moments.

Keep receiving the Love, but let go of the Solar Plexus. Become aware of your Center chakra for a few moments. Then let go of the Center. As the Love continues, notice your front for a few moments. Then release the front.

Love continues, as you notice your back for a few moments. Release the back. Notice your left side + Love for a few moments. Release the left. Notice your right side + Love for a few moments. Release the right. Notice your bottom half + Love for a few moments. Release the bottom. Become aware of your top half + Love for a few moments. Release the top.

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Keep receiving the Love as you become aware of your midline for a few moments. Release the midline.

Let the Love continue. Make a sensory reference for it. What symbol, color, shape, sound, smell or feeling reminds you of this Unconditional Love? Slowly open your eyes. Write or draw your sensory reference in your notebook. Recall your sensory reference at least a few times today.

Commentary: If tuning into unconditional love was difficult, next time play recorded soothing music in the background. Consider buying Belleruth Naparstek’s audio product for depression (see “Resources”). As you listen, briefly add breathing into the solar plexus chakra, then breathing into the center chakra, and then notice each laterality in turn.

In future sessions, sense two or more lateralities at once as you receive the Love.

The more you practice receiving unconditional love, the easier it becomes to receive it. Your sensory reference is a pre-set signal for your body-mind receiver.

Expressing Emotion Through the Arts

When you practice an emotionally-oriented self-care technique (including but not limited to expressive arts therapy), plan to have at least thirty minutes uninterrupted time afterward. That way, you have time to eat if your blood sugar’s low or to rest. You’d have time to let your insights filter through to deeper mind levels.

With crayons or colored pencils and paper, you can express emotions with shapes and colors. Draw or color how that emotion feels. If the emotion had colors or shapes, what would they be? Breathe into wherever in your body seems tight, tense or stuck. Then grab any crayon or pencil and start making lines or blobs about that body spot. If you prefer, you can use modeling clay to express.

Another option is to make sounds that express the emotion. Where in your body is the emotion? Make moans, groans, hisses or other sounds that express the emotion. Another choice is to move your body. If the emotion had movements, what might they be?

YOUR INNER SAFE PLACE

Your inner safe place is an enjoyable place in your mind. It is where an amount (a little, some, or most) of your conscious mind can retreat from the “external world” (sensations, emotions, thoughts, surroundings). Since different personality areas may want different things at your inner safe place, stock it with a variety of desired items. If one personality area wants to be quiet at your inner safe place and another area wants to be noisy, the noise magically stays near the personality area that wants to be noisy. Whatever a particular area wants stays near that area and does not impose on the other areas.

For the technique below, you need to choose an inner safe place that still lets you sense the external world. One example would be a meadow where, off in the distance, are your body sensations, emotions, thoughts and surroundings. Another example would be a cottage with windows; you can look out the windows anytime to sense the external world.

Until now, you might have been familiar with only two “consciousness” choices: either awareness of the external world or dissociation. The inner safe place gives you an

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additional choice. With your inner safe place, you can have a simultaneous awareness. You have a degree of your mind resting at the inner safe place and a degree of your mind interacting with the external world. You can change which inner safe place you use and its features anytime, even in the middle of a practice session.

“Making An Inner Safe Place”:

Close your eyes. Take a few relaxing, deep breaths. If you have DI, affirm that all of your personality areas are automatically connected to one another via strands of healing light.

Fantasize the inner safe place. Imagine the soothing colors and shapes... the comforting quiet or sounds... the calming textures and temperature... the pleasant smell...

Gradually move more of your awareness into your inner safe place. Keep a little of your awareness with the external world. Notice how it feels to gradually and gently guide more of your awareness into your inner safe place.

Then when you're ready, ease your awareness back to notice the external world. You might notice your body midline or external sounds coming. Make sure that at least a little of your awareness stays at your inner safe place.

Then ease a lot of your awareness back to your inner safe place while a little stays aware of the external world. Notice the process of moving your awareness by degrees.

Now ease a lot of your awareness back to the external world while a little of your awareness stays at your inner safe place.

Keep that going, as you slowly open your eyes. When you're ready, write or draw a sensory reference for your inner safe place.

Commentary: Anytime you wish, you can let go of that mild degree of awareness of your inner safe place. You can recall your sensory reference for your inner safe place to return more of you there.

How about an example of the “inner safe place” benefits? In the past, I regularly received deep-tissue bodywork to break up muscle adhesions. Though such pressure was very painful, for several days afterward it let me be more pain-free and muscularly functional. During a treatment, some of my awareness (usually certain types of personality areas) would ease into my inner safe place. Simultaneously, some of my awareness was noticing the treatment, so I could give the therapist verbal instructions. After a treatment, any of my personality areas would likely be able to recall the treatment. No area would have completely dissociated.

Your Changes

As you strengthen neural and energetic connections with BBMSW, your senses may be enhanced. This enhancement is different from the PTS hyper-startle reaction. The sensory enhancement may seem as if layers of “brain fog” are dissipating.

If you have DI, as your awareness roams your lateralities, it may roam your personality areas. This roaming is not identical to “switching” (one personality area replacing another in the conscious mind). You might feel a sense of oneness from this roaming, even if you still have thick walls of amnesia between personality areas.

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The BBMSW Experiences below are influenced by an Asian meditation technique. That technique does not deal with emotion content (e.g., what you are sad about, the event circumstances). It teaches how to observe the process of emotion in a non-dissociated fashion.

By knowing how to observe an emotion’s process, we actually become freer to wisely respond effectively to external factors. We respond instead of merely react. When you practiced the “centering” from the chapter “Bilateral Body-Mind-Spirit Weaving,” you practiced a non-dissociated observation skill. The upcoming Experiences deepen that skill. You can use the Experience “Escaping into the Emotion” all by itself or while listening to Shinzen Young’s audio recording “Break Through Difficult Emotions” (see “Resources”).

Surprisingly, there is escape from suffering by moving into an emotion...the opposite of what we likely want to do! One can get relief by diving into an unpleasant emotion if one dives in a particular way. You might get catharsis from expressing an emotion outwardly with an expressive art or talking therapy. But with escaping into an emotion, you instigate an inward catharsis. It can be as much or more relieving as an outward catharsis! The “observing process” approach can provide a more stable centeredness from which to proceed into content-oriented therapy.

Pain (emotional or physical) is something that occurs in life. Suffering is how we respond to the pain. The more we meet emotional or physical pain with physical tension, or judging thoughts, the more we add suffering to the pain. Pain is lessened not only when we address external causes. Pain also lessens when we internally meet it with clear and compassionate awareness.

As you practice the next BBMSW Experience, you reduce resistance to the painful emotion. Resistance increases pain¹². An emotion usually begins with a thought or body sensation. The intensity then escalates. In daily life, as soon as you notice the sequence, shift your attention to a “neutral” body sensation. For instance, focus on the touch of the air or the clothing on your skin.

Perhaps you can’t name the uncomfortable emotion or there’s more than one emotion. You can still use the next BBMSW Experiences. With your awareness, scan your body for tension. Investigate these likely “emotion holding places”: the throat, heart region and solar plexus.

What if you have intense confusion or a recurrent upsetting thought? Where you read “emotion,” substitute any uncomfortable phenomena. You’ll “escape” into it. If a PTSD or DI-related phenomenon arises, observe it.

With any phenomenon that arises, keep your awareness there a few seconds. Then, let your awareness move to a different phenomenon that might call your attention. If there are moments when no phenomenon arises, just rest in the quietude.

“Escaping into the Emotion (Part One)”:

Sit or lie down. Rest one or both palms somewhere on your torso, to feel breath expand and contract your torso. Close your eyes. Pick an emotion that is of concern for you. Observe your body-mind in a compassionate, gentle, matter-of-fact, non-interfering way. Recall a mild degree of the emotion. For now, observe your body not your thoughts.

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Observe moment by moment how the emotion affects your body. Does the emotion create an overall effect (on a large body portion)? Does it create one or more small local effects? There might be both overall and local effects.

Every few moments, silently or aloud label the arising kinesthetic effect “local,” “overall” or “both” (e.g., “both... overall... local...”). If there are too many arisings to label, then don’t label. Instead, observe them.

Anytime that you can observe directly without labeling, do it. But if you get caught up in the emotion, go back to labeling.

Whenever a kinesthetic effect arises, don’t suppress, cling, or change it. Give it room to move and change. If your awareness wanders, kindly bring it back.

Do this observing for a minute or so. Then, let go of it.

Now, observe your thinking process. The thoughts may generate internal pictures. Thoughts may include sound. Any non-picture effect (confusion, thought of smell or taste, etc.), consider that to be a “sound/stuff” component. A thought might have both components (pictures plus sound/stuff).

Each time a thought arises, label its components: “P” for Pictures, “S” for Sound/Stuff or “both” (e.g., “P... both... S ...both...”). If there are too many thoughts to label, then just observe them.

Label or directly observe the thinking process for a minute or so.

Now observe and label the emotion’s effects on both your thinking and your body. When the emotion creates a local or overall kinesthetic effect in the body, label it “K” for Kinesthetic. Label the effects on the mind as “P” for Pictures and “S” for Sound/Stuff. For example: “...P...K...PK...SK...S...SP...” If you need the KiPS for your observing perspective, use it. But if you are able to have direct observation, let go of KiPS and observe directly. Do either KiPS labeling or direct observation for a minute or so. Then let it all go.

Commentary: For your next practice session, do Part Two below. Then, in other practice sessions, practice with stronger degrees of emotion.

“Escaping into the Emotion (Part Two)”:

Choose a mild degree of emotion. Close your eyes. Observe the emotion’s effects on your body. But instead of labeling components, label how the body effects change. Label the moment-by-moment change “expanding,” “contracting” or “both.”

If an effect pushes or grows larger in size or intensity, it’s “expanding.” If it pulls or grows smaller, it’s “contracting.” If one part of an effect is expanding while another part is contracting, call it “both.” If there are too many effects to label, just observe directly.

Allow the process, even if it briefly hurts. The “expandings and contractings” may become like a pleasant massage. Let the expandings dissipate into the infinite universe. Allow the contractings to collapse into nothingness.¹³ Observe this process of change for a few minutes.

Focus now on the emotion’s effect on your thinking process. Label the changes. If a thought gets more intense, louder or speedier: “expanding.” If a thought lessens, quiets or slows: “contracting.” Observe this process of change for a few minutes.

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Add awareness of the emotion’s effect on the body. So you’re observing the body and thinking process simultaneously. Your body-mind is a single energy field. The thoughts are wave-forms. Allow any wave-form to pass through another wave-form. If you wish, keep the observation going as you open your eyes.

Commentary: You may notice all sorts of thoughts and emotions. Unhealthy thoughts and emotions (e.g., violence, greed, prejudice, etc.) are being cleared out, arising to the surface level and dissipating. Our thoughts are conditioned by past experience. If we repress thoughts, then they can drive us into harmful actions. By allowing the conditioning to arise and by mindfully observing it, it is released. Then we’re less likely to act unwisely.

Our intellects valiantly try to serve us. They keep busy, striving to figure out the world, planning, reminiscing, and so on. But excessive thought or thought filled with upsetting content adds suffering. With “Escaping into the Emotion,” we give the mind something beneficial to do. It labels and tracks specific processes.

Tracking can reveal universal processes. Everything has components. Expanding and contracting are going on throughout nature. From mindfulness, you may sense the interdependent web of life. You might have thoughts or emotions about such phenomena. Simply observe how any phenomena changes, how it expands or contracts. Make any arising reactions to any phenomena the subject of your observation.

We might need to deal with emotion content (issues involved, causes, etc.), before an emotion’s effects will release. With mindfulness practice, you make wiser decisions about how to deal with an emotion’s content. Non-dissociated observation (mindfulness) can enhance joy. One woman with DI was very uncomfortable when feeling happy, due to being punished as a child when joyful. Non-dissociated observation increased her capacity for joy.

In your very next practice session of Part 2, use touch labeling. Instead of labeling with words, assign one of your fingers to represent “expanding,” another finger on the same hand to represent “contracting.” When an expanding in the body-mind happens, touch your thumb-tip to the “expanding” fingertip. When a contracting happens, touch your thumb to the other finger tip. If expanding and contracting happen simultaneously, touch your thumb-tip to both those fingertips.

Use touch labeling with Part 1 for KiPS. Assign one fingertip K, another P and another S. Touch your thumb to one or more of those fingertips, as effects arise.

When I do touch labeling, I sense that more of my preverbal-aged personality areas are participating. Sometime, I suggest you try KiPS with your other hand, to engage personality areas that are more dominant on that side or to release PTS dissociation from that side.

What is my opinion, my rating for touch labeling? I give it a “thumb’s up.” It KiPS me more focused. Moment by moment, page by page, you the reader notice when humor arises!

Practice Part Two at least once with each of the following emotions: fear, anger and sadness. You can mindfully observe any named or unnamed overwhelming emotion. May it soon be under-whelming!

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BBMSW “Emotion-Lateralities Experience 1”:

Close your eyes. Recall when you felt a mild degree of a challenging emotion. Observe its effects in the single energy field of your body-mind. Notice the expandings and contractings of the wave-forms. Directly observe them.

Let that direct observing continue automatically, like ocean waves in the background. Add awareness of your midline for a few moments.

Release midline awareness. Add awareness of your front for a few moments.

Release front awareness. Add awareness of your back for a few moments.

Release back awareness. Add awareness of your right side for a few moments.

Release right awareness. Add awareness of your left-side for a few moments.

Release the left. Add awareness of your top half for a few moments.

Release top awareness. Add awareness of your bottom half, for a few moments.

Release the bottom half. Let go of the background of expandings and contractings.

Slowly open your eyes.

Commentary: When you add laterality awareness to non-dissociated observation, any personality area that predominates in that laterality develops the skill, too. Your BBMSW versatility could lessen the intensity of PTS flashbacks.

Suppose your flashback’s content is about a time when you felt afraid. You practice the previous techniques, choosing fear as the emotion. For your initial session, you recall an event other than the flashback-inducing event, so you can sense a mild degree of fear. Eventually, you practice with a stronger degree of fear you recall from the flashback-inducing event. If in daily life the flashback happens, your well-practiced body-mind more easily returns to the present moment.

A “side effect” of this next Experience can be more pleasure perception!

BBMSW Experience “Sensing the Senses”:

When you’re eating something tasty, notice the flavor and simultaneously sense your midline for a few moments. Keep flavor awareness and let go of midline awareness. Add front awareness for a few moments.

Let it go. Add back awareness for a few moments. Release it. Add right-side awareness for a few moments; then release it. Sense your left side; after a few seconds release it. Add top-half awareness; release it. Add bottom-half awareness; release it.

On the occasion when you notice a visually-stunning scene, follow the same format. Connect your sense of sight with each laterality (in any order). When you’re listening to an enjoyable sound, sensing pleasurable touch, or smelling pleasant aroma, do likewise.

Commentary: If one of your personality areas is less aware of one of the senses and/or one of the lateralities, then practice with that sense and/or laterality.

If you have PTS, check if you have uneven awareness with sensing the senses. When you’re aware of a certain laterality, are you less aware of one of the senses? When you’re aware of one of the senses, are you less aware of a laterality? Practice simultaneous awareness with the less-familiar sense and laterality.

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To survive trauma, some of us with PTS had our senses heightened to be hyper-alert to danger. So that even when we are safer, we're burdened by being hyper-alert to unpleasant (but not dangerous) sights, sounds, etc. The hyper-alert mode can interfere with perceiving pleasant sensations.

We can consciously notice the beauty we encounter, using a "both-and" instead of "either-or" reality check. If I notice my PTS flaring from a non-threatening event, I sometimes say to myself "both-and" sentences. For example, "His comment against my activism was harsh. And he said he liked my song." As I review that situation, I include awareness of each body laterality (one at a time or simultaneously). We protect ourselves better, when we obtain a fuller assessment of any situation - instead of being limited to an all-negative distortion.

Try a "both-and" review of the day (or review of any time period). Simultaneously sense each laterality as you recall pleasures and challenges. For instance, "That jackhammer noise shook me up! And those flower blossoms I saw were gorgeous."

I find multi-laterality simultaneous awareness expressed in this traditional Diné (Navaho) Native American chant:

... Beauty before me, with it I wander.
Beauty behind me, with it I wander.
Beauty below me, with it I wander.
Beauty above me, with it I wander.
Beauty all around me, with it I wander...

DI DEFINITIONS

Even if you don't have DI, let's look at conventional definitions of DI terms. Knowing them will assist you in unexpected ways.

co-communication:

One personality area communicates to another (one-way or two-way communication).

co-consciousness:

One personality area is aware of what a different area perceives (one-way or two-way awareness). For instance, years ago when I tasted a particular food, I felt a strong liking of the flavor at the same time I felt a strong dislike of the flavor. Some of my personality areas liked the flavor, some didn't.

integration:

Two or more personality areas blend awareness or overlap their mind territories.

Example: an area that stored all of the person's anger permits a different area to have anger awareness.

Co-communication, co-consciousness and integration may include one personality area being aware of the thoughts and emotions of a different personality area.

fusion:

Two or more personality areas merge "completely" or become psychologically "welded" together.

Out of linguistic necessity, I use the above terms. But these definitions are limited and misleading. Where does reddish-orange stop and orangish-red start? There is no line that

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absolutely marks where one personality area ends and another begins. It's arbitrary what is co-communication versus co-consciousness versus integration versus fusion. I endeavor to use psychology definitions and concepts only enough to be more precise and practical with my communication to you.

It's not the presence or absence of DI phenomena that matters most. What matters more is how a person responds to change. A saying from Asian medicine is “the only constant is change.” The personality of someone without DI changes over a lifetime; so do the personalities of the person with DI.

The above DI phenomena are what people mean when they talk of people with DI “going crazy.” Most of us in temporarily dominant Western society have no cultural context except “insanity” for unusual perceptions not caused by drugs, concussion, epilepsy, etc. See the spirituality chapters for healthier concepts about unusual phenomena.

For emotional respite, practice non-dissociated observation with DI phenomena. Whatever the DI phenomena, embrace it as part of your natural healing process. Suppose you're noticing co-consciousness. Observe the effects co-consciousness has on the body and thinking process. Label the components or the expandings and contractings, as the co-consciousness increases and decreases. If you have thoughts or emotions about consciousness, label or observe them.

For immediate relief, it does not matter which area is having which thoughts/emotions or which area is consciously doing the non-dissociated observation. Eventually, you might want to discern which areas are doing what. But in the throes of giving psychological birth to your Self, all of you deserve relief from overwhelming intensities. If necessary, use non-dissociated observation with herbs, medications and other support.

Now, let's continue with techniques for easing PTS and/or DI.
BBMSW “Emotion-Lateralities Experience 2”:

Sit. Close your eyes. Think of any emotion to a mild degree. Observe directly the expandings and contractings of the emotion's effect on your body and thinking process. Let the observation be an ongoing background.

Add awareness of your midline. One by one, in any order, add an awareness of each of your lateralities (front, back, right, left, top, bottom). Become aware of all the lateralities at once. Be simultaneously aware of your lateralities, midline and the emotion background for a few minutes.

Keep the awareness going if you wish, as you open your eyes.
Commentary: It's okay if your simultaneous awareness isn't steady.

If you have DI, the previous two Experiences may familiarize all of you with being in the same body-mind. Without BBMSW training, initial co-communication or co-consciousness is probably more psychologically shocking and physically distressing.

If you have PTS, the previous two Experiences could assist your body-mind in handling flashback and non-flashback emotions in daily life

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Trauma hampers a brain region that enables us to think in words about emotions and choose healthy behaviors. But when we name emotions (with or without mindfulness meditation), that region activates more.¹⁴ Find your emotions and help your brain:

Emotion Adjectives:

Angry:

irritated, annoyed, cross, provoked, enraged, furious, irate, ireful, piqued, incensed, infuriated, fuming, vexed, indignant, exasperated

Afraid:

timid, anxious, apprehensive, fainthearted, fearful, jittery, jumpy, nervous, frightened, scared, alarmed, intimidated, terrified, panic-stricken

Sad:

depressed, unhappy, melancholy, downcast, dejected, low, sorrowful, gloomy, morose, glum, mournful, heartsick, crestfallen, disheartened, downhearted, blue, despondent, heartbroken, miserable, wretched

Happy:

cheerful, cheery, pleased, content, lighthearted, glad, delighted, joyful, overjoyed, thrilled, gleeful, elated, jubilant, exhilarated, exultant, exuberant, euphoric, ecstatic

In your life, you may have channeled an emotion into an activity: jogging to discharge anger or singing a blues song to let loose sadness. Emotion is “e-motion,” energy in motion, wave-forms. Not far from any emotion dwell other wave-forms of useful qualities. In the vicinity of anger dwells stubbornness. Near stubbornness is determination. Bordering fear might be the wave-form of mild interest. Depression might be neighboring calmness.

In the below “Emotions as Healing Powers,” you explore transforming some of an unpleasant emotion. I caution you against trying to transform all of an emotion. The emotion serves a function. Accept the emotion as it is; you can’t transform what you don’t first accept. If you have difficulty doing “Emotions as Healing Powers,” investigate emotion content in the self-hypnosis chapters.

Note that at some points in the “Emotions as Healing Powers” techniques, you’ll receive one of two possible answers. The bracketed, italicized sections help you proceed through one of those answers. Then you continue with the main technique that is not bracketed or italicized. As with any technique in this book, read through it before doing it. I provide a handy synopsis after each “Emotions as Healing Powers” Experience.

BBMSW “Emotions as Healing Powers Experience 1 (Transforming Anger)”:

Close your eyes. Recall when you felt a degree of determination. Recall how it feels in your body. Scan inside; observe how determination feels in each body region. Make a sensory reference for the wave form, the quality of determination.

A temperature sensory reference would likely be warm not cold. Notice the heat of determination for a few moments. Now, let go of your sensory reference and determination’s heat.

Recall a slightly frustrating event, to sense mild anger. Breathe your awareness into the body location where the mild anger is.

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It is good to have anger when it is truly needed for protection. Send an image, feeling or a few words of thanks to the anger.

If anger had temperature, it would be heat. Notice the heat.

With words, pictures or another way, ask some of the heat if it is willing to change from anger into determination. Tell and show it what the benefits could be if you had more determination to draw upon.

If “yes” some of the heat is willing to change, thank the willing heat.

[If “no” the heat is not willing, recall a time when you felt stubbornness. Make a sensory reference for it. Ask the anger heat if some of it is willing to change into stubbornness. Reassure that it can go back to being anger anytime. If the anger heat answer is no, thank it for letting you know it better. Gently open your eyes and end your session.

But if some of the anger heat is willing to change into stubbornness, stay aware of the willing heat and the sensory reference for stubbornness simultaneously. When you sense the willing heat has transformed into stubbornness as much as it wants, ask it if it’s willing to change a little more into determination. If it answers “no,” thank it for letting you know it better. Gently open your eyes and end your session.

But if it is willing to change into determination, proceed with the main part of this Experience]

The “willing heat” is ready for you to guide it to determination. Recall your sensory reference for determination. Sense the willing heat and the sensory reference simultaneously. When the heat has become determination/inner strength to the degree that it wants, rest there a few moments.

Ask the heat if it is willing to keep being determination. If the answer is “yes,” send appreciation, gently open your eyes and end the session.

[If the answer is “no,” thank it for communicating. Gently open your eyes and end your session.]

Synopsis: Thank the anger for its efforts to protect you. Ask anger heat to change into determination. If it’s willing, guide it with your sensory reference.

If it’s not willing, ask it to change into stubbornness. If it answers “no,” gently end your session. If “yes,” guide it with your sensory reference for stubbornness. Then ask it to change into determination. If “yes,” guide it with your sensory reference. If “no,” thank it and end your session.

Commentary: If you prefer an energy name other than “determination,” that’s fine. Pick a useful characteristic that seems “warm” or has a wave-form somewhat similar to anger.

In daily life, communicate inside. Encourage any excessive wave form to partly transform. With loving communication, you build up trust with any wave form and with personality areas or mental aspects associated with it.

BBMSW “Emotions as Healing Powers Experience 2 (Transforming Fear)”:

Close your eyes. Recall when you felt interest in something. Recall how it felt in your body. Scan inside; observe how interest feels in each body region. Make a sensory reference for interest. Then, let go of the awareness of interest and the sensory reference.

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Now recall a slightly frightening event, to sense mild fear. Breathe your awareness into the body location where the mild fear is.

It is good to have fear when it is truly needed for warning of possible danger. Send an image, feeling or a few words of thanks to the fear.

Ask some of the fear if it is willing to change into interest. Tell or show what the benefits could be if you had more interest to draw upon.

If "yes" some of the fear is willing to change, thank the willing wave-form.

[If "no" the fear is not willing, recall a time when you felt mild worry. Make a sensory reference for mild worry. Ask the fear if some of it is willing to change into worry. Reassure that it can go back to being fear anytime. If the answer is "no," thank the fear for letting you know it better. Gently open your eyes and end your session.]

But if some of the fear is willing to change, stay aware of willing wave-form and the sensory reference for mild worry simultaneously. When you sense the willing wave-form has transformed into mild worry as much as it wants, ask if it's willing to change a little more into interest. If it answers "no," thank it for letting you know it better. Gently open your eyes and end your session.

But if it is willing to change into interest, proceed with this Experience]

The willing wave-form is ready for you to guide it. Recall your sensory reference for interest. Sense the willing wave-form and the sensory reference simultaneously. When the willing wave-form has become interest to the degree that it wants, rest there a few moments.

Ask the willing wave-form if it is willing to keep being interest. If the answer is "yes," send appreciation, gently open your eyes and end the session.

[If the answer is "no," thank it for communicating. Mention that it can become interest again anytime. Then give it room to change back into fear. Gently open your eyes and end your session.]

Synopsis: Thank the fear for its efforts to warn you. Ask fear to change into interest. If it's willing, guide it with your sensory reference.

If it's not willing, ask it to change into worry. If "no," gently end your session. If "yes," guide it with your sensory reference for worry. Then ask it to change into interest. If "no," gently end your session. If "yes," guide it with your sensory reference.

Commentary: Pick a useful characteristic that has a wave form similar to fear. Years ago, I intuited that the quality of fear is similar to "interest." Later, I read scientific validation in You Have The Power: Choosing Courage In A Culture of Fear (see "Resources"); the chemicals the body produces during fear are the same ones as for curiosity!

BBMSW "Emotions as Healing Powers Experience 3 (Transforming Depression)":

Close your eyes. Recall a time when you felt a degree of calm. Recall how it feels in your body. Scan inside; observe how calmness feels in each body region. Make a sensory reference for calmness. Now release calmness and the sensory reference.

Recall a slightly depressing event, to sense a mild depression in your body. Breathe your awareness into the body location where the mild depression is.

It is good to have depression to let you know of a named or unnamed loss. Send an image, feeling or a few words of thanks to the depression.

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Ask some of the depression if it is willing to change into the wave-form of calmness. Tell and show what the benefits could be if you have more calmness to draw upon.

If "yes" some of the depression is willing to change, thank the willing wave-form.

[If "no" the depression is not willing, recall a time when you felt grief. Make a sensory reference for grief. Ask the depression if some of it is willing to change into grief. Reassure that it can go back to being depression anytime. If the depression is not willing, thank it for letting you know it better. Gently open your eyes and end your session.]

But if some of the depression is willing to change into grief, stay aware of the willing wave-form and the sensory reference for grief simultaneously. When you sense the willing wave-form has transformed into grief as much as it wants, ask if it's willing to change a little more into calmness. If it answers "no," thank it for letting you know it better. Gently open your eyes and end your session.

But if it is willing to change into calmness, proceed with the main part of this Experience]

The willing wave-form is ready for you to guide it. Recall your sensory reference for calmness. Sense the willing wave-form and the sensory reference simultaneously.

When the willing wave-form has become calmness to the degree that it wants to, rest there a few moments.

Ask the willing wave-form if it is willing to keep being calmness. If the answer is "yes," send appreciation, gently open your eyes and end the session.

[If the answer is "no," thank it for communicating. Gently open your eyes and end your session.]

Synopsis: Thank the depression for informing you about loss. Ask depression to change into calmness. If it's willing, guide it. If it's not willing, ask it to change into grief.

If "yes," guide it with your sensory reference. Then ask it to change into calmness. If "yes," guide it with your sensory reference. If "no," thank it and end your session.

AFFIRMATIONS WITH BBMSW

An affirmation works best when its wording is true, is in the present tense and in positive words. For instance, "more and more, I can relax my jaw" is much better than "My jaw is relaxed" if your jaw is tight. We examine affirmations in more detail in the self-hypnosis chapters. For now, let's finish this chapter by doing BBMSW with an affirmation.

BBMSW "Survival Affirmation Experience":

You have survived different events in your life. Think of a short simple affirmation that states that fact. If you can't think of words to affirm your survival, you can use "Yes, I did survive."

Close your eyes. Think of a visual symbol or image that represents the affirmation. Slowly say or think the affirmation a few times. Then contemplate your symbol for a minute or so.

Which is easier for you to use, the affirmation or the symbol? Start with the easier.

Think of your affirmation or symbol. Let it become an automatic background.

Add midline awareness for a few moments.

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Release midline awareness. Add awareness of your front a few moments.

Release the front. Add awareness of your back for a few moments.

Release it. Add right side awareness for a few moments. Release it. Add left side awareness for a few moments. Release it. Add top half awareness for a few moments. Release it. Add bottom half awareness for a few moments.

Release it. Notice your affirmation/symbol, as you slowly open your eyes. During your day's activities, revisit your affirmation/symbol periodically.

I want to acknowledge your willingness to travel through this chapter and through some of your inner territory that may have been unfamiliar. I commend you. Let's meet up for more empowerment in the other chapters.

¹ “Does Rejection Hurt? An FMRI Study of Social Exclusion” by N.I. Eisenberger, M.D. Lieberman and K.D. Williams Science Magazine Oct.10, 2003. Cited in You Have The Power p.126. See “Resources.”

² See www.healthjourneys.com for numerous references.

³ “The Psychobiology of PTSD” B.A. Kolk in Traumatic Stress (Bessel van der Kolk, Alexander McFarlane, Lars Weisaeth, editors) Guilford Press 1996; “Incubated in Terror: Neurodevelopmental Factors in the Cycle of Violence” Perry B.D. (1997) in Children, Youth and Violence: The Search For Solutions (J. Osofsky, editor) Guilford Press.

⁴ New York Times article “Complex and Hidden Brain in Gut Makes Bellyaches and Butterflies” by Sandra Blakeslee; www.heartmath.org; The Secret Teachings of Plants by Stephen Harrod Buhner includes information about the heart and non-brain organs’ perceptions.

⁵ “Neuropeptides and Their Receptors: A Psychosomatic Network” The Journal of Immunology vol. 135, no.2, 1985 by Candace Pert, Michael Ruff, Richard Weber and Miles Herkenham; “Healing Ourselves and Our Society” presentation at Elmwood Symposium by Candace Pert 1989 (unpublished); “The Chemical Communicators” interview of Candace Pert by Bill Moyers in Healing and the Mind.

⁶ www.heartmath.org; The Global Brain Awakens (see “Resources”). Theories about “morphic resonance” by Rupert Sheldrake and others about universal energy.

⁷ “Force” by Tijn Toubert (March 2005 issue of “Ode” magazine).

⁸ The Tao of Physics and The Dancing Wu Li Masters discuss how physics intersects wisdom traditions. Ervin Lazlow’s Science and the Akashic Field (see “Resources”).

⁹ “Symptom Pattern Differences for Perpetration-Induced Traumatic Stress in Veterans: Probing the National Vietnam Veterans Readjustment Study” Rachel Mary McNair, Ph.D. University of Missouri, 1999; Post Traumatic Stress Disorder (Matthew Friedman) Compact Clinicals, Kansas City, MO 2001

¹⁰ See www.healthjourneys.com or Invisible Heroes: Survivors of Trauma and How They Heal by Belleruth Naparstek (p.360 footnote 1, p.361 footnote 8).

¹¹ Appreciative Intelligence by Tojo Thatchencury and Carol Metzker (pub. Berrett-Koehler) p. 134 cites “The Undoing Effect of Positive Emotions,” B.L. Fredrickson, R.A. Mancuso, C. Branigan and M.M. Tugade, *Motivation and Emotion*, 24 (2000), 237-258.

¹² www.shinzen.org.

¹³ A dazzling video/DVD “Fractals: The Colors of Infinity” displays simultaneous expandings and contractings. See “Resources.”

¹⁴ “Brain Scans Reveal Why Meditation Works” by Melinda Warner, LiveScience.com, 6-30-07. UCLA researchers Matthew Lieberman and David Creswell found when subjects named negative emotions, the amygdala brain region calmed and the right ventrolateral prefrontal cortex region activity increased.

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Breath, Exercise, and a Great Hiccup Cure

Since this chapter reveals the healing treasures of breath, let me take you back to 1973, when I first bumbled into a life-changing, breath-education bonanza.

I, a 19-year-old UCLA newcomer and undergraduate vocal performance major, could barely whisper to the attentive graduate-level voice student, "The doctor said my voice will get better if I rest it. But -"

He interrupted, "Write what you want to say. Rest your voice."

I hastily scribbled, "The doc says I have to stop performing for awhile. But I really want to sing. I've got to get a good grade -"

"Who's your voice professor in beginning singing class?"

I wrote, "Mr. O."

"You're also in his musical theatre workshop and want to sing in those plays, right?" I nodded yes. "Get over to administration and switch to Professor M's beginning singing class. Did the doctor give you a note for Mr. O. so he won't flunk you for not singing as much?"

I again nodded. The grad student said, "He'll probably still tell you to keep singing: 'the show must go on' and all that. But don't you dare, if you want to keep your voice! You aren't required to have Mr. O. for beginning singing, to stay in his musical theatre. So change to Prof. M for singing."

I had previously glimpsed subdued Prof. M.'s portly physique in the music building hallways. So I had chosen trim, charismatic Mr. O. for singing. He had starred in big-time Broadway musicals. To the student I squeaked, "But Prof. M. sings classical. I don't wanna sing classical."

"Yeah, he was the tenor for the New York Metropolitan Opera. But his techniques are great for any style. The studios send their movie stars and rock singers to M., when they've hurt their voices. I know you want to sing musicals and pop songs right now. But you've got to think about the long-term... not just about getting applause this month. I hope you'll think of your future."

Unenthused, I nonetheless made the administrative change. A few days later, I reluctantly shuffled into my first class with my new singing professor. I thought, "Class with opera singer M. will be as dull as elementary-school etiquette class had been." Wearing suit-and-tie, Prof. M. stood at the room's front. Beside me sat a few music majors. Other students I didn't recognize were chewing-gum chomping, hulking fellows wearing varsity athletic jackets.

The professor spoke firmly, "Anyone who is chewing gum may wrap it in paper and put it in the wastebasket now. This is voice class - not a gymnasium locker room." The irritated athletes disposed of their gum and noisily flopped back in their seats.

Prof. M continued, "A very few of you have enrolled in this class to actually learn to sing. The rest of you are here because someone told you singing class is an easy way to fulfill your arts requirement." The athletes blatantly smirked.

"The smirk or the 'partial smile' of these varsity students does have a use in singing." Quickly, the smirks vanished. "But we will not be covering that today." With a pudgy

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finger, he signaled the most massive of the athletes to stand beside him. "Class, closely observe this demonstration. In a few moments, I will sing a single, sustained note."

Prof. M. placed his heels and back against the wall. To the athlete, he directed, "Place one of your palms here below the front of my ribs. Place your other palm on top of the first hand. This is where the diaphragm muscle can be felt easily. Do you feel that soft muscle moving toward my back when I exhale? Do you feel how this is not bone but merely muscle?" The student nodded.

"When I begin to sing, press as hard as you can. The wall behind me supports your pushing. I want you to push the exhale out of me. Try to make my note run out of air."

"Sir, I don't want to hurt you. I can push really hard."

"You are to push as hard as you can, with a single, constant pressure."

"But - "

"I will not give you a failing grade if you hurt me. I will fail you if you do not press with all your strength. I can tell if you do, so don't try to fool me. Put your feet and legs in a lunging position. That way, you can push with even more force." The student's powerful legs and back were now in the best position to flatten the "target."

"Begin the steady push with all your strength when I sing the note." To the class, he warned, "Do not do this to anyone. If the person doesn't press at the right place, the xiphoid bone could break and damage an organ."

The athlete blanched. He tried to lift his hands off M. But the professor clamped his own hands over them. "I've done this demonstration many times and never been hurt. Do you believe the university knows what they're doing by hiring me? Do you believe I know what I'm doing?" Grimly, the young man nodded affirmatively.

"I am glad you believe in me. I believe that you can follow my instructions correctly. I believe in you. Do you believe in you? Can you follow my instructions?"

The athlete answered with newfound self-confidence. "Yes."

M. took his hands off the young man's. "You have set aside fear in pursuit of learning. You have the courage that the best athletes have. Class, I want you to guess to yourself. How long can I, of medium size, sing when a tall football player is pressing against my exhale with all his might? Take into account the wall and lunging position adding to the football player's power."

Some students noted the time on their watches. M. inhaled deeply. He began to glow with a nearly-visible aura. His lips formed a half-smile - then his golden stream of sound emerged.

The athlete obediently started the steady, forceful push. His face grew red with effort.

The glorious sung tone filled the room, spilling through the closed door and into the hallway. The tenor, immersed within a muse's inspiration, expressed volumes with the wordless vowel. The note, with ever-changing nuances, soared on and on...

We students lost track of time, fascinated by the display. The athlete's arms and legs were shaking from the sustained push. The singer, immensely content, delved into worlds within the sound.

Eventually, the luxurious note ceased. Prof. M. told the athlete, "You may sit down." The panting student wobbled to his seat. The professor explained, "I have sometimes been accused of having body armor under my shirt. I ask the pardon of the ladies, as I lift my shirt." He pulled up his shirt - skin and no armor. Then he tucked his shirt back into

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his suit pants. His barrel-shaped torso was not flabby like I'd assumed. Beneath ample fat hid extraordinarily powerful muscles.

He elaborated, "The way I - and my teachers and their teachers - teach voice does not depend on brute strength. The slimmest young woman can develop vocal strength and breath power. Awareness matters more than strength. Awareness will bring you a special strength."

I enthusiastically learned from him. In less than one year, he placed me into his third-year advanced class. I began teaching my own voice students. As years passed, I sang diverse styles (except classical) for stage, radio, television, and recorded my own CDs that included a few songs about surviving trauma.

You needn't audition or pay university tuition, to benefit from this chapter's breath techniques. Over the decades, I enhanced vocalist breath techniques with physical therapy and breath exercises from martial arts and yoga. I adapted ancient techniques or invented some to assist trauma healing.

The nutrient oxygen in the breath is alkalizing. Too little oxygen results in an "anaerobic" (oxygen-deficient) environment "cell respiration." Two-time Nobel Prize winner cancer researcher Dr. Otto Warburg declared that the prime cause of cancer was anaerobic cell respiration. He recommended, as a cancer cure, deep breathing techniques.¹

Before doing the techniques below, check with a health professional if you have breath-related illnesses (asthma, emphysema, etc.), heart problems, or recent torso surgery or injury. Someone who has a fast heart rate (tachycardia) might have to skip the energizing techniques and do the relaxing pulse-slowng ones.

Breath exercises can greatly assist people with physical and psychological challenges - including PTS/DI, depression, anxiety, Attention Deficit, and alcohol recovery. Certain breathing techniques can work as well or better than medications.² Evidence points to increased "feel good" hormones prolactin and vasopressin, which are often low in people with depression and other conditions.³

Some subjects in a study of "battered women" were helped by speaking "witness testimony" to a trained listener. The other subjects instead practiced "pranayama" breath techniques. The results? The pranayama subjects had decreased feelings of hopelessness and gained self-confidence ("self-efficacy"). The group who did both the breath techniques and witness testimony improved most.⁴

By practicing this chapter's breath techniques with "one-pointed," relaxed concentration, I believe you'll gain a more comfortable brain structure and function that "all of you" deserve.⁵ All of you is still "you" (authentic), if your brain structure and function becomes more comfortable due to natural self-care.

Do you think you've lived with the trauma too many years to improve with breath? Vietnam veterans with PTS (who had neglected themselves for thirty years) benefited right away from breath exercise - dramatic relief from panic and other PTS symptoms.⁶

In addition to breath, below we visit exercise. We also learn a way to stop "hiccupps" (diaphragm spasms). Hiccups are folks' least favorite breath "exercise!"

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When someone with PTS/DI exercises body regions emotionally or physically associated with trauma, emotions might arise. Physical exercise can be an emotional healing tool. Before or during exercise (including breath techniques), you could silently or aloud say an affirmation about your safety or other helpful focus.

Examples:

- * "My pelvis is safe as I practice bladder strengthening techniques."
- * "My legs are exercising in the present moment."
- * "I exhale fear and inhale calmness."

An essential breathing muscle is the "diaphragm." Sit or stand. Imagine a dinner-plate sized muscle in the horizontal position at your nipple line during exhalation. When you inhale, the diaphragm contracts. It lowers 5-10 centimeters (1.9 to 3.9 inches).⁷ Lowering upon inspiration (inhalation), the diaphragm makes more space for the lungs. Air rushes in to fill that space. "Inspiration" is associated with the word "spirit."⁸ During exhalation, breathing muscles relax. Inhalation is an active process; exhalation is passive.⁹

A resting adult normally has 8 to 16 breaths per minute. An infant might normally breathe up to 44 breaths per minute.¹⁰ You can slow or speed up your ventilation (breath) rate, or deepen your ventilation depth.

Factors that increase rate and depth are prolonged (not sudden severe) pain, increased body temperature, or decreased blood pressure. Factors that decrease rate and depth are severe pain, decreased body temperature, or increased blood pressure.¹¹ When someone reaches 70 years old, the "vital capacity" (maximum air exhaled and inhaled) may decrease 35%.¹² Fortunately, we may increase vital capacity with exercise.

Breath retention (holding the breath) is another self-care tool. A short retention energizes and increases oxygen consumption 52%. A long retention reduces the oxygen consumption up to 19% and reduces the metabolic rate.¹³ "Burning up calories" is part of the metabolic rate.

Too often, people in the temporarily dominant culture learn unhealthy breathing patterns. "Soldier, suck in that gut, stick out that chest!" But chest breathing does not bring as much oxygen to our bodies as diaphragmatic breathing does. Chest breathing is harder on several muscles and on the heart.¹⁴ Overworked muscles and heart worsen anxiety and depression. Reclaim the belly with breath. Let your belly expand, regardless of size.

Improving Your Air Quality; Lessening Allergies, Asthma and Other Breath Challenges

For deep-breathing techniques, do them at the times when air is cleaner. Your local health department may know which hours the smog is less. Early morning hours (before the "rush hour" commute) and after rain or wind are prime times. Do breath exercise upwind from pollution sources.

For indoor air quality, indoor plants are my favorite "device." The plant chlorophyte (commonly known as spider plant, St. Bernard's lily, and zebra grass) clears a 30-metre space of 95% of numerous toxic fumes. It cleans out smoke poisons. It needs water as infrequently as twice monthly.¹⁵

Indoor Plants That May Remove Pollutants:

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Benzene: a pollutant found in synthetic fibers, tobacco smoke, gasoline, detergents, dyes, rubber, plastics, paints, oils and inks.

To help clear benzene from air, consider the plants Peace lily, Gerbera Daisy, Chrysanthemum, Warnecke, Janet Craig, Dracaena marginata, English Ivy.

Formaldehyde: This pollutant is in natural gas, cigarette smoke, adhesive bindings of floor coverings, fire retardant, waxed paper, grocery paper bags, pressed wood products, plywood, foam insulation.

For relief, decorate with the plants Mother-in-law's tongue, Chrysanthemum, Corn plant, Bamboo palm, Golden pothos, Spider plant, Philodendron, Azalea.

Trichloroethylene: It's used in the dry cleaning and metal degreasing industries; in adhesives, varnishes, paints, and printing inks.

Possible plant helpers include Dracaena marginata, Warnecke, Peace lily, Chrysanthemum, Gerber daisy.

Consider at least 1 plant per 100 square feet of space.¹⁶ Just about any green plant with large leaves contributes fresh oxygen and eliminates an array of pollutants. During times of less outdoor pollution, open the buildings' windows or doors. Turn on vents to bring fresh air in. Before you buy an air cleaner, learn which types work. Certain air cleaners give off the pollutant ozone, or create noise pollution via fans that can worsen irritability and interfere with sleep.¹⁷ See "Resources."

Breathe routinely through your nose not your mouth. Your nasal passages have tiny "hairs" and other features that filter out impurities and prepare air for your lungs. You can reduce allergies for better breathing. Dust mites live in pillows, overstuffed furniture, carpets, etc. Bear in mind allergy-proof covers and uncarpeted floors. Keep pets out of the bedroom and off the bed. Try vacuuming at least twice weekly. Mold (a common allergen) thrives in humid places.¹⁸

HEALTH "MIRACLES" BY RINSING YOUR NOSTRILS

Instead of energy-gobbling dehumidifiers and air conditioners, buy a nasal irrigation or "neti" pot. It looks like an oddly-shaped, small teapot. People in India and elsewhere use it or other "nasal irrigation" means. Reduce your allergies, sinus infections, and susceptibility to the common cold (rhinitis or rhinosinusitis), flu, by rinsing your nasal passages and sinuses twice daily. Find a neti pot at health food stores and internet businesses.

Airborne viruses, bacteria, and allergens stick onto the inside of the nose. Rinsing nasal passages clean makes hygiene sense. Studies prove nasal irrigation's effectiveness.¹⁹ Though some M.D.s offer nasal irrigation via machines, you might not need it, if you do daily nasal hygiene.

Some people have rinsed their nasal passages at home with water-pulsing gum irrigation devices such as a Water Pik® - with or without a Grossman Sinus Irrigator Tip Water Pik® attachment.²⁰ But pulses of water can be uncomfortable and less thorough than a neti rinsing. Saline water spray and snorting water are less effective.

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Who should not do nasal irrigation? If you have a moderate to severe sinus headache or a stuffy nose, first use just enough decongestant spray to somewhat open your sinuses. Then do nasal irrigation. If you have a deviated septum, get corrective surgery first. Nasal irrigation is generally okay to do if you have septal perforations or nasal polyps.

If you survived trauma related to your nose, throat or breathing, do emotional preparation. Do relaxation or take relaxing herbs before you rinse. Do affirmations (e.g. "I am safe as I rinse my nose").

Your neti supplier likely has directions or videos that explain how to do it. However, they might not be as clear as my neti instructions I present here. My neti is ceramic and fits in my hand. It has a spout at one end where the water will pour out into my nostril. It holds about $\frac{3}{4}$ cup of water. I use warm (not hot) bathroom sink tap water. I add almost $\frac{1}{4}$ teaspoon table salt to the water for more cleaning effect and to buffer the tap water's chlorine. Do not nasal rinse with tea, essential oil, or cayenne peppered water!

Certain people like to use filtered or distilled water and sea salt (or $\frac{1}{4}$ teaspoon salt with $\frac{1}{4}$ teaspoon baking soda). I like the convenience of tap water and table salt. Neti liquid is not important regarding nutrition.

For these directions, I'll rinse my left nostril first. If one nostril is stuffy but the other is clearer, start your rinse with the clearer nostril. I breathe through my mouth during the rinse. I lean my head over the sink.

I turn my head so my right ear is horizontal to the sink. I keep the tip of my nose slightly higher than my mouth. If my nose is too much higher than my mouth, then water will go down my throat. It's okay during neti rinsing to briefly close your mouth to swallow your saliva. Keep the neti water pouring and your head in position during swallowing!

I put the neti spout about $\frac{1}{4}$ th inch into my left nostril. I tip the neti so a steady stream of water enters my left nostril. The stream goes up into the sinuses. The water drains out the opposite nostril. I use about half the water in the neti for that left nostril. If needed, I add more water to my neti pot so I have a half-pot full for the next nostril.

I now hold the half-filled neti pot in my right hand. I turn my head so my left ear is horizontal to the sink. I keep the tip of my nose slightly higher than my mouth. I pour a slow, steady stream of water into my right nostril until the neti pot is empty. The water drains out the opposite nostril (my left nostril). I let it drain all the way out.

I still breathe through my mouth, as I turn my head so both nostril openings are down toward the sink. I close my mouth and exhale somewhat forcefully through both nostrils simultaneously. If a discharge feels stuck in one nostril, I might close off the opposite nostril and blow out the discharge.

Look at any discharge in the sink. If it's clots of blood or pus, you may have a sinus infection. Wash the neti with hot water and soap. There's no danger of rinsing several times a day, to assist with a common cold or other illness. Unlike nasal decongestant sprays, you can't develop an addictive tolerance. For non-illness hygiene, rinse once in the morning and again in the evening. In addition to my twice-daily rinsing, I rinse after I've been exposed to airborne irritants.

MORE BREATH ALLIES

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What else might relieve sinus congestion or sinus infection? In a Swedish study, researchers discovered that when their test subjects hummed just a single note, the subjects increased their sinus ventilation. Better ventilation means healthier sinuses. Try humming a few seconds each morning and evening.²¹ Intriguing, humm?

Snoring is often caused by nasal congestion. During snoring, the soft palate vibrates, due to partially blocked airflow. The following factors increase snoring: being overweight, drinking alcohol or smoking, or sleeping on your back. If you fall asleep in the daytime (while driving, working, etc.), see a medical doctor who can check for sleep apnea or narcolepsy. Those two conditions can be life-threatening.²²

To dramatically reduce the volume and frequency of snoring, sing for fun (off-key is fine). Singing firms flabby upper airway muscles. When those muscles are firmer, they're less likely to hang down and vibrate.²³

Someone who snores could use a nostril strip or an expander that widen the nostrils. Breathe Right® strips and similar strips (at drugstores) look like small adhesive bandages. The package directions show you where on the bridge of the nose to place it. Be sure to wash and dry your nose skin, before applying.

To reuse a nasal strip to save money, you need a piece of coated paper at least the size of a nasal strip. Postage stamps peel off coated paper. Playing cards may be coated paper. Very slowly peel the strip off your nose so its adhesive clings to the strip. Lay the strip sticky-side down on the coated paper. With your fingertip, rub over the strip, so it sticks firmly.

When you want to use the strip again, very slowly peel the strip off the coated paper so the adhesive sticks to the strip. A different method is to apply double-sided adhesive tape to the sticky side of the strip. Wear nasal strips, to wean off addictive nasal decongestant sprays or to breathe better.

A nostril expander (not strip) is the Nozovent®. You place it slightly inside the nostrils. See "Resources" for suppliers. The Nozovent® is plastic, washable and reusable many times. Some ear, nose and throat doctors offer reusable expanders customized to fit your particular nostrils.

TOUR YOUR BREATH

Take this tour at least one hour after eating so your stomach is not full of food. If you have spine pain, get professional advice before doing the spine "curl-uncurl" below. If you are able, please tour while standing; stand with feet shoulder-width apart.

POSTURE:

Correct posture is not the rigid "military stance" flattened-out spine curves. Spine curves allow the body maximum functioning. Imagine you're a puppet on a string, with a supporting string attached at the top of your head. Your weight is held up for you by the string. Fantasize reduced gravity.

A "Spine Curl-Uncurl" stretches back muscles. Think of your spine bones (vertebrae) as blocks stacked on each other. Bend your knees slightly. Bend from your waist. Let your arms and head dangle. Your upper body is "curled."

Stack the block closest to the spine base onto the spine base. Stack the next block on top of the second block. Keep stacking each block, one at a time, onto the previous block. Finally stack your head on top. Fantasize roominess between blocks.

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SHOULDERS:

Lift your shoulders up toward your ears. Keeping them at this height, move them towards your back. From there, let them drop. Feel the stretch across the top of your shoulders. Drop the tension.

BUTTOCKS:

Bend your knees slightly. If you stick your butt out behind you, it strains the back and make less room for breath. So move your butt in the opposite direction. Slightly tilt the pelvis under your torso. High-heel shoes force the butt to stick out; choose body-friendly shoes.

This "Natural Breath" Technique can calm yet energize you and increase your breath capacity. Place one hand just below your navel. Imagine your belly is a balloon. Fill the balloon with your inhale; inhale into that belly hand. Exhale. Repeat a few times.

Place your hands onto the lower ribcage of your back. Fill your lower back ribcage, with the inhale. Exhale when you need to. Repeat a few times.

Place your hands on each side of your torso over your ribs. Inhale; feel the slight expansion. Exhale. Repeat a few times.

Now place your hands anywhere on your three-dimensional breath. For a few inhales, sense your front, back and sides.

Surf the "waves" of breath now. Place one palm on your belly. Place the other palm on your chest. Let your inhale start in your belly and then add the inhale in your chest. Exhale. Repeat a few times.

Keep your hands where they are, and include the lower back then the back of your chest. Exhale. Repeat a few times. Add the torso sides. Repeat a few times.

Explore the exhale now. Allow your exhale to begin at your chest and end with your belly. Inhale when you need to. Repeat a few times.

If you watch a sleeping baby or a very relaxed adult, look for this 3-D wave of breath. Anytime, gently bring your awareness to your natural breath. Use the touch of clothes to sense the three-dimensions of belly and chest.

To lessen PTS/DI or stress symptoms, start each inhale in your belly, as in the above natural breath. From that belly start, the rest of the natural breath will follow. Wear clothing loose around the waist to breathe fully. Think "belly." Do a few seconds of natural breath here and there during each day. Soon your natural breath becomes automatic.

The previous and upcoming techniques can be done on an advanced level. Employ the BBMSW or self-hypnosis chapters, to help more of "lateralities" or personality areas participate. An advanced level can also be done via more repetitions.

"Pleasure with Breath" Technique

Many of us with chronic pain or PTS/DI have a pattern of noticing pain and being hyper-alert to the unpleasant aspects of the outside world. We might exclude the pleasant from our awareness. This pattern distorts perception, causing a flood of stress- and pain-inducing body chemicals. Each breath gives us an opportunity to safely sense pleasure. With practice, pleasure will become easier to sense.

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Sit or lie down. If you lie down, put a pillow under your knees. Open your eyes, if you feel sleepy. Whatever way you’re breathing is fine. If your breath changes, that’s okay. Inhale and exhale whenever you need to.

On each exhale, notice how your breathing muscles let go. Exhaling takes no effort. Receive the relaxation pleasure of the exhale for several breaths.

On each inhale, there’s the pleasure of the oxygen. Your body starts to hunger for the oxygen. Inhale and notice the immediate pleasure of oxygen. For several breaths, focus on the pleasure of the oxygen. Now notice both pleasures of the exhale and inhale.

Commentary: You (or one personality area) might feel the exhale pleasure (muscle relaxation) more than the inhale pleasure (oxygen) or vice versa.

“Horizontal Breathing” Technique

This technique strengthens the low back and breathing muscles without using the neck’s muscles. Keep your neck muscles relaxed as you do it. The technique also reduces pain and anxiety.

Lie down on your back. Raise your knees. As you inhale, notice how your diaphragm pushes up toward the sky and against your stomach. As you exhale, the diaphragm goes toward the ground and away from your stomach.

During your inhale, slightly exaggerate the arch of the low-back lumbar curve. You might feel your feet pushing toward the ground, to slightly lift your low back. During the exhale, slightly flatten your lower back against the floor.

Do several repetitions. If your back feels no discomfort the next day, gradually increase the degree of arch exaggeration and flattening.

“Be Breathed” Anti-Technique

Do this anti-technique (even when you’re not feeling rebellious) anywhere; no one can tell. It will increase daytime calmness and muscle relaxation. When you’re asleep, your body breathes for you. For the anti-technique, let go of any effort with your breath. You are being breathed by that something (life force, nature, whatever you wish to call it).

Observe and feel the process of that something causing your breathing muscles to move and to relax. If your breath changes during this process, let that happen.

Commentary: This anti-technique is an active observation and sensing practice. It may expand your “cosmic consciousness” and makes a fine meditation.

“Imaginary Straw and Feather” Technique²⁴

This technique increases breath capacity and control. Read the mild versions below, so you can decide which way to practice.

Sit or lie down with knees raised. Pull your belly in as far as possible then thrust it out as far as you can. Do this a few times.

Now exhale completely out your mouth as you pull your belly in as much as possible. Immediately inhale through your mouth (like a short gasp) as you push your belly out. Repeat a few times.

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Keep your shoulders relaxed for this next segment. What you'll do in a moment is fill your belly, then your chest, and then your throat with air. Then you'll exhale in a special way. These steps are done through the mouth not nose.

1. Exhale fully as you pull in your belly.
2. Inhale through your mouth with a quick gasp as you push your belly out.
3. Keep the belly air, as you inhale a little more slowly to fill up your chest.
4. Purse your lips and suck air (as if through a drinking straw) into your throat to fill it.
5. With pursed lips, very slowly exhale. Imagine a tiny feather is floating in front of them. Keep that feather aloft with your long exhale. Exhale the throat-air then the chest-air. Then pull in your belly as you exhale the belly-air.
6. Wait at least a few minutes (breathing normally) before doing it again.

If you felt somewhat faint or dizzy, do a mild version. Exhale through your pursed lips with moderate instead of gentle force, and exhale more quickly. Another mild version is to exhale a portion of your breath through wide-open mouth.

Options to imagining the feather:

- * Imagine you're blowing through the narrow mouthpiece of a wind instrument.
- * Actually play a reed instrument.
- * Sing a pitch on the vowel "ew" (as in "chew") keeping your lips pursed.

HOW NOSTRIL DOMINANCE AFFECTS YOU

Throughout the day and night, each nostril takes a turn at being "dominant." More air flows in and out of the dominant nostril than the other nostril. Such a "nasal cycle" happens each 25 to 200 minutes.²⁵ Both nostrils are equally open around dawn, midday and sunset.²⁶ Suppose one nostril is dominant a lot more than the other nostril? It may worsen blood pressure, heart rate, cancer, atherosclerosis, joint inflammation, intraocular (eye) pressure, learning disabilities, and emotional well-being (including symptoms common in PTS/DI).

Fortunately, it's easy to purposely breathe through only one nostril for a minute or more daily, to help balance body and mind.²⁷ Studies have shown with "alternate nostril breathing" exercises, the above conditions listed as well as asthma can be improved dramatically.²⁸ Roger Jahnke, M.D. concludes that deep sleep comes more easily by breathing for a time via the left nostril.²⁹

Below is a simplified synopsis of the likely effects of nostril dominance or of purposeful single-nostril breathing exercise.

Nostril Dominance/Nostril Breath Exercise Correlations

<u>Left Nostril</u>	<u>Right Nostril</u> ³⁰
more open when right brain active.....	more open when left brain active
right brain hemisphere.....	increases activityleft brain hemisphere
parasympathetic nervous system...increases activity.....	sympathetic nervous system
relaxation.....	increases.....fight-flight-freeze response
deep and starts sooner.....	SLEEP..... less deep, starts later
calms (anti-anxiety).....	EMOTION.....energizes (anti-depression)
creativity.....	increases.....analytical skills
spatial orientation.....	increases.....verbal skills

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spatial memory.....increases.....logic ability
 slows heart rate.....HEART.....increases heart rate
 lowers blood pressure.....HEART.....raises blood pressure
 dilates blood vessels.....HEART.....constricts blood vessels
 more strength per heartbeat.....HEART.....less strength per heartbeat
 raises intraocular pressure.....EYES.....lowers intraocular pressure

What if you're dealing with imbalances that relate to the "left nostril" category and the "right nostril" category (for example, anxiety and depression)? You might do a few repetitions of "Single Nostril Breathing" (below) with the nostril that may ease the worst of the two symptoms. An excellent technique for just about anyone is "Alternate Nostril Balancing" below, which may improve brain hemisphere balance and communication.

"Alternate Nostril Balancing" Technique:

1. Block the opening of your right nostril without pinching the narrow nostril sides, by placing the pad of either thumb across the opening.
2. Slowly inhale through the left nostril.
3. Retain that inhale (hold your breath) 1-2 seconds, as you unblock the right nostril.
4. Block the left nostril with either thumb-pad. Now slowly exhale out the right nostril.
5. Slowly inhale through the right nostril. Hold your breath 1-2 seconds. With either thumb pad, block the right nostril. Now slowly exhale out the left nostril.
6. You just completed one "round." After 3 to 5 more "rounds," unblock both nostrils.

Commentary: See the aromatherapy chapter for alternate inhaling of aromas.

Instead of time's seconds, let's now use "count." A count is your personal sense of time. In some techniques, I wrote "slowly" breathe. Your slow count might vary over time. Count silently.

"Return to the Present" Technique (for preventing or lessening a PTS flashback, or to orient a personality area to the present):

Block the right nostril. Inhale through the left nostril for a count of four. Hold the breath for a count of two. Block the left nostril. Exhale out the right nostril for a count of four. Hold the breath for a count of two. Inhale through the right nostril for a count of four. Hold breath for a count of two. Block the right nostril. Exhale out the left nostril for a count of four. Repeat rounds as needed.

Synopsis: Inhale left four; hold two. Exhale right four; hold two. Inhale right four; hold two. Exhale left four; hold two. Repeat sequence as needed.

Option: Simultaneously sense your same body side as your inhale then your exhale.

Option: sense your midline.

Option: use a calming aromatherapy with or without the other options.

Commentary: By simultaneously sensing a body side, you engage the whole body in a unique way. See BBMSW chapters. An aroma engages your present-moment sense of smell.

"Single Nostril Breathing" Technique:

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1. Block the nostril you don't want to breathe through; slowly inhale and exhale through the other nostril. Do 5-10 rounds (inhale-exhale = 1 round).

2. End your session with 1-3 rounds of "Alternate Nostril Balancing."

Option: Do as before and add awareness of the body's same laterality (left nostril + left side or right nostril + right side). In a different session, as you breathe through the single nostril, notice your body's opposite laterality. Which way worked best for you that day?

Option: Add inhaling an aroma compatible with that single nostril's effect. See aromatherapy chapter.

Breath retention (holding the breath) can create helpful effects. Retention can be after the inhalation or the exhalation.

To energize yourself and decrease depression:

After you inhale, hold four to six counts. That short inhale retention (count of four-six) may increase the oxygen consumption and metabolic rate up to 52%.

A long inhale retention may lower oxygen consumption and metabolic rate by 19%. To calm yourself and ease anxiety, do a long inhale retention from six counts up to a comfortable maximum capacity.³¹

Do you often breathe shallowly and hold your breath due to fear or depression? I suggest you don't do long retentions, until you can routinely inhale deeply and fully (as in the "Natural Breath" technique).

Combine breath retention with the alternate or single nostril breathing. If done for relaxation, inhale six counts, hold for seven counts, and then exhale six counts. If done for energizing, inhale four counts, retain two counts, and then exhale four counts.

The slower the inhalation and exhalation = the more calmness (anti-anxiety).

A long retention = calmness (anti-anxiety).

The faster the inhalation and exhalation = the more energy (anti-depression).

A short retention = energy (anti-depression).

"Breath Cleansing" Technique (to boost alertness or ease depression)

1. For a few moments, sense your current breath. Sense degrees of shallowness or depth.

2. Vigorously exhale out both nostrils, pulling your belly in as you exhale. Let your inhale (through nose) quickly fill your lungs.

3. Repeat step 2 about 5 to 10 times.

4. Inhale deeply and hold it for a comfortable length.

5. If you're not perspiring or fatigued from the breath cleansing, if you wish you may repeat steps 3 and 4.

Commentary: This technique is traditionally called "cleansing," since oxygen and perspiration are natural ways to encourage the body's cleansing processes.

Here's another version of breath cleansing. On the inhale, quickly raise and extend your arms straight up over your head and spread your fingers apart. This arm position (slightly raising shoulders) may let the upper lobes of the lung fill up more completely.³²

Breath ratios means the inhale length compared to the exhale, and the length of the pause before the next inhale. Ratios may influence body and mind in various ways. Some

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people state that a ratio goal is a short inhale, an especially long retention, and a moderately long exhale. For instance, "Alternate Nostril Balancing" with the ratio 1 (four-count inhale) : 2 (eight-count retention) : 1 (four-count exhale). That is a 1: 2 : 1 ratio. Certain people aim for a more advanced long-term goal of the ratio 1: 4: 2.³³

The breath-ratio theory is that as a person utilizes oxygen more effectively, a less long inhalation is needed. Advanced yoga practitioners, meditation adepts, or superb athletes have been observed to naturally breathe with such ratios. It's possible that practicing an exercise with a longer exhale than inhale count creates relaxation.³⁴

Instead of getting attached to breath-ratio goals, let's notice breath process. Next time you feel emotional or physical discomfort, observe (don't change) the breath ratio. Time the ratio (seconds) or count. Rate the degree of discomfort from 1 to 10 (10 being the worst you've ever experienced).

Whenever you feel a different degree of that same type of discomfort, observe the ratios again. Are they the same or different? Experiment with ratios when you practice "Alternate Nostril Balancing" or "Single Nostril Breathing." If a certain ratio makes all of you more comfortable, use it.

If you practice a suitable breath technique, you'll get some degree of almost-instant body-mind benefits. At first, the benefits might last anywhere from a few minutes to hours. With daily breath awareness, those benefits can last longer and be stronger.

Play with breath exercises to decrease your need for herbal or prescription medicines. Let's say you've been taking the right dose of the herb Kava. Your depression has eased considerably. You start practicing anti-depression breath techniques. You feel even better. You try reducing the Kava dose, to save money. If needed, you increase the dose.

DOING AWAY WITH HICCUPS

A hiccup is a spasm of the diaphragm, often caused by irritation of the gastrointestinal tract.³⁵ Some folks with no excess stomach acid problem may get hiccups due to postural or muscle imbalances or anxiety. The hiccup remedy that's worked the best for me, my voice students and health clients was my improved version of a remedy I read about decades ago.³⁶

HICCUP REMEDY

Summary: sip water from the "opposite side" of a glass, while bending at the waist. By bending at the waist, your diaphragm is in a particular position. You're swallowing, without as much help from gravity as when you're upright.

Detailed Instructions:

1. Don't talk; don't move unnecessarily, until you're done with this cure! At a sink that has a faucet, fill a drinking glass almost full with water.
2. Bend over the sink from your waist. Don't bend lower than a 90-degree angle to your hips. If you feel low-back strain, bend your knees slightly. Put the glass of water up to your lips.
3. Take small frequent sips from the side of the glass opposite your body. So you sip from the side that's opposite from the side you usually drink. Sip small, frequent amounts. If your glass water-level gets too low, fill it with water from the sink faucet. If the hiccups occur more frequently, then sip more frequently. As the hiccups slow down, sip less frequently.

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4. When the hiccups have been gone at least thirty seconds, don't sip for at least thirty seconds. If still no hiccups, slowly stand straight.
5. Wait two-three minutes. If no hiccups, slowly turn. Slowly walk away from the sink. If hiccups begin again, do the same technique but wait longer before slowing the rate of sips.

Suppose at a different time you sense that hiccups might start? If you're sitting in a straight-back chair or standing, bend slightly from the waist. To keep you upright at this bent angle, let your back muscles work more than your torso's front muscles. Inhale frequent brief breaths as often as you need. But keep each inhale brief. If you feel a hiccup impulse start, swallow (with no water).

GENERAL EXERCISE AND PTS/DI

Smile Exercise

People in chronic pain, depression or anxiety might not smile very often. Facial muscles can atrophy or become imbalanced. The first exercise is to purposely smile, to strengthen facial muscles and induce mood-lifting body chemical and nervous system responses. After smile exercise, retain any degree of a pleasant emotional state and a slight smile, if possible.

This retention of pleasant emotion is different from an unhealthy repression of grief (depression) or fear (anxiety). If you can't retain the post-smile pleasantness without tensely repressing grief or fear, then let go of the pleasantness for now. Smile exercise is not meant to encourage falseness or emotion repression. Rather, it's for muscle exercise and possibly a boost of mood-balancing body responses.

For a minute or so twice daily, make a large smile regardless of your thoughts or emotions. Make the smile for a few seconds; let it drop. Repeat throughout the minute or so. If it's difficult, start with a smaller smile. If a small smile is difficult, consult with a biofeedback technician who's trained in "smile therapy." With audible or visual biofeedback, your muscles may relearn the skill.

Other Body Regions

Here are exercise gems you might not otherwise encounter. For more exercise information, see "Resources." Are you limited to lying down or sitting in a chair, or greatly dislike exercise? A common incorrect saying is "no pain, no gain." The truth is there are practical reasons not to do exercise in such a way that increases pain. Pain may signal that physical and emotional damage are being done.

Some of us with PTS/DI or chronic pain at first have difficulty knowing when a sensation is a warning sign. We might be hyper-sensitive and misinterpret safe sensations as "pain." There are scientific reasons why we may initially feel confusion about body signals.³⁷ But we can quickly learn to accurately discern.

A few of the benefits of correctly-done exercise include:

- * reduction of pain, depression and anxiety
- * reversal of age-related cognitive decline (improving memory, learning, etc.)
- * reduction of excess body fat

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- * increased bone density (less osteoporosis risk)
- * improved function of the cardiovascular and other body systems.³⁸

If you're dealing with a serious physical condition, consult a physical therapist or certified fitness trainer for tailor-made exercises. If you're having acute symptoms (such as a fever), or recovering from surgery or injury, get your health professional's opinion before doing exercise. When in doubt, do less. If the next day your body gives you positive feedback, then do slightly greater activity.

Let's meet exercise's trio: flexibility, strength, and aerobic fitness. Flexibility is a muscle's ability to stretch (lengthen) and contract to best fit a task. Strength is a muscle's power. Aerobic fitness develops when large muscle groups (e.g., back, legs) move for at least 20 minutes, at an intensity which increases the metabolic rate. The heart and lungs increase the transport of oxygen, blood and other nutrients. The aerobic activity needs to be done 3-5 times weekly, to best develop aerobic fitness.

Some trainers say the "aerobic target rate" pulse is 180 minus your age; for a 40-year old, it's 140 heartbeats per minute. A trainer might suggest buying a heart-rate monitor. Or each 10 minutes during exercise, take your pulse for fifteen seconds and multiply by four.

But a monitor might be expensive and inaccurate. The age-based target rate might not fit each individual. I suggest this aerobic self-monitoring option. Use at least your back and legs for at least 20 minutes, at an intensity so you breathe faster and deeper but not so you're out of breath. You should be able to speak an average sentence on a single exhale.

Aerobic: puff, puff "I think this an aerobic rate for me." puff, puff.

Not aerobic: puff, puff, "I-" puff puff "think-" pant pant "this speed" gasp puff.

Not aerobic is being able to speak 3 or more long sentences on each exhale.

Hatha yoga (body movements and poses) might seem to merely enhance flexibility. But to support every pose, muscles are active. When poses include large muscles and breath awareness, then aerobic fitness increases.

What's the best exercise? The one you'll do! Pleasant sights or music during exercise can motivate us. If lonely, consider activities where other people are within sight. Limited income? Consider activities that don't require expensive equipment or fees. Limited time? Sneak exercise into everyday tasks (e.g., climb stairs instead of ride elevators).

Breath exercise, smiling and massage provide some degree of exercise benefits:

BREATH EXERCISE:

Flexibility is increased since breath muscles are more fully stretched and contracted during breath capacity-building. Strength is increased by breathing and support muscles' activity. Aerobic fitness may occur since torso muscles, heart and lungs are active.

SMILING:

Smiling prompts the body to produce more healthy substances. With adequate amounts of these substances, the muscle movements might not need to be as active in order to create flexibility, strength or aerobic fitness. From smiling, the brain and nervous system have shifted more toward a sense of well-being, which improves circulation. Better circulation = warmer muscle. Warmer muscle = more flexibility range and strength capacity.

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MASSAGE:

Massage therapy has been shown to increase circulation and muscle tone, decrease pain, depression and anxiety, and provide other physical and emotional benefits.³⁹ The massage style that I consider most suitable as an aerobic exercise adjunct is "Swedish massage" (strokes toward the heart, done with lubricant).

Regardless of your physical condition, you can exercise whichever muscles you can voluntarily move. You can also allow someone to move regions of your body for you. Passive movement assists circulation, muscle tone and flexibility.

Emotional Comfort and the Hidden Power of Gentle Exercise

You're in control of your exercise. Consciously affirm that fact. For instance, say aloud or silently, "I'm safe. I decide how far to stretch my leg."

If you have a physical condition that limits your muscle actions or perception, affirm a helpful fact. Examples: "I'm safe as I let my therapist move my leg." "I'm safe even if my arm shakes." "I am courageous enough to learn about holistic self-care."

I and some other health professionals believe that even gentle exercise (tai chi, slow walking, etc.) can potentially bestow as much of certain benefits as does vigorous exercise. Some people who never fulfilled the scientific requirements of pre-conditioned "aerobic exercise" displayed remarkable aerobic fitness. They did slow-style tai chi, meditation, conscious breathing or other practice. They could haul heavy loads and briskly walk up steep mountainsides or perform other aerobic feats.

Science proves we can build muscle size and strength by "mentally rehearsing" an exercise; neural pathways are activated and body structures can respond. If you can exercise, mentally rehearse during it.⁴⁰ See the self-hypnosis chapters for tips.

Roger Jahnke, O.M.D. describes that if we are exercising while in "adrenaline mode," potential benefits of the exercise are cancelled out by the stress.⁴¹ By mentally relaxing during exercise, I suspect the parasympathetic nervous system is engaged. I think it's then likely that oxygen nourishes the body more effectively.

Vigorous exercise offers the most benefits if you're in a non-competitive state of mind. You can even do so-called competitive events (e.g., running contests), as long as you practice cooperation with your body-mind. It's not worth a piece of metal (contest medal) to regularly ignore body needs and signals.

Try an experiment. Measure your current exercise performance (e.g., pounds lifted, miles run). For 4 to 6 weeks, practice pre-exercise relaxation (see other chapters) for at least five minutes. Keep relaxed as much as possible during the exercise. Measure your daily performance. Jot down any benefits (e.g., "last night slept better"). What do you notice after 4 to 6 weeks?

Making Up Your Own Exercises; Manual Labor as Exercise

Whether you're pushing a barbell or a vacuum cleaner, approach your labor as exercise. How might you avoid injury and feel better? Warm your muscles by doing pre-exercise stretching. Apply a hot water bottle or other heat over your heart, drink hot liquid or take a hot shower. Warm blood then pumps to your whole body. You can warm muscles with a few minutes of mild level aerobic activity (e.g., walking around briskly). Warm muscles

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stretch and respond better to strengthening and aerobic exercise. If you have a joint or muscle condition, this warming is essential to avoid pain.

Then it's time for stretching. Do not bounce or jerk a muscle during a stretch! Such a mis-maneuver strains the muscles and joints. How might you design stretches? Many muscles attach at a joint. Gently stretch the muscle in its natural direction. For example, you could lie on your back and bring one leg up toward your chest with knee bent. Ease the muscle to its everyday limit then ease a little further. Hold the stretch for 30 seconds.

How do you know if the sensation during a stretch is a warning signal? Often described by my health students, "A correct stretch is the good kind of hurt not the bad kind." With time, you'll discern between the pleasurable safe stretch versus the unpleasant warning pain. There's evidence that safe stretching (e.g., during yoga poses) increases pain-relieving endorphins.⁴² There may be times during rehabilitation when even the usual flexibility range hurts significantly. Here's where you need a health professional to guide you. The willingness to work with healing pain springs from the self-loving impulse to physically recover.

Suppose you've warmed then stretched the muscles you want to "aerobicize" and strengthen. Favorite aerobics include walking, water exercise, and dancing. If you can't do typical aerobics (e.g., walking, swimming, dancing), move what you can. Do deep natural breathing as you move up to twenty minutes. Maybe you only manage two minutes the first day. See how your body does with thirty seconds more each time.

Walking is safer on the joints than jogging. A suitable walking shoe has an ample toe box, a low yet supportive heel cup, and flexes at the ball of the foot. Breathable mesh and leather or leather-like durable material is worthwhile. A joint-gentler walking surface in town is asphalt not concrete. Asphalt is an easier surface than a soft surface (such as grass, sand, loose dirt, wood chips).

If you walk on a soft surface, pay attention to your feet and ankle movements. Walk a little slower than you would on asphalt. To increase workout intensity, take quicker but short steps, to reduce the risk of strained muscles or joints. Avoid getting chilled from sweat-soaked clothing. Wear one or more layers that you can take on or off during aerobics. Whether you're walking or dancing, have at least one foot in contact with the ground and avoid joint-jarring jumping.

Water Exercise

Water exercise is an aerobic option (unless you have a skin infection or open wound). You don't need to know how to swim. Do you have arthritis, fibromyalgia, Raynaud's or other challenge that makes on-land or cool-water exercise problematic? I recommend exercise in a warm-water pool: 83-96 degrees F. See "Resources" to find a warm-water pool.

Warm water exercise warms muscles and does remarkable things⁴³:

- * Body weight is 33-90% less in water than on land. Muscle and joint stiffness is less. Buoyancy increases motion ease and range.
- * Circulation is increased because of graded hydrostatic pressure from the most to least submerged body regions.
- * Water is 12 times more resistant than air, increasing movement work. More body fat is burned. Water exercise works opposing muscle groups.

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Suppose the pool water you want to use has significant chlorine? To reduce skin irritation, here's a tip I learned from a public-pool maintenance professional. Right before entering the water, shower and saturate your body skin and bathing suit for a couple minutes. When the skin pores and suit are saturated with tap water, they won't absorb the pool water nearly as much. Shower after being in the pool, as well.

If the pool has cool water and your body get too cold (due to diabetes, anxiety, Raynaud's, etc.), take kava and/or valerian 30-60 minutes before entering. See the herb chapter.

It's helpful to eat a small snack about 60 minutes before any exercise. The snack needs to contain some protein and complex carbohydrates, so muscles can build and blood sugar can stabilize more easily. See the nutrition chapter.

Regardless of the aerobic activity, spend a couple minutes easing up to the fully aerobic level. After the workout, do a "cool-down" milder activity level. Do you want to follow aerobics with strength-building (such as weight-lifting)? After strength-building, stretch a few minutes.

An effective sequence is:

1. warming
2. stretching
3. easing into maximum safe aerobics, then cool-down
4. stretching OR strength-building followed by stretching.

Gyms offer hand-held weights and machines for building muscle strength. You have an at-home option. Check out your pantry's exercise weights: food jars or bottles or raw fruits and vegetables. Your receipt has the weight of the produce "price per pound." Weigh the item on a bathroom scale or compare the item with a known weight. You may have other weighty household items.

You could put items in a sturdy sack with straps; hold the straps to lift the sack. To exercise by holding a handle-less item (e.g., a pound jar of nut butter), you need a good grip, to avoid dropping the item as you sweat. To increase hand traction, wear rubber or latex gloves.

Strengthen muscles by pushing on a pillow. Pull on something that won't pull apart (e.g., thick towel, sturdy belt) as a "resistance" exercise. Another resistance tool is an exercise elastic band (available at sporting goods stores). You might buy the least resistant (easiest to pull) band. As you get stronger, increase the resistance. For example, place your hands closer together on the band and pull the band.

Strength-building tips:

- * Warm your muscles.
- * Keep the joint slightly bent.
- * Correctness of the movement protects against wobbling a joint out of alignment.
- * Beware the dreaded incorrect "sit-up!" For a correct back-protecting sit-up, lie on your back with knees bent and arms at your sides. On the exhale, keep the back and neck aligned, extend your arms and hands, bending at the waist. But only take the torso one-third of the way up or even less toward the knees! If you bend farther, low back muscles

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strain the low back curve. Do sit-ups slowly, preferably during the exhale. Pause, inhale then repeat sit-up.

Instead of sit-ups, you can sit or stand for a "Natural Breath" variation. Don't do it if you have a full stomach, excess stomach acid or other condition where pressure on your low belly is unwise. Do the Natural Breath (above) as usual but put one palm on your belly just below your navel and the other palm on top of the first hand. Exhale slowly while pushing mildly against your belly.

Resist the hands' pressure; exhale slowly. You'll feel torso muscles doing "resistance" exercise. Stop pressing for the full inhale. Do 5-10 repetitions. Gradually increase your hand pressure and/or the number of repetitions. Even if you injured your low back, you might be able to do this back-strengthening exercise, since it doesn't require waist-bending.

Transforming manual labor into back-protecting, effective exercise:

- * Rely on your "Natural Breath." Adequate oxygen reduces the lactic acid that makes muscles sore. Breathe deeply even if it seems you're not doing much (e.g., typing).
- * Move with your center of gravity, even for tasks that appear to involve only your arms or hands. Your center of gravity is at your Center Chakra (**Figure 3**). While vacuuming, for example, don't bend way over at the waist. Bend your knees so you don't have to bend as far from the waist. "Walk" the machine with you in the desired direction.

Suppose your manual labor is mostly sedentary? When driving and turning the wheel, allow your motion to subtly begin at your Center, move through the upper body, down your arms and into your hands. World-class athletes and martial arts experts let motions come from the center of gravity.

- * Bring your Center to your task. Squat, crawl or lie on your side if necessary to get close to your work.

- * Do the most strenuous part of the work on the exhale when torso muscles are firmer.
- * Take a stretching opportunity. For instance, when driving, each hour pull over, get out and stretch for one-two minutes. Those couple minutes pay for themselves many times over, with alertness and fewer injuries. See "Resources" for stretching information.

If you can't find stretching information for your type of manual labor, choose information for the activity that comes closest. The information you seek is "ergonomics," "occupational safety" or "body mechanics." Note the location of sore muscles and joints. Gently stretch those muscles.

- * Wear safety and protective gear. For instance, a "waist belt," which protects the back during weight lifting, can be found at businesses that provide gear for weight-lifting and at building supplies and hardware stores. What sport or profession requires a solution similar to your labor? Ask store clerks.

VISION AND PTS/DI

We can exercise little muscles, as well as large muscles. Some styles of vision therapy teach a person to strengthen, stretch and more fully relax the small muscles of the eye that affect vision. Thus, the learner (who has or doesn't have PTS/DI) reduces or even eliminates the need for eyeglasses.

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A stressful environment can cause blurred vision, among other symptoms.⁴⁴ Anxiety, physical pain, depression, fever, cough or extreme cold or heat can also blur vision.⁴⁵ It's possible that you might have temporary PTS/DI symptoms arise during the first few vision therapy sessions.⁴⁶ As you practice, symptoms likely soon diminish.

Why might PTS/DI phenomena come up during eye exercises? My current hypothesis is that during the trauma, your eyes were active. You might have been looking in a certain direction or area of the visual field. You may have been utilizing focus, depth perception, and other visual abilities. The eye muscles might store trauma-related "body memory." Even if your eyes closed during the trauma, your mind visualized about the trauma.

Daily, we move our eye muscles frequently. PTS flashbacks or personality area switching does not occur with each eye movement. But during vision therapy, we pay attention to vision factors. For instance, we might stretch the eye muscles to their natural comfortable limit. These stretches bring more awareness to the muscle. With awareness could come needed releases of psychological tension.

Another factor is the moving of our eyes across the left and right sides of the visual field. In my BBMSW and self-hypnosis chapters, I explain how the left and right sides are related to PTS/DI phenomena. Also see the previous endnote. We can use vision self-care or professional vision therapy for healing PTS/DI as well as improving eyesight.

I suggest you do calming affirmations for vision exercise. Don't schedule anything for the hour following the first few vision therapy sessions. That way, you can easily assimilate what you felt and thought.

If you have PTS/DI and require eyeglasses, what was your eyesight like before, during, right after, and long after the trauma? Bring your written details and the eyeglass prescription record copy with you, to your vision therapist. You may find your holistic self-care accelerates vision progress.

At times, a person's different personality areas initially have different eyesight capabilities. If you require different eyeglasses for different personality areas, I strongly suggest you try vision therapy. With practice, your areas may be able to more effectively use your eyes, brain, nervous system and the rest of your body. All of you may reduce or eliminate your need for eyeglasses.

Here's a true story about my vision therapy and PTS/DI.

Decades ago, when one of my personality areas was newly emerging, I began having "cross-eyed" muscle spasms regardless which personality area was active. The newly-emerging area had severe vision, hearing, cognitive and speaking challenges. That area had dissociated early in childhood to a blind, deaf, and autistic-like inner world.

I went to my first vision training session with my vision therapist. I told her about DI. "My personality areas will probably switch during our sessions. There's nothing you have to worry about. I'll tell you how to best communicate with me – such as simplifying your vocabulary or talking slower. Some of me is new to being able to hear, so I might look at your lips to know what you're saying."

Though she'd never had a client with DI before, the vision therapist was very at ease about my special needs. With a glowing smile, she said, "I work all day with all kinds of

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people who have physical and mental challenges. And I work with babies all the way up to the elderly. I've been doing vision therapy for years – and I love it!"

During sessions, the therapist calmly adjusted her teaching style to fit the comprehension level and abilities of whatever personality area was active. I still recall the thrill of consciously sensing my little eye muscles exercising. To feel them getting stronger and more flexible was remarkable. I felt empowerment and the joy of discovery. Within days, my vision improved dramatically. I did not have to try to suppress the emerging personality area in order to see well.

See "Resources" to learn more about vision self-therapy. If you interview a potential vision therapist, notice how she or he responds when you describe PTS/DI.

Note to vision therapists: Some of your past and current clients likely have PTS/DI. Avoid the extremes of being frightened or fascinated by PTS/DI phenomena, if it occurs during sessions. Express respect. Follow the client's advice about how to best teach her or him.

WOMEN'S PELVIC HEALING

For women, bladder strengthening exercises ("kegels") can improve bladder control. Aging, post-menopausal hormonal changes, childbirth, or trauma to the pelvic region and can increase the risk of incontinence. Some women make the mistake of not drinking enough liquids, to reduce the need to urinate. Dehydration is very harmful (see nutrition chapter). Please drink all the water you need.

The bladder is a bag of sorts. At its lower opening is a sphincter muscle. When the sphincter relaxes, urine flows. When you practice bladder-strengthening exercises, breathe as usual. Don't use your leg, buttocks, upper belly or chest muscles to halt urine flow. During your session, you can place one hand on the thigh or buttock you're not lying upon. You want to relax those muscles and only exercise the urine-halting muscles.

Bladder Strengthening Exercise:

* During an urination, in mid-flow halt the urine flow. Then allow the flow. Repeat, until you sense urine-halting muscles.

* Empty your bladder. Lie on your side on a bed. Place a watch or small clock on the bed where you can see the second indicator. Tuck your knees slightly. Tighten the halting muscles for one-two seconds, then release. About five seconds later, repeat. Do this for one-two minutes.

Very good! You just exercised the brief contraction muscle fibers.

Now exercise the long contraction fibers. Tighten the halting muscles 15-20 seconds. Keep breathing. Imagine contracting vaginal muscles around a half-inch wide object and pulling it up. Then relax ten seconds. Repeat sequence for eight minutes. If you have incontinence, do two-three times daily. As incontinence lessens, do once daily.

A more alkaline diet (see nutrition chapter) may reduce urination urges. Hold your urine as long as possible between urinations. If you're in a bathroom, don't immediately

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urinate. Break the psychological association of toilet = immediate urination. When an urge to urinate occurs, do one or more contractions of 15-20 seconds each. If you have difficulty doing bladder strengthening, there are biofeedback technicians trained in incontinence. See "Resources."

A safe clean object meant for kegel exercises may help some women exercise the correct muscles. See "Resources." Be sure to know beforehand the size of anything you're considering inserting. If you've had physical injury to your vaginal or pelvic region, consult your gynecologist.

A COMMENDATION FOR MALE AND FEMALE READERS

It's no small feat that you read this chapter. It involved not only reading but bravery, because the chapter deals with trauma. You now have more healing tools from which to choose. I've exercised more than my typing muscles with this chapter! May it help motivate you to exercise as best you safely can.

- ¹ Dr. Richard Lippman, medical researcher (about hypoxia being the major cause of heart attacks) and cancer researcher Dr. Otto Warburg, The Energy Prescription by Constance Grauds, R.Ph. and Doug Childers (Bantam Books, 2005, p.56).
- ² Brown RP, Gerbarg PL (Columbia College of Physicians, New York, NY) in *J Altern Complement Med.* 2005 Feb;11 (1):189-201 describes that many studies show the effects that yogic breathing has on brain function and physiologic parameters. Techniques from Sudarshan Kriya Yoga (SK) can alleviate depression, anxiety, post-traumatic stress, stress-related medical conditions, and everyday stress (news item in Amy Weintraub's www.amyweintraub.com email newsletter); studies by India's National Institute of Mental Health and Neurosciences showed that SK breathing treatment for patients hospitalized with depression resulted in up to a 73% recovery rate (reported by Amy Weintraub in Yoga for Depression by Amy Weintraub, 2004, pub. Broadway Books p.151); "Science of Breath," International Symposium on Sudarshan Kriya, Pranayam & Consciousness, March 2 and 3, 2002, AIMS, New Delhi, India (cited in Yoga for Depression p.152). In a study of "Vinyasa," (breath-synchronized movement), young adults with at least mild depression significantly benefited. After the 5-week study of the twice-weekly yoga group, 83% of participants no longer had depression (Oretzsky, S. 2006 "The effects of yoga on elevated depression and somatic symptoms in young adults" unpublished doctoral dissertation, Alliant International University, San Diego, CA).
- ³ Richard P. Brown M.D., Patricia L. Gerbarg M.D. "Yogic Breathing and Meditation: When the Thalamus Quiets the Cortex and Rouses the Limbic System" March 2002 unpublished (cited in Yoga for Depression p. 152-153).
- ⁴ "Take A Breath, Break the Silence: The Effects of Yogic Breathing and Testimony About Battering on Feelings of Self-Efficacy in Battered Women" by Franzblau S H, Smith M, Echevarria S, Van Cantford TE (*International Journal of Yoga Therapy* 2006; 16: 49-57); study supported by a grant from the National Center of Minority Health and Health Disparities and the National Institutes of Health; cited in Amy Weintraub's email newsletter Winter 2006 edition.
- ⁵ research by Dr. Richard Davidson, director of the Laboratory for Affective Neuroscience (cited in Yoga for Depression p.183-84).
- ⁶ Program conducted at a Maryland V.A. hospital by Kirsten Trabbic Michaels, M.A., "Yoga Therapy and Post-Traumatic Stress Disorder" *Yoga Studies* (Yoga Research and Education Center, 2002). Also of interest regarding PTSD is Mercedes Trabbic Michaels, M.A. "Yoga Therapy: Road to Resiliency – Helping People Heal in the Wake of Terrorist Attacks" *Yoga Studies* (Yoga Research and Education Center 2002) (cited in Yoga for Depression p.32-33).
- ⁷ Surface Anatomy: An Instructional Manual by John V. Basmajian, M.D. p.7 (1979 reprint edition, The Willian & Wilkins Company, Baltimore, MD).
- ⁸ Latin word "inspirare."
- ⁹ Principles of Anatomy and Physiology by Gerard J. and Sandra Reynolds Grabowski (1993 seventh edition, p. 739, 751, HarperCollins College Publishers div.).
- ¹⁰ Medline Plus website encyclopedia (www.nlm.nih.gov/medline) accessed Nov.20, 2006.
- ¹¹ Principles of Anatomy and Physiology p. 755.
- ¹² Principles of Anatomy and Physiology p. 755.
- ¹³ S. Telles, T. Desiraju "Oxygen Consumption during Pranayamic Type of Very Slow-Rate Breathing" *Indian Journal of Medical Research* (Oct. 1991), 94: 357-363; cited in Yoga for Depression p.140.
- ¹⁴ Alan Hymes, M.D. "Respiration and the Chest: The Mechanics of Breathing" Science of Breath: A Practical Guide (Honesdale, PA: The Himalayan Institute Press, 1979, 1988, p.37; cited in Yoga for Depression p.128).
- ¹⁵ "The Miracle Houseplant" news item about National Aeronautics and Space Administration tests, *Ode* magazine Aug. 2005.
- ¹⁶ "Plants 'Clean' Air Inside Our Homes" by Laura Pottorff, Cooperative Extension agent, Colorado State University affiliated website www.coopext.colostate.edu/4DMG/Plants/clean.htm (accessed Dec. 3, 2006) cites The Foliage For Clean Air Council, National Academy of Sciences, NASA researchers (website article, write 888 E. Iliff Ave., Denver, CO 80210, email denvermg@coop.ext.colostate.edu).
- ¹⁷ "Air Cleaners: Some Do Little Cleaning" *Consumer Reports* Oct. 2005 (www.ConsumerReports.org; Consumers Union, 101 Truman Ave. Yonkers, NY 10703-1057).
- ¹⁸ "Is Your Home Allergy-Proof?" *WebMD* Sept-Oct. 2006 p.68. I disagree with their stance against houseplants since soil encourages mold growth. The small amount of mold is more than compensated by plants' anti-allergen, air-cleaning properties described in my chapter. Large plant leaves can be wiped clean of dust with a damp cloth.
- ¹⁹ Gysin C, Alothman GA, Papsin BC "Sinonasal disease in cystic fibrosis: clinical characteristics, diagnosis, and management" *Pediatr Pulmonol* 2000;30(6):481-9; Osguthorpe J, Hadley J "Rhinosinusitis: current concepts in evaluation and management" *Med Clin North Am* 1999;83(1):27-41; Traissac L, Ohayon-Courtes C, Dufour P, Bordenave L "Le lavage de nez avec Physiomer...10 ans après: 1988-1998" *Rev Laryngol Otol Rhinol (Bord)* 1999;120(2):133-5; Parsons D "Chronic sinusitis: a medical or surgical disease?" *Otolaryngol Clin North Am* 1996;29(1):1-9; Tomooka L, Murphy C, Davidson TM "Clinical study and literature review of nasal irrigation" *Laryngoscope* 2000;110(7):1189-93; Low D, Desrosiers M, McSherry J, Garber G, Williams J, Remy H, et al. "A practical guide for the diagnosis and treatment of acute sinusitis" *Can Med Assoc J* 1997;156(Suppl 6):S1-14; Georgitis J "Nasal hyperthermia and simple irrigation for perennial rhinitis: changes in inflammatory mediators" *Chest* 1994;106(5):1487-92; Adam P, Stiffman M, Blake R "A clinical trial of

hypertonic saline nasal spray in subjects with the common cold or rhinosinusitis” *Arch Fam Med* 1998;7(1):39-43; Fagman L “Acute sinusitis: a cost-effective approach to diagnosis and treatment” *Am Fam Physician* 1998;58(8):1795-802; Georgitis J “Local hyperthermia and nasal irrigation for perennial allergic rhinitis: effects on symptoms and airflow” *Ann Allergy* 1993;71 (4):385-9; Nuutinen J, Holopainen E, Haahtela T, Ruoppi P, Silvasti M “Balanced physiological saline in the treatment of chronic rhinitis” *Rhinology* 1986;4:265-9; these are among the 27 references in the scientific study “Saline Nasal Irrigation” (accessed Dec. 2006) website www.international-alternative-health.com/neti/abstracts-nasal-rinsing-cfm. International, PO Box 489 Twin Lakes WI 53181.

²⁰ The Grossman Sinus Irrigator Tip is mentioned on above website.

<http://allergies.about.com/cs/treatment/a/aa040802a.htm>. I accessed that website in Dec. 2006.

²¹ Lead researcher Eddie Weitzberg, MD, PhD of Karolinska Hospital in Stockholm Sweden expresses curiosity about the possible benefits of twice-daily humming, after his 10-subject study (news in *Prevention* magazine Jan. 2003, p. 45).

²² “Could Your Snoring Signal A Problem?” *WebMD* magazine Sept.-Oct. 2006 p.77

²³ “Sing More, Snore Less” news item about the Edzard Ernst M.D. (head of the University of Exeter Dept. of Complementary Medicine) study of 20 chronic snorers ages 36-62 who practiced singing techniques 20 minutes daily for 3 months (news in *Prevention Magazine* 2000; study title posted at www.ex.ac.uk/research/annrep/a00-pms.htm#compmed, accessed Dec.9, 2006); A. Ojay, E. Ernst “Can singing exercises reduce snoring? A pilot study” *Complement Ther Med* 8 2000:151-6.

Dr. Ernst did a larger study in August 2003 (30 women and men who practiced singing for 4 weeks). Snore volume reduced significantly; two-thirds of the subjects snored less following the 4-week period. The 2003 study in news article “Scales Instead of Snores” by Jean Nick posted at www.prevention.com/article/0,5778,s1-1-191-764-3341-1---13-0,00html (accessed Dec. 9, 2006).

²⁴ A somewhat similar technique is in Kay Gardner’s book (see “Resources”).

²⁵ Werntz DA, Bickford RG, Bloom FE, Shannahoff-Khalsa DS “Alternating cerebral hemispheric activity and lateralisation of autonomic nervous function” *Hum Neurobiol* 1983; 2(1): 39-43 (cited in “Pranayama (breathing exercises) in Light of Contemporary Science” by Dejan Kupnik, M.D., Centre for Emergency Medicine – Prehospital Unit, Maribor/Slovena July 16, 2003 posted on www.yoga-in-daily-life.org, accessed 2006).

²⁶ “Pranayama in Light of Contemporary Science” by Dejan Kupnik, M.D., Centre for Emergency Medicine – Prehospital Unit, Maribor/Slovena July 16, 2003 posted on www.yoga-in-daily-life.org, accessed 2006.

²⁷ Stancak A jr, Kuna M “EEG changes during forced alternate nostril breathing” *Int J Psychophysiol* 1994 Oct; 18(1); 75-9 (cited in “Pranayama in Light of Contemporary Science” by Dejan Kupnik, M.D., Centre for Emergency Medicine – Prehospital Unit, Maribor/Slovena July 16, 2003 posted on www.yoga-in-daily-life.org, accessed 2006).

²⁸ The following articles (cited in “Pranayama in Light of Contemporary Science”): Velikonja D, Weiss DS, Corning WC “The relationship of cortical activation to alternating autonomic activity” *Electroencephalogr Clin Neurophysiol* 1993 Jul; 87(1): 38-45; Werntz DA, Bickford RG, Shannahoff-Khalsa DS “Selective hemispheric stimulation by unilateral forced nostril breathing” *Hum Neurobiol* 1987; 6(3): 165-71; Shannahoff-Khalsa DS, Boyle MR, Buebel ME “The effects of unilateral forced nostril breathing on cognition” *Int J Neurosci* 1991 Apr; 57(3-4): 239-49; Wood C “Mood change and perceptions of vitality: a comparison of the effects of relaxation, visualisation and yoga” *J R Soc Med* 1993 May; 86(5): 254-8; Jella SA, Shannahoff-Khalsa DS “The effects of unilateral nostril breathing on cognitive performance” *Int J Neurosci* 1993 Nov; 73(1-2): 61-8; Telles S, Nagarantha R, Nagendra HR “Breathing through a particular nostril can alter metabolism and autonomic activities” *Indian J Physiol Pharmacol (India)* 1994 Apr; 38(2): 133-7; Dane S, Caliskan E, Karasen M, Oztasan N “Effects of unilateral nostril breathing on blood pressure and heart rate in right-handed healthy subjects” *Int J Neurosci* 2002 Jan; 112(1): 97-102; Shannahoff-Khalsa DS, Kennedy B “The effects of unilateral forced nostril breathing on the heart” *Int J Neurosci* 1993 Nov;73 (1-2): 47-60; Telles S, Nagarantha R, Nagendra HR “Physiological measures of right nostril breathing” *J Altern Complement Med* 1996 Winter; 2(4):479-84; Kennedy B, Ziegler MG, Shannahoff-Khalsa DS “Alternating lateralisation of plasma catecholamines and nasal patency in humans” *Life Sci* 1986 Mar 31; 38(13): 1203-14; Naveen KV, Nagarantha R, Nagendra HR, Telles S “Yoga breathing through a particular nostril increases spatial memory scores without lateralized effect” *Psychol Rep* 1997 Oct 8; 81(2): 555-61; Uma K, Nagendra HR, Nagarantha R, Vaidehi S, Seethalakshmi R “The integrated approach of yoga: a therapeutic tool for mentally retarded children: a one-year controlled study” *J Ment Defic Res* 1989 Oct; 33(Pt 5): 415-21; Lesgards JF, Durand P, Lassarre M, Stocker P, Lesgards G, Lanteaume A, Prost M, Lehucher-Michel MP “Assessment of lifestyle effects on the overall antioxidant capacity of healthy subjects” *Environ Health Perspect* 2002 May; 110(5): 479-86; Bhattacharya S, Pandev US, Verma NS “Improvement in oxidative status with yogic breathing in young healthy males” *Indian J Physiol Pharmacol* 2002 Jul; 46(3): 349-54; Nagarathna R, Nagendra HR “Yoga for bronchial asthma: a controlled study” *Br Med J (Clin Res Ed)* 1985 Oct 19; 291 (6502): 1077-9; Vedanthan PK, Kesavalu LN, Murthy KC, Duvall K, Hall MJ, Baker S, Nagarathna S “Clinical study of yoga techniques in university students with asthma: a controlled study” *Allergy Asthma Proc* 1998 Jan-Feb; 19(1): 3-9; Prakasamma M, Bhaduri A “A study of yoga as a nursing intervention in the care of patients with pleural effusion” *J Adv Nurs* 1984 Mar; 9(2): 127-33; Backon J, Matamoros N, Ticho U “Changes in intraocular pressure induced by differential forced unilateral nostril breathing, a technique that affects both brain hemisphericity and

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²⁹ “Nervous System” section on “Brain Hemisphere Dominance” by Roger Jahnke, M.D. posted on www.feeltheqi.com (accessed in 2006).

³⁰ Telles S, Nagarathna R, Nagendra HR “Physiological measures of right nostril breathing” J Altern Complement Med 1996 Winter; 2(4):479-84.

³¹ S. Telles, T. Desiraju “Oxygen Consumption during Pranayamic Type of Very-Slow-Rate Breathing” Indian Journal of Medical Research, Oct 1991, 94: 357-363 (cited in Yoga for Depression p.140-41).

³² A different version in Survival Into The 21st Century by Viktor Kulvinkas (p. 139, pub. 1975).

³³ Survival Into The 21st Century.

³⁴ Amy Weintraub’s audio CD “Breathe To Beat the Blues” (see “Resources”).

³⁵ Principles of Anatomy and Physiology p. 741.

³⁶ The Doctor’s Book of Home Remedies (Bantam) 2002 edition, p.395, Richard McCallum, M.D. describes his success with a technique that musician Mark Golin learned from an (uncredited) woman.

³⁷ “The contributions of interpersonal conflict to chronic pain in the presence or absence of organic pathology” by Faucett, JA and J.D. Levine, Pain 44(1):35-43 (cited in Fibromyalgia and Chronic Myofascial Pain by Devin Starlanyl and Mary Ellen Copeland, second edition p.47, 2001, New Harbinger Publications). Also see my BBMSW chapters’ references about PTS/DI factors and pain interpretation. Also “Sexual and physical abuse in women with fibromyalgia: association with outpatients’ health care utilization and pain medication usage” by Alexander RW, LA Bradley, G.S. Alarcon, M. Triana-Alexander, L.A. Aaron, K.R. Alberts, et al. 1998, Arthritis Care Res 11(2):102-115 (cited in Fibromyalgia and Chronic Myofascial Pain p.47. January 2007 issue of The Journal of Pain: people with FMS produce less dopamine in the exact brain regions that need dopamine to process pain sensations! Dr. Patrick Wood’s “Dopamine Theory of Fibromyalgia” and research at Louisiana State University Health Sciences Center at <http://journals.elsevierhealth.com/periodicals/yjpai>. Also The National Fibromyalgia Association 2200 N. Glassell St., Suite A, Orange, CA 92865, NFA January 4, 2007 email newsletter.

³⁸ Studies at Duke University Medical Center show that exercise greatly reduces depression and may work better than anti-depression drugs (such as Zolof). Website accessed 1-17-07, article of 9-21-2000, www.dukemednews.org/news/article.php?id=119, Duke University Medical Center News Office, Hanes House, 3000 Erwin Road, Durham NC 27710.

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³⁹ April 2002 Journal of Clinical Rheumatology, massage therapy increased hours of sleep fibromyalgia patients got, and decreased their substance P (associated with pain) (National Fibromyalgia Association, NFA Fibromyalgia Online newsletter Vol. 6, No. 11). For more scientific studies: The American Massage Therapy Association, www.amtamassage.org, 500 Davis St. Suite 900, Evanston, IL 60201-4695, toll-free 1-877-905-2700.

⁴⁰ “The Power of Intention” by Lynne McTaggart (Ode magazine Jan.-Feb. 2007) describes related research; Guang Yue (exercise physiologist, Cleveland Clinic Foundation) had one group of subjects do mental rehearsal instead of actual weight training. The muscle size and strength of these subjects increased 13.5% after only a few weeks (about half the increase as subjects doing the weight training). David Smith (professor of sports and exercise physiology, University of Chester, U.K.) noticed similar results in his research, with subjects gaining up to 16% in strength.

⁴¹ “Gentle Exercise” by Roger Jahnke, O.M.D. p. 396-397, Optimal Digestive Health ed. Trent W. Nichols MD and Nancy Fass, MSW, MPH (pub Healing Arts Press, 2005).

⁴² Stretch receptors may increase pain-relieving endorphins (symposium proposal “New Applications of Yoga in Health and Clinical Psychology,” subsection “Yoga As An Effective Mind-Body Therapy in Chronic Pain Treatment” Malinda Breda PhD, Richard Gervirtz PhD, Melanie A. Greenberg PhD and James L. Spira PhD).

⁴³ The Lupus Foundation of Colorado, Inc. newsletter (2001), the Boulder Community Hospital and Northern California Easter Seal warm water pools staff.

⁴⁴ United Kingdom Dept. of Social Security “Stress Related Illness” Part 1, cited in Restoring Your Eyesight: A Taoist Approach by Doug Marsh, p.19 (Healing Arts Press 2007).

⁴⁵ Restoring Your Eyesight: A Taoist Approach p.51.

⁴⁶ Joseph Chilton Pearce explains auditory fields of our brains shift with every eye movement, which causes our visual imagery to shift. These shifts influence our sense of three-dimensional space and objects in that space. Evolution’s End: Claiming the Potential of Our Intelligence (Harper, San Francisco, 1993) cited in Restoring Your Eyesight: A Taoist Approach by Doug Marsh, p.164 (Healing Arts Press 2007). I, Cindee Grace, suspect these shifts relate to PTS flashbacks or DI areas switching. Those PTS/DI phenomena may include two or more of the following: visual imagery, sounds, and three-dimensionality of sight, sound or both.

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Holistic Self-Hypnosis and More – Part 1

Pre-requisite: read both BBMSW chapters.

Earlier in the book, we practiced healing techniques that focus on emotion process (expanding, contracting, etc.). In this chapter and in “Holistic Self-Hypnosis and More - Part 2,” we learn about emotion content (origin, meanings of thoughts, etc.). We also learn to increase relaxation - good thing! Some of us might initially feel trepidation about traipsing into emotion content.

My techniques are designed to make your practice as easy and comfortable as possible. These chapters provide tools that help your conscious level communicate with your unconscious level – the level we’re not usually aware of but that influences behavior and more. With inter-level communication, we more easily change unhealthy habits.

We can spark significant healing of the body, by establishing communication with and cooperation from the unconscious. The unconscious may repress strong emotions. It might try to protect the conscious from these emotions. It might distract it by making physical and/or emotional symptoms (such as pain, anxiety or depression).

One example is back pain. There’s a “normal” range of spinal abnormalities (slight vertebral fractures, bone spurs, etc.). Many people with certain spine abnormalities have no back pain, while others with the same abnormalities have severe back pain. John Sarno, M.D., describes in his book The Mindbody Prescription how thousands of his patients have obtained relief for a variety of painful conditions by dealing with emotions repressed by the unconscious.

I selectively used a couple of his book concepts, along with my techniques regarding a type of pain I had. I inwardly told my unconscious, kindly yet firmly, “I know you are trying to distract me from emotions by creating those symptoms. It is safe to let emotions arise to be acknowledged. Let emotions arise and dissipate. Having emotions is better than having symptoms.” I had other conversations with my unconscious and expressed emotions through journaling. The resulting significant pain relief was testimony to the healing power of the unconscious. But I found disturbing writing in Sarno’s book; see this cautionary endnote.¹

Dr. Sarno and countless other health professionals have been intrigued by Sigmund Freud’s theories about the unconscious. In my book, I approach the unconscious in a holistic way not limited by Freud’s theories. I teach you many ways to have conscious communication and a cooperative working relationship with the unconscious.

In “Holistic Self-Hypnosis and More - Part 2” are inquiring techniques, so you can ask questions of your body, mind and spirit. For instance, suppose a person wonders why he’s anxious at the same time each year. He discovers, by exploring emotion content, a trauma happened on that date. Aware of his “trauma anniversary,” he handles it better next time. If you have difficulty practicing one of my techniques, you can use an inquiring technique to ask yourself questions to improve your practice.

I agree with mindfulness meditator Sylvia Boorstein: healing doesn’t always have to come through conscious processes for resolution.² Process-oriented techniques (in BBMSW chapters) can work wonders. But they’re not always sufficient.

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Investigating emotion content enables us to be more effective with our self-healing. Embrace a “beginner’s mind” free of assumptions. Be open to the right brain communicating with metaphor and symbolism.³

Read this chapter’s techniques then decide which to try. If you neglect nurturing and if you overdo probing for emotion content, the unconscious may repress valuable information; your trauma-related symptoms could worsen. Pace yourself... perhaps do non-dissociated observation (from BBMSW) of emotion content.

Explore emotion content where you won’t be interrupted. Turn off phones and other electronic intrusions. Ask someone to provide you child care or other assistance. A car can be a private place, depending where you park.

Write an affirmation regarding your ability to do a technique (e.g., “I am in control of my practice session”). Some people affirm “I survived the trauma; I can survive the memory” or “I survived the trauma, I can survive my healing.” Say your affirmation before you start the session.

Making Your Own Self-Care Recordings

There are advantages to making your own guided imagery, affirmation or self-hypnosis recordings. You can use personally meaningful words and pauses. If your word preferences change over time, change the recording or make a new one!

Why do you sound different to yourself on a recording than when speaking live? When sound waves travel through different mediums, they’re altered. When you hear yourself on a recording, you’re hearing sound waves only through the air. But when you hear yourself speaking live, you also hear sound waves traveling through your body’s tissues.

To record, let your voice be natural. Speak at a conversational volume. You can have no background music, or calm music for relaxing and perkier music for coming back to alertness, or calm music throughout.

1. Plan for the finished recording to be no longer than 40 minutes, to avoid tiring yourself during the listening session.
2. Use narration scripts from this book or write your own. The wording needs to be in the present tense.

For an affirmation, use the first person (“more and more, I can...”). For guided imagery or hypnosis, use the third person (“you take deep breaths...”). For a deeper state, record a longer relaxation/induction phase. Narration can be symbolic (open-ended metaphor) or literal (direct, real). Include sights, sounds, smells, tastes, and touches.

If the recording topic might bring up intense emotion, add a sense of control. In your narration, your internal imagery could appear on an imaginary stage/screen, to add emotional distance. You can narrate that you have a remote control that can pause that imagery. To add even more emotional distance, narrate that you’re watching yourself watching the stage/screen.

3. Record when you’re not full from eating. Have a cup of water nearby but not where it could spill onto electrical equipment. Press “pause” during recording to clear your nose or sip water. It is easier on the vocal cords to cough briefly than to do a “clearing the throat” grinding.

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Take full breaths; it’s OK if there is some breathing on the recording. Sound encouraging and confident in the listener’s abilities.

4. Speak more slowly than you think you should. Time slows down when our minds slow down (in alpha).
5. If you have background music, let it play on after the narration.

Later in this chapter, I discuss buying commercial affirmation, guided imagery or hypnosis recordings. For now, I encourage you to try guiding yourself through the next techniques (or have a support person read the steps aloud).

Forgiveness

A dangerous phrase is “forgive and forget” interpreted as “repress emotions and dissociate from memory.” Instead, let’s authentically forgive in healthy ways and remember wisdom learned. Wisdom lets us spot potential harm more quickly.

Forgiveness releases our walled-up pain. If your Heart chakra is walled off, you’re deprived of energetic nourishment. To heal ourselves by forgiving someone, we acknowledge the confusion, ignorance and desire of the person who harmed us. By “desire,” I mean a craving for relief from pain and suffering. It’s from confusion, ignorance or desire that intentional harmful action arises. Human nature is actually caring and cooperative.⁴

Don’t vilify the person. Rather, let’s learn about confusion, ignorance and desire. That way, we spot their influence in ourselves and others. Alerted, we can choose wise, skillful responses. When you forgive someone, a by-product is increased compassion for yourself. Compassion is an understanding of human frailties.

To forgive someone, you don’t need to like or communicate with the person. You needn’t go faster than comfortable. Forgiveness is an ongoing process. Forgiveness releases from you burdensome layers of grief, fear and anger.

In my forgiving process, I read about researcher Alice Miller’s findings. Every “persecutor” (such as Mao, Hitler and others who abuse people) was severely victimized in childhood. Alice Miller concludes that though the person who “persecutes” has always been victimized in childhood, a person who was victimized is not always going to “persecute.” What a relief! I wasn’t doomed to perpetuate abuse.

All of your emotions are invited to this “come as you are” forgiveness.

BBMSW Experience “Forgiving Self and Others”:

Sit or lie down. Close your eyes. Go leisurely with each step of this Experience. Sense your whole body at once. Let the whole-body awareness continue automatically.

Imagine breathing into your Heart chakra (**Figure 3**). If you wish, let your palm rest on your Heart. Allow a degree of “whole-body awareness + Heart” to automatically continue.

Recall a time when you caused someone a mild degree of harm. Allow the memory to unfold in detail, as if it is happening now. Notice how your state of mind is during the incident. Perhaps you are confused or ignorant about something. Perhaps you are driven by a desire for something (known or unknown). Notice how you are human, with frailties

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and imperfections. Observe how confusion, ignorance and/or desire influence your behavior.

After the incident unfolds completely, fantasize the person you harmed. Aloud or silently, tell the person you acknowledge your mistake. Honor what the person might feel or think. For example, "I'm sorry for doing that. I understand you might feel hurt and angry about it."

When ready, say aloud or silently "I forgive myself." Forgive the confusion, ignorance, desire or unknown influence from which your harmful action arose. For example, "I forgive whatever influenced me..." or "I forgive myself for acting out of desire..."

Rest a few moments. During that forgiving, which body laterality you were least aware of? Bring your awareness to that laterality. Keep aware of it as you review the memory and the forgiveness. Then let it all go.

Recall a time when someone caused you a mild degree of harm. Allow the whole sequence to unfold as if happening now. Feel how the person's harmful behavior affects you. Notice the sadness, fear, anger or other emotions in your body. Notice your thoughts that arise.

After the incident unfolds completely, fantasize the person. Aloud or silently, tell the person how the harmful behavior affects you.

Then, notice the person's confusion, ignorance or desire. If you don't notice any, acknowledge the person has hidden frailties and imperfections.

When you're ready, say aloud or silently "I forgive you." Use your own words, expressing the degree you authentically can forgive. For instance, "I forgive the confusion..." or "I'm in the process of getting ready to forgive you..."

During the forgiveness, which laterality you were least aware of? Bring your awareness to it. Keep aware of it as you review the memory and the forgiveness. Then let it all go. Commentary: Anger directed against yourself interferes with learning and healing. Allow anger to move, change and dissipate. In later sessions, explore greater degrees of harm.

"Non-Dissociated Observation for Emotion Content Discovery":

Writer Michael Clarkson estimates that we have 60,000 thoughts a day and two-thirds of them are fear-based or negative.⁵ If a thought or feeling is persistent, find out where it came from and what it's trying to convey (content). Use the KiPS labeling you learned from BBMSW, to explore content.

Say aloud the emotional quality of the KiPS. For instance, if a picture arises: "sad picture"... "scary picture." If a sensation arises, describe the location and emotion: "angry belly"... "sad throat." Imagine breathing into the location, to sense more. Does a thought arise as sound? Example: "scared voice..." "worry words."

Add "reminds me of" or "seems like." For instance, "something in the chest... reminds me of..." "jittery in leg, seems like..." Avoid interfering commentary such as "angry picture... I bet Jason doesn't think like this!"

Your verbal labeling may facilitate sighing, crying or other releases. For easier vocal releases, use touch labeling. To focus on kinesthetic sensations, try touch labeling.

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You can alternate observing process and content in the same session. I might verbally describe content, until I get a deeper understanding. Then I might observe process (e.g., expanding-contracting), to have a relieving energy catharsis.

BILATERAL HARMONING

Years ago, I received Eye Movement Desensitization and Reprocessing™. I had one session each from two certified EMDR™ practitioners. I was not impressed by them but thrilled by the technique. I couldn't afford more sessions. EMDR™ training was exclusively for therapists with different degrees from mine. So I read EMDR™ books and did it for myself. It somewhat lessened intensities of trauma-related emotions, thoughts and certain PTS symptoms.

Later, I read Do-It-Yourself Eye Movement Therapy by Fred Friedberg, PhD. He had taken the EMDR™ training. After teaching many clients how to do it themselves, he determined that laypeople could safely use the technique. In his book, he warned not to use Eye Movement Therapy (EMT) if the reader ever experienced trauma, child abuse or has PTSD or DID. Then he described how to use EMT for those situations!

I taught it to friends who survived trauma. This bilateral approach was strenuous. Very intense memories, emotions and thoughts would arise. I reserved that more intense, narrow, and passive approach for when severe PTS symptoms impeded my healing.

But then I changed aspects of the approach, to make it less passive and more holistic. I added features for PTS/DI. I rely on my approach - “Bilateral Harmonizing” (BH) - for PTS/DI symptoms that don't readily respond to gentler methods. BH is also outstanding “first-aid.” Right after an upset, I use it. That way, the upset will less likely become a PTS pattern or a thickening of dissociation between personality areas.

In BH, brain hemispheres are energetically and neurologically harmonizing with each other and with body-mind-spirit. “Harmonize” means “make or form a pleasing whole.” The “harmony of the spheres” is the “natural harmonic tones of the celestial spheres.”⁶ You are a celestial sphere. You are made of matter from the stars. You're interacting with the magnetic fields of the Earth and the universe. BH makes use of musical aspects such as tempo changes, as well as BBMSW principles.

Suppose you feel so much fear about facing past trauma with BH, you can't start? First use a relaxing herb, homeopathic remedy, acupressure point, or breathing technique. If necessary, you could use just enough prescribed medication to proceed. For BH effectiveness, avoid being very tranquilized.

You might switch personality areas during or after a BH session. Sometimes, switching causes one personality area to forget (for a brief or long time) what she or he was doing. Hold a note that reminds you. Affirm that any personality area (known or unknown) can rest in the “Inner Safe Place” (see “BBMSW for Deeper Healing”).

Once I start the BH, I affirm to “keep going no matter what.” This phrase means “keep doing the eye movement or tapping (below), regardless of phenomena, until the healing process of the session is completed.” After a session, allow any DI switching as “all of you” absorb BH benefits. If needed, natural or allopathic remedies can slow switching down. Post-BH switching of mine naturally slows in a few minutes.

Read through to “BBMSW Variations of BH,” to know how to do basic BH.

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Basic BH

You'll use one or both of two ways to alternately emphasize the brain hemispheres. One way is keep your head still and eyes open. Look to your right and a half-second later, look left. A roundtrip takes about one second. You might use a ticking clock. Option: set a metronome at 120 beats per minute (one tick look left, next tick look right) or at 60 b.p.m (one tick equals a roundtrip).

A different way is rest the heel of your left hand on your left thigh. Rest the heel of your right hand on your right thigh. With one or two right fingers, tap your right thigh once. Then about a half second later, with one or two left fingers, tap your left thigh. Taps need to be brief; lift your finger off right after the tap.

The alternating eye movement or tapping input engages alternate brain hemispheres. If you don't want the sound of ticking, practice the eye movement/tapping with a clock or metronome at first. Then keep the approximate tempo without it. During BH, let your eye movement/tapping become automatic. Add awareness of the kinesthetic "trauma-related body sensation."

What if you're instead aware of a trauma-related emotion, thought, or PTS/DI phenomenon (such as co-communication or hyper-vigilance)? Notice how it influences your body kinesthetically. This influence is the trauma-related body sensation. By the way, if the co-communication content is hostility, BH facilitates mutual respect between personality areas. Since BH allows natural healing processes, it reduces hyper-vigilance.

If you have more than one trauma-related body sensation, pick the most intense one. The trauma-related body sensation is the object of your awareness. It's the "object sensation."

Do the eye movement/tapping and notice the object sensation. Other sensations, emotions, thoughts and memories will arise. The object sensation may be from one particular trauma. But your body-mind likely linked it to other traumas.

Let phenomena arise and fall away as is natural. Focus on the object sensation and keep doing your eye movement/tapping. To discharge stored trauma tension, your body may tremble or perspire. Allow it. You are safe, even if you don't understand what the phenomena means.

Your body-mind is doing a healing process that was interrupted when trauma occurred. Now with BH, you're deeply healing neural, energetic and psychological connections. The phenomena and object sensation naturally subside, when your body-mind completes this layer of self-healing.

You will likely experience an intensification of the object sensation then a subsiding. The "subsiding phase" may be a signal that the layer of processing is complete. Or it may instead be a "pausing place." If you continue eye movement/tapping and being aware of the object sensation, your body-mind may try to clear another trauma-related layer.

How can you tell what the subsiding means? It's similar to having a bowel movement. You get a nonverbal sense of whether more phenomena will come or if the process is completed. Keep doing eye movement/tapping during the subsiding phase. After 10 seconds or so, if no trauma-related phenomena occur and if the object sensation is gone or diminished, then slow eye movement/tapping down at least 5 seconds before you stop.

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But if instead, during the subsiding phase, trauma-related phenomena do arise or if the object sensation is still strong, continue eye movement/tapping. Hold simultaneous awareness of the object sensation, so that this next layer can be processed. There may be several of these layers.

You might occasionally feel as though you’re moving your eyes or tapping the side opposite of your actual eye movement/tap. Keep going! This opposite-side phenomenon may be due to personality areas or trauma-related tension inhabiting more of one side. As you continue, accurate perception of left or right naturally returns.

It does not matter if you skip an eye movement/tap, lose the rhythm or if you look/tap to one side twice in a row accidentally. Simply return to the correct rhythm. If your awareness wanders, gently return.

If you feel drawn to replace the original object sensation with a new sensation, be aware of that new sensation for a few seconds. If energy blockages break up or if the original object sensation is diminished, keep aware of the new object sensation. But if the healing process seems stalled, go back to your original object sensation.

BH is like getting splinters removed. You want the long-term benefits but not dissociation from too long of a splinter-removal session! Allow one hour for your first BH session. Your BH may feel completed after five minutes. However, having an hour gives you time to unblock additional links if desired. You also want time to rest and eat if your blood-sugar level dropped. It’s best to be neither hungry nor full starting your BH session. Future BH sessions may take 10-20 minutes. You may not get to all the trauma-related layers in one session

What if, after a subsiding phase, you’ve embarked on another layer but then don’t want to go through with it? Slow down eye movement/tapping for about five seconds. Then stop. The gradual slow-down of eye movement/tapping allows you to ease into the outside world.

After BH, your muscles will probably feel a bit limp like they would after an aerobic workout or warm bath. End with “winding down.” Do at least 1 minute of midline awareness or a “Roaming Awareness” Experience to better absorb BH benefits.

Another winding down option is to listen to soothing music for at least a minute or so. You can do centering meditation or express in your notebook. But if any new trauma-related symptom arises during meditation or notebook writing, stop and rest. Reassure yourself “it’s safe to set that aside for now.”

If right after BH your body is trembling, sweating or deeply breathing, let it happen. If there is fear or other phenomena, observe KiPS components or expanding-contracting. My experience with occasional post-session releases has been they last only a few minutes.

I’ve gotten especially deep BH results by dozing after winding-down time. I don’t generally start a BH session right before nighttime sleep, unless a symptom is interfering with sleep. Often, the dreams I have after my BH session reflect healing changes. My body-mind is attending to healing details, without my conscious effort.

Synopsis:

1. Notice the trauma-related physical sensation (your object sensation).
2. Move your eyes or tap at about one round-trip per second. Notice the object sensation.

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3. Allow trauma-related phenomena to arise and eventually clear. Keep doing eye movement/tapping and stay aware of the object sensation.
4. When phenomena and/or the object sensation subside, continue eye movement/tapping and awareness of the object sensation for about 10 seconds. If the object sensation is gone or much diminished, then slow your eye movement/tapping for about 5 seconds. Then stop.

If new trauma-related phenomena arise or if the object sensation is still strong, you have the option to continue eye movement/tapping.

5. When you decide to stop (preferably during a subsiding phase), do “winding-down” and rest.

Tips for BH

If you physically cannot do eye movement or tapping, search the internet for EMDR™ or “eye movement therapy” supplies. You may find audio products that have a sound come through the left headphone speaker followed by a sound through the right speaker (at a steady rate). You could let the alternating sounds activate your brain hemispheres. There may be buzzers a person holds that send a vibration alternately into each hand, for kinesthetic left-right activation.

A healing ally can tap your thighs (or other left-right body region) for you. Or the ally can move her/his finger (back and forth left-right) within your field of vision for your eyes to focus upon. Your ally needs to know the basic BH technique and be emotionally centered. Keep conversation to a minimum. Do give your partner feedback (e.g., “tap harder... slow down now,” etc.). Take time to digest the session, before speaking about your inner process.

Experiment with BH to find what works for you. Sometimes, I use eye movement, which seems to more strongly engage my brain hemispheres than tapping. Once the process gets going, I instead tap. I’ll close my eyes to notice the object sensation and internal phenomena. If my fingers tire, I go back to eye movement (with eyes open or closed). To lessen the intensity of the internal images during BH, I open my eyes. Occasionally, I do eye movement and tapping simultaneously.

When arising phenomena are especially intense, I might slightly speed up eye movement/tapping. The slightly increased speed processes trauma-related layers across a broader field of my personality areas. I might slow the tempo. The slight slow-down accesses deeper body-mind levels.

By the way, you can’t hurriedly clear all trauma-related links by tapping or doing eye movement at super-speed. Your most effective tempo might differ from one session to another. You can lengthen or shorten the “slow-down” section of BH before stopping. Play with BH “volume”: look/tap slightly less or more emphatically.

BBMSW Variations of BH

Yin-Yang variations:

- * tap the outside, lateral upper thigh with the palm-side of the finger(s).
- * tap the inner surface of the upper thighs with the backs of your fingers.

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I especially recommend you try tapping across lateralities. Tap your right thigh with left-hand finger(s) and vice versa. Cross-lateral tapping can engage more of my personality areas. When I'm unsure, I'll do same-laterality tapping a few seconds, then do cross-laterality tapping for a few seconds. I compare the effect. When in doubt, I stay with same-laterality tapping.

A worthwhile experiment is to tap the left and right sides of the traumatized body region if tapping doesn't harm it. For instance, if trauma influenced someone's ribcage, she could tap on the left and right sides of her chest. Mentally visit the region about to be tapped. If at any time the region doesn't want tapping, position tapping elsewhere or use eye movements.

For cross-lateral tapping of the traumatized region, someone could tap his left ribcage with right-hand fingers and tap his right ribcage with left-hand fingers. It's fine to move tapping to various body regions, as long as tapping is somewhere on your right and left lateralities.

Sometime, add awareness of one or more lateralities during or immediately after the BH session. It might be easiest to start with the laterality where the object sensation resides. In some sessions, I notice each laterality at least once. But if I lose focus on the object sensation, I drop laterality awareness until immediately after the session. Laterality awareness helps more of my personality areas absorb BH benefits.

Your BH Artistry

Add eye movement/tapping to whatever you wish. While I meditatively watched "expanding and contracting" of emotions and thoughts, I wondered "What would happen if I tap?" For that mindfulness session, I got the goodies of enhanced non-dissociative observation skill and enhanced meditation.

At a certain time in my life, I felt very unpleasant sensations when two personality areas that wanted to be co-conscious were unable to do it. For my BH object sensation, I chose the body discomfort associated with the desired but unavailable co-consciousness.

I placed one hand on top of the other in my lap. Thus, one hand's yang surface was touching the other hand's yin surface. I closed my eyes. I became aware of the yang surface, then the yin surface. Then I became aware of both surfaces at once. As I held that "oneness," I noticed the object sensation and did BH eye movement.

The dissociative wall thinned! Those personality areas were freed. They became co-conscious. Eventually, those areas wanted to integrate – and did.

At a later session, I sensed all the lateralities simultaneously. That laterality oneness was my object sensation. I added BH eye movement and tapped. The combination deepened my "unitary consciousness" - direct perception of the oneness of creation! Unitary consciousness is described by scientists such as Einstein and by mystics. If more people had consistent unitary consciousness, there would be far less violence.⁷ When you recognize that someone else is part of your interdependent web of life, you refrain from hurting that person.

To sleep after an exciting day, I'll do eye movement/tapping while reviewing the day's major events backward in time. I recall whatever major happened at the end of the day,

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then whatever major happened before that, and so on. By doing a backward review, I receive relaxation.

A “backward review” of any time period, combined with eye movement/tapping, decreases DI amnesia between my personality areas. It increases a consistency in memory, regardless of which personality areas were predominant during the day. A BBMSW variation is to backward review the time period and sense one or more lateralities.

A physical condition or pain can be the object sensation. I let my awareness roam throughout the painful location’s shape. The painful shape expands and contracts moment by moment. I add eye movement/tapping to my awareness roaming.

One day, I did BH eye movement with my overly-cold fingertip as the object sensation. The temperature of that fingertip and the other fingertips significantly warmed! On a different occasion, I did BH eye movement while doing positive visualization about my fingers becoming warmer. I’ve done BH while silently repeating an affirmation about warmth. My fingers then warmed.

As you can see, you can mix and match BH and BBMSW aspects to fit your needs. You’re like an artist, presented with a palette of healing paints with which to create a more comfortable masterpiece of body-mind-spirit. Do jot in your notebook what works for you.

Affirmations and BH

Choose an affirmation related to your object sensation. For instance, someone could tap and affirm “It’s safe to rest.” Suppose you notice a negative thought? Create an affirmation that deals with its content. The kinesthetic effect of the negative thought on your body is your object sensation. Do eye movement/tapping, keep aware of the object sensation and slowly repeat the affirmation.

When in public, if an uncomfortable PTSD/DI symptom arises, the symptom’s body effect is my object sensation. I silently say an affirmation. I tap with fingers discreetly. Or I might (with mouth closed) tap my tongue to the left then right side of the roof of my mouth. Another option is to alternately tap the big toes hidden within shoes.

I’ve substituted tapping with noticing the feel of clothing or air on my left side. About a half-second later, I notice the feel on my right side. In public, I do discrete BH long enough to slightly ease the symptom (about thirty to sixty seconds). In private, I can do basic BH for fuller healing.

What words and images do you expose your mind to? That exposure affects your thoughts. Frances Lappé and Jeffrey Perkins, authors of You Have the Power, encourage people to follow a “hope diet.” Look for media that offer hopeful possibilities, rather than sensationalized gore and fear-mongering propaganda. See “Resources.”

People who have been traumatized are susceptible to re-traumatization - “common shock” from exposure to news about current traumatic events. Determine what form of news is the least upsetting to all of you. I usually read the brief synopsis online at www.democracynow.org. Then if I want to know more, I listen to or view the program.

What time of day is the least stressful for you to get informed? Depression often is worse in the morning.⁸ Pre-record broadcasts to view at your best time. I usually listen to

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a few minutes of affirmations or meditate right after breakfast, to inspire me into my day's activities. I get my news in late afternoon - after the bulk of my activities but not close to bedtime, to protect sleep quality.

Affirmation Subculture Caution

With certain books and people who tout "positive thinking," I encounter a "blame the victim" mentality. It says that if someone has a condition - for example, cancer - then the person created the cancer through negative thinking. If the person does not get well, it's the person's own fault. Another toxic belief is "The people who are starving, ill, abused, or have other problems have bad karma and are being punished by God." This attitude rationalizes oppression and wars!

There are many interrelated factors involved with any condition. We are part of an interdependent web of life. We co-create (not individually create) our reality on every level. Our thoughts can often shape our circumstances to some degree. It's dangerous to overly-simplify the universe into "if you think it, it happens." Such a warped philosophy blithely ignores the mutual responsibility we all have to restore a clean environment, provide sustainable ecologically-sound jobs and correct other societal ills.

"Performance Rehearsal" Technique

World-class athletes and others rely upon performance rehearsal to improve outward skills and inner qualities. You can rehearse whether or not you've ever embodied what you're rehearsing! Your imagination or external role models can provide details.

Your BBMSW performance rehearsal session may take 5-10 minutes. Think of a challenging PTS/DI symptom (e.g., hyper-startle response). Think of a quality that for you is the opposite of the symptom (e.g., centered calmness). Close your eyes. Take a few slow, relaxing breaths.

Fantasize going through a day's activities with that desired quality. Notice sensory details: how it looks, feels, and sounds. After the fantasized day is done, make a sensory reference for the desired quality. Keep the sensory reference and add awareness of your midline. As you open your eyes, keep the quality going for as long as you comfortably can.

At a later practice, do performance rehearsal while doing BH eye movement/tapping. How does it compare? You can do performance rehearsal while in a hypnotic state. To sum up, we covered four styles of performance rehearsal: standard, with BBMSW, with BH, or with self-hypnosis.

If you have difficulty with performance rehearsal, fantasize a person (real or imaginary) who has the wanted quality. Fantasize how it looks, feels, and sounds to that person to have the quality. What sensory reference expresses that person's experience? Write or draw the sensory reference.

Guided Imagery and Hypnosis

Guided imagery and hypnosis enhance the relaxed alpha brain wave frequency (8-13 cycles per second or "hertz"). The brain wave frequency of the rational waking state, beta rhythms, is 18-22 hertz. Theta (4-7 hertz) occurs while asleep or in especially deep

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relaxation. Delta (1-3 hertz) is found during deep sleep. We experience these brain wave states many times throughout the day and night.⁹ During awake yet deep relaxation, the brain's cycle centers around 8 hertz. Interestingly, 8 hertz is also the electromagnetic field of the Earth.¹⁰

The same brain regions are activated when we experience sight, sound and tactile sensations as when we fantasize them! Brain messages from fantasizing do communicate to the endocrine system and autonomic nervous system, which influence body-mind functions.¹¹ We can improve our fantasizing (imagery) abilities with relaxation modalities.

Relaxation modalities include guided imagery, hypnosis and meditation. Guided imagery often uses more symbolic imagery and less direct suggestions than hypnosis does. Hypnosis may include a longer "induction" stage to establish a deeper altered state. Many people who have difficulty doing meditation do very well with guided imagery. Guided imagery and hypnosis are, overall, equally effective.¹²

All these relaxation modalities reach unconscious mind levels. Guided imagery and hypnosis can be used for habit control, stress management, memory recall, physical wellness, pain management and other applications. Psychologists Joen Fagan PhD and Irma Shepard PhD significantly demonstrated hypnosis helping people who dissociate, including people with Dissociative Identity.¹³

Relaxed or "trance" states for healing purposes have been done for thousands of years throughout the world's cultures.¹⁴ The Native American Ojibwe passed on tribal secrets to boys upon initiation after lulling them into hypnosis with chanting.¹⁵ Known as "temple sleep," hypnosis was prescribed for ill people in Greek classical times. Hypnotic trance was often done in a special place, the place representing self-transformation.¹⁶ The exact location of the place was likely chosen by someone in an altered state.¹⁷

Nowadays, media misrepresents hetero-hypnosis (where one person hypnotizes another) as the hypnotized person having no control. Dictionary definitions link "trance" with hypnosis and stupor. Even author Tara Brach in her book Radical Acceptance (which I recommend) refers to ignorance about reactive behavior and social conditioning as "trance"

"Trance" is sometimes used to describe the relaxed alpha state that results after the initial induction phase of hypnosis. Even in hetero-hypnosis, all hypnosis is self-hypnosis. The alpha brain state is created from within a person.

Whether during hetero-hypnosis or alert consciousness, someone can misuse power. There can be unhealthy "compliance, belief and coercion." But the misuse of a healing tool is not due to the tool itself. According to Dr. David Spiegel, professor and associate chair of psychiatry at Stanford University School of Medicine, hypnosis doesn't take away one's control. Actually, hypnosis enhances people's control of body functions.¹⁸

If desired by a willing subject, hypnosis can change the way reality is perceived. In one study, hypnotized subjects were shown a black and white pattern and instructed to see color. Positron emission tomography of these hypnotized subjects showed that the brain region that responds to color perception was activated!¹⁹ When applied for our holistic self-care, guided imagery and hypnosis can be amazingly beneficial.

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You can do guided imagery/self-hypnosis anywhere. To do self-hypnosis, it's preferable that you have privacy and quiet (see "Resources"). But your self-hypnosis site needn't be perfect - as the following true story illustrates.

Decades ago, I was teaching a self-hypnosis class at a community center. The students lay on blankets and closed their eyes. I started a relaxing narration "...to a beautiful forest. You can smell the freshness of the air. You notice the beautiful colors of the trees and -"

Click clack clack! Click click click clack click! In the thin-walled neighboring classroom, people started a typing class with electric typewriters. Keys were whacking ink-ribbons in the middle of my forest scene!

I prepared to apologize to my students. But their eyes were still closed, their breathing full and slow. Several grinned, realizing the typing. But each student was in alpha state and determined to get the most out of it.

Click click clack! I thought, "I can't ignore these sounds; they're too prominent." I improvised, narrating, "In this lush forest, you hear woodpeckers pecking. Each peck confirms that you are indeed in this beautiful forest. Each peck reminds you to relax even more."

Clack ding! Ding ding ding! The typists had hammered long enough to activate the typewriter bells at the end of each line.

"And the forest elves with their tinkling bells welcome you." I continued narrating, acknowledging woodpeckers and elves. I emphasized descriptions of non-sound sensations: the sights, smells and kinesthetic forest aspects. I guided my students through the technique's steps. I then guided their awareness back into the room and to a refreshed, alert state.

They opened their eyes and sat up. I said, "Write down or draw your sensory reference for the alpha state. How did it look or feel to you?" In their notebooks, they wrote or drew for a few minutes. Then I asked, "Did the typing bother you?"

"Not a bit!" beamed a young man. "I focused on the colors of the woodpeckers."

Another volunteered, "For me, the typing sound faded away after awhile. I was paying attention to the forest air on my skin."

A woman commented, "It actually helped me. I relaxed more because there were elves playing with their bells. It reminded me that I didn't have to be afraid of hypnosis."

Still a bit unsure, I offered to the class as a whole, "I can refund your fee and reschedule -"

"No, it's fine!" they all insisted. "Let's keep going."

By the end of day's class, the students had learned several techniques. Afterward, an elderly woman confided, "I doubted whether I could do self-hypnosis - that old saying 'You can't teach an old dog new tricks.' But I did it, even with the typing! I know I can do it at home with traffic noise."

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Before we launch into how-to techniques, let’s cover buying commercial “relaxation modality” recordings for guided imagery, hypnosis or meditation. This section also gives you ideas about improving your own techniques.

BUYING TIPS

Before buying a commercial relaxation modality recording, listen to the narrator’s voice. Soothing background music adds a wonderful dimension to narration. Ask to read the product script. Some people have upsetting feelings triggered by certain words. Belleruth Naparstek has scripts in Invisible Heroes (see “Resources”) that can serve as models for your own recordings.

Listen to the product when you first get it, in an alert, open-eye state. Often, while listening to a guided imagery/hypnosis product, the mind ignores or substitutes disliked words or imagery. But sometimes the mind can’t or won’t. An option is to buy a product that you generally like and edit out disliked words.

A product might inadvertently address DI, with narration about mind “parts” or “selves.” Interactions between parts should be described as peaceful not competitive. The narrator should not sound condescending or commanding.

Beware of products to rewrite personal history. Sometimes this approach is called “rescripting.” For example, the narration might tell you to go back to a trauma and substitute a pleasant event. A rescripting narration might instruct you to substitute your past reaction to a past event (e.g., trauma) with a different reaction.

Attempted deception about your past creates inner hostility, distrust within and more dissociation. Some of my self-hypnosis clients sought me out, to help them recover from rescripting and damage caused by famous (as well as little-known) practitioners of “Ericksonian hypnosis” and Neuro-Linguistic Programming™. Whether the attempted past-history deception is coming from you or from someone else, its effect can be devastating. Instead of “rescripting the past,” invite your mental aspects to do “performance rehearsal” (below) for the desired future responses.

Investigate a relaxation modality technique, product or service beforehand. Find out the underlying philosophy. Is it based on respect for all genders, sexual orientations, etc.? Does it honor all aspects of the body-mind-spirit? Does it acknowledge the innate wisdom within you?

A guided imagery or hypnosis recording is more effective, if the body is first guided to relax one region at a time. Breathing in relaxation and exhaling tension is a useful way to enter a receptive state. Suppose you’re listening to the imagery/hypnosis CD. By holding the player’s remote control, you can stay relaxed yet pause the CD for more time to do a step.

Let’s examine four magnificent recordings, to illustrate holistic, safe relaxation concepts. Belleruth Naparstek’s recordings are used in over 1500 hospitals and clinics. “For Anyone Experiencing Stress” has a section for creating relaxation. Another section lets the listener identify causes of stress. You could adapt it to investigate emotion content.

Her product “Healing Trauma: Guided Imagery for Post Traumatic Stress (PTSD)” I’ve found beneficial not only for my PTS but also DI. Her symbolism allows listeners to go

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deeper into healing than if trauma was dealt with literally. The narration describes caring guides that offer shattered pieces of oneself back to the listener.

Any effective narration needs to acknowledge the listener's initial emotions, and then gradually guide the listener to the desired state. In "Healing Trauma," Belleruth's narration and background music express the initial desolation of the symbolic trauma landscape. Then the landscape changes, as the listener journeys into the healing power of the Heart.

Mary Marzo, holistic psychotherapist, offers two CDs for listeners open-minded to a feminine representation of the sacred. The sacred could be the Goddess, the Mother Earth, Asian goddess Kwan Yin, the Christian Mother Mary or whatever feminine source of unconditional love you prefer. The first track on the CD "Goddess Relaxation and Meditations" is a very deep relaxation. In the middle, Mary allows a few minutes silence. I suggest during that silence you add your own hypnotic suggestion "key word or image" (below).

Track 2 helps you receive healing energy from the Earth and the universe. Listening to this track centers me, especially when I'm feeling dissociated. Track 3 lets you travel within and ask a symbolic Wise Woman any question. It's appropriate for inquiring about emotion content or other topic.

"Goddess and Child: Healing Meditations for the Inner Child" starts with "Healing the Inner Child." If you have DI and more than one younger area, I suggest you mentally substitute the plural "inner children." The listener is guided to accept what the Inner Child is feeling. Emotion content can therefore safely arise. The listener experiences the adult self, Inner Child and the Mother Goddess all connected by the same breath and heartbeat. When I listen to it, I experience beneficial co-communication and co-consciousness.

The last track is a guided journey to a mossy hollow near a river. A healing circle is created of your spiritual guides or other supportive beings you invite. The healing circle is for "all the parts of your Inner Child." Whether in your improvised technique or in someone else's, any narration that separates out "parts" of the listener should bring them back together or establish interconnection. Otherwise, increased dissociation may occur.

See "Resources" for Belleruth's and Mary's contact information. Check my website to see if I've made audio recordings of my book's techniques.

Common Misconceptions about Hypnosis

* "I'll forget everything that happens during hypnosis."

You won't forget unless you need to, want to, or have a memory-affecting disease. Hypnosis tends to increase recall. That's why it's used for age regression, crime investigation and other memory recall.

* "If I forget to wake myself up from hypnosis, I'll stay like that forever."

Once in the relaxed alpha state, you'll complete the work you intended then return to alertness. If you're tired, you fall asleep then wake up.

When you were doing techniques presented earlier in this book, you did not forget everything that happened or become stuck in that technique forever. Those techniques promote the relaxed alpha state (as does hypnosis).

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The Suggestion Technique

People with PTS/DI often have unhealthy habits or addictions, which may have started before, during or after the original trauma. The word "habit" implies resistance to change. I prefer to use "pattern." As Nature proves to us with each sunrise or season, patterns change. Therefore, you and I know our personal patterns can change.

We can utilize a hypnosis suggestion technique, to decrease or eliminate a pattern we don't want (such as over-eating) or to strengthen a pattern we do want. Your suggestion technique can focus on a specific change or a broad change. A specific change happens faster.

Let's look at a typical symptomatic (not holistic) suggestion technique then redesign it:
Step 1: Write a "goal sentence" that describes what you want to accomplish (example: "I will not smoke.").

Step 2: Write a key word or think of a key image that represents the goal sentence (example: an image of crushing out a cigarette).

Step 3: Go into hypnosis.

Step 4: Mentally say the key word or see the key image.

Step 5: Come out of hypnosis.

If we think of change as a "goal," it's outside of ourselves yet to be accomplished. For holistic self-hypnosis, we already have inner resources to make changes. Let's drop "goal" and instead emphasize the direction to strengthen. We'll write a directional sentence.

In the symptomatic example above, the wording is in a future and negative tense ("will" and "not"). The unconscious responds to suggestion more easily with the positive and present tense. Negative words such as "not" are abstract, less real. What might be perceived by the unconscious in the above example is "I WILL (not) SMOKE." The unconscious might postpone "I will not smoke," since it's for the future.

A better, positive and present tense suggestion would be "I am becoming free of cigarettes." A key word or image is a symbol of the sentence. The right brain responds to symbols. It's important your key word or image be personally powerful.

Step One of the holistic suggestion technique: Write a directional sentence in the positive present tense. Include one of the following:

- * one of your strongest motivations
- * a better way to receive a benefit the pattern gives
- * a better way to fulfill the need that the pattern is trying to fill.

Below I describe these three "fuels" to empower your directional sentence.

Motivations

Some of us may have a strong self-preservation motivation (health, safety, preservation of the self or the species). Other folks are motivated by money (numbers, how many cars owned, etc.). Recognition is another motivation, involving identity, social standing and fame. An adventure motivation desires novelty and travel. There are more possible motivations.

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Any motivation out of balance can be detrimental. Some self-preservation motivation is healthy. But an excess could become hypochondria or paranoia. If someone sacrifices health (self-preservation) overworking to make more money than needed for a simple lifestyle, then one motivation threatens another.

To find your motivation, ask yourself, "What would I get up in the middle of the night for?" If you heard a subtle noise and rose out of bed to check it, perhaps self-preservation is a strong motivation. If a television show host phones you at three in the morning to interview you, would you bother? If yes, recognition could be a prime motivation. Suppose a friend phones in the wee hours and offers you substantial cash to help move his piano (money motivation)? What if a colleague interrupts your deep sleep and invites you over to see the Unidentified Flying Object that just landed (adventure motivation)?

True Life Motivation Examples:

* A woman who wanted to stop smoking realized that she had a strong money motivation. She figured out how many dollars she would save in a year by not buying cigarettes. Her directional sentence: "I save X dollars being free of cigarettes." Her key image (which represented the directional sentence): taking a vacation with the money. When I last had contact with her, she'd been free of cigarettes for four years, which she credited to holistic self-hypnosis.

* A moderately obese, single woman told me that she recently joined an exercise class. "I want to lose this excess fat. Exercise would help. How can I make sure I stick with it? I really want to exercise to get healthier!"

I taught her the suggestion technique. She designed the directional sentence "I am healthier when I exercise." She used it at home for several days. It didn't work. She then asked my opinion.

"Spend more time reflecting on your innermost motivations. Use what you find in a new directional sentence."

Within a few days, she revealed, "I do want to be healthier. But I also joined the exercise class 'cause I'm lonely. The women there are real friendly. And the guys there are a step up from ones I meet at bars." She made a new directional sentence: "I meet new, interesting people when I exercise." Her new key word (a shorthand for her directional sentence) was "friends."

She successfully used the new directional sentence and key word. When I saw her several months later, she looked fit. She cheerfully said, "I've been doing exercise regularly - even by myself sometimes!"

* One spring, a boy with severe allergies was brought to me by his mother. He breathed easily in the winter but had difficulty in the other seasons. I guided him into a relaxed state to recall the ease of winter breathing. I asked him to notice how it looked and felt (sensory references). I requested he keep that "easy breathing" feeling going, as I guided him on a performance rehearsal journey through the other seasons.

I taught him how to use self-hypnosis. He chose a directional phrase "easy as winter" and a key image of a snowflake. He practiced self-hypnosis and his breathing quickly

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improved. Years later, his mother reported that her now-adult son was still breathing fine in all seasons.

* A respiratory therapist who smoked four packs a day sought my help. He discerned he had equally-strong motivations of recognition and self-preservation. "I'm embarrassed to be recognized as a respiratory therapist who smokes! How can I expect an emphysema patient to take my advice to stop smoking, when I'm still hooked?" His eyes tearing up, he added, "I also want to stop smoking, to live long enough to be a good father for my children!"

He designed a directional sentence: "I am a free breather." Thus, he defined himself (recognition), rather than letting cigarettes define him. His key image was him playing with his children (self-preservation, parental love). His daily self-hypnosis was effective within a week. Many years later, he was still a "free breather" and even more respected in his community as a respiratory therapist.

* Someone may need to empower a directional sentence not with a current motivation but with the motivation when the pattern began. A client of mine put his current motivation (better health) in his directional sentence to stop smoking. He used it several days but without success. So I asked him, "What motivation was predominant when you started smoking?"

He recalled, as a teen, wanting recognition from the "cool" neighborhood gang who all smoked. I explained to him that we all have symbolic adult and younger selves (whether or not we have DI). He resonated with that Younger Self concept, declaring "Like age rings in a tree!"

I offered, "Maybe your previous self-hypnosis didn't work, because you tried to take away your younger self's source of recognition. You didn't offer a constructive replacement." I then facilitated his self-hypnotic communication between his adult and Younger Self

He respectfully informed his teen Younger Self about health dangers of smoking. Supportively, he added, "You've got a lot more going for you than that gang. You can be recognized for things other than smoking. For one thing, you're smart!" Together, the adult and befriended teen selves constructed a new directional sentence: "I am recognized for being intelligent."

He used that new directional sentence for daily self-hypnosis. After a few days of tapering off cigarettes (to avoid severe nicotine withdrawal), the intelligent, truly-cool client reported that he had easily quit. "As great as it is to stop smoking, I really like that Younger Self stuff. Now I can go inside anytime and befriend myself!"

Designing Your Directional Sentence

As shown above, you could use a motivation. Another option is to gently ask yourself, "What does the unwanted pattern allow me to do that I wouldn't do otherwise?" Even the most distressing pattern may have a benefit. Mull over healthier ways to obtain the same benefit. Describe a new and better way to obtain the benefit, within your directional sentence.

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When I wanted to understand a pattern of illness I had, I inquired within. I came to realize that one benefit to being ill was I would be more willing to rest. I had a longstanding pattern of overdoing. So my directional sentence was "I can rest being healthy or sick." My key image was a picture of me feeling well yet taking a nap when tired. With holistic self-hypnosis, I delivered the message to my unconscious. Over time, what did I achieve? Not always having to be achieving!

You could inquire within, "What need is the pattern trying to fill?" Incorporate a new and better way to fill that need within your directional sentence.

What if you ask yourself these questions but don't come up with anything? In "Holistic Self-Hypnosis and More - Part 2," we learn to ask within for information. For now, design a directional sentence and its key word/image about something you wish to change. What unwanted pattern do you want to eliminate or decrease? What wanted pattern would you like to strengthen? Find your own meaningful words and images.

While making your directional sentence, consider these next tips. Use versatile phrases such as "I learn new and better ways to..." and "I use new and better ways to...." Acknowledging that something is new and better may ease fear of the unfamiliar. Also versatile is "More and more I can..."

For directional sentences, "better" is better than "best." "Better" implies that you can continue to grow, to learn. In the future, you might find an even better way to fill a need or obtain the unwanted pattern's benefit. With these tips, you're including "post-hypnotic suggestion." You're including words and/or images meant to positively influence you after a self-hypnosis session has ended. The time you spend building a well-constructed, personally-meaningful directional sentence is very worthwhile.

A few real-life PTS/DI directional sentence examples:

* For PTS hyper-startle response:

"I recognize safe sounds more easily." Key image: oneself automatically taking a relaxed full breath, upon hearing any noise.

* For ease with desired co-consciousness, integration and/or fusion regarding DI:

"All of me can relax as walls thin or disappear." Key word: freedom. Freedom represents more mental room for all of the person's mind, by getting freer of thick dissociation walls.

* For dissociative amnesia and exploring emotion content:

"It's safer now in the present to remember my past." Key words: safer present.

* For PTS-provoked verbal abuse:

A male client realized that he trying to fill a need (feeling safe), by pushing people away with verbal abuse. He had been hyper-vigilantly reacting to anyone's words as a threat. So his directional sentence was "I protect myself better by pausing" (assessing the situation before speaking). Key word: pause. A woman with PTS used a different directional sentence: "I learn new and better ways to protect myself."

Ready For Holistic Self-Hypnosis

Got your directional sentence and your key word or image? If yes, you're ready to do the relaxing "induction" techniques below. Worried that you can't learn self-hypnosis

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relaxation? It's too late – you already do it! Your body-mind already creates alpha brain waves throughout the day. Now, it's merely a matter of noticing how alpha feels, while you do an induction technique that encourages alpha.

After you read an induction technique, you might do it from memory. Or write your own synopsis; glance at it during self-hypnosis. Other options are to audio record the technique or have a healing ally read a script aloud.

Here is a version of the "destination-transportation technique" that I and hundreds of my students have utilized. It may take 15-30 minutes the first time. Briefer induction techniques follow. Have your directional sentence and key word/image already chosen. The narration dots ... mean to take time before going to the next instruction.

Don't be dismayed by the number of "steps." They just help you find narration details. Suppose you wrote details about exactly how to walk a few blocks away from and back to your residence. You'd have lots of numbered steps for an actually simple trip. Please read through my "Destination-Transportation Technique" and see the simple synopsis below.

The Destination-Transportation Technique

Step 1: Pick a real or imaginary destination in a natural setting that would be healing or relaxing for you. Choose a real or imaginary form of transportation that would allow you to see the scenery (via windows, etc.) as you travel to the destination. Your transportation needs to be one that won't interfere with relaxing going to the destination or with becoming alert on the return.

Step 2: You may wish to place a cloth over your eyes to block light and a blanket over you to keep warm. Lie down. Close your eyes.

Tighten the muscles of your feet...tighter...now let them go...Tighten the muscles in your legs...now release...Tighten your pelvis...release...Tighten your back muscles; feel them get harder against the surface beneath...release...Tighten your belly and chest...release...Tighten your arms and hands...release...Tighten the muscles in your neck and face...release...

Step 3: With your inhale, gather up any tension you might have...exhale the tension away.

Inhale a relaxing color or feeling and exhale it down into your feet...Inhaling calmness and exhaling it into your legs...Receiving tranquility and sending it into your pelvis...Inhaling a letting-go feeling, exhaling it into your back...Inhaling relaxation, sending it into your belly and chest...Receiving calmness, breathing it into your arms and hands...Allowing relaxation into you, exhaling it into your neck and head...

Step 4: Begin to see your transportation. Notice the shapes and colors of it...if any sounds come from it...You sense a feeling of safety and comfort coming from the transportation. You know this journey will be safe and enjoyable.

The transportation is ready to take you to your destination. As you settle into your transportation, you notice any smells in the air...Feel the texture and temperature of the environment around you, as you begin to travel... Your transportation carries you easily along...Let go into the transportation...

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Step 5: You travel by a sign with the number 10 on it...As your transportation carries you easily along, you will go by the numbers 10 down to 1... With each number, allow yourself to enjoy even deeper, pleasant relaxation...

Step 6: The number 9 goes by. You can feel even more of a calm and peaceful sensation...As you travel, you can see the interesting shapes and colors that go by...

Step 7: The number 8 goes by...Allow yourself to relax into your transportation even more... Your transportation carries you easily, smoothly along... You can listen to any rhythms and pitches that you hear along the journey...

Step 8: The number 7 goes by... You can let go even more. Allow yourself to enjoy the textures and temperatures as you travel...Allow any worries or tensions to drop off you, leaving a trail behind you...

Step 9: The number 6 goes by...Allow yourself to receive another wave of relaxation through your whole body...

Step 10: The number 5 goes by... You can notice any smells that you might encounter, as your transportation carries you even deeper into relaxing, calm peace...

Step 11: The number 4 goes by... You can begin to see your destination in the distance... you can see general shapes and colors...

Step 12: The number 3 goes by...As you relax deeper, you can see more details of your destination...It's as wonderful as you wanted it to be...

Step 13: The number 2 goes by...Your transportation is slowing down now. When you get to 1, you'll be at your destination... Your mind and body become even more tranquil and comfortable... You sense a welcoming feeling coming from your destination...All of nature welcomes you...Nature is glad that you have come here to enjoy it...

Step 14: The number 1 goes by...Your transportation comes to a gentle stop...As you walk onto your destination, the sounds and smells greet you...It feels right to be here... your special place... You feel support and love flowing from this place into you...

...It is natural to grow...to have life...to progress...and so all of nature supports your direction of healing, of happiness...Nature knows why you have come here and is happy...and powerful...powerful since nature is life...

...Nature is ready for you to plant your key. Now you magically have a large seed in your hands...The seed has your key word or image on it... You reflect on all the power nature has...the power your body has to fulfill a million functions...the miracle of the mind...the powerful mind that created your key word or image...Nature is ready now to receive the seed...

...A spot close by beckons you to plant your seed there... You walk over to that place and see that the soil is perfect for the seed...It feels right to plant your seed here...Go ahead and plant your seed...

Step 15: As soon as you plant your seed, you feel a subtle vibration...It is true, nature has accepted your seed...Already your seed is being nourished, cherished, strengthened... The power of nature that can move the tides of the ocean, that brings life to the land now supports your seed...

Step 16: Your seed has been planted. It is growing strong and healthy... You know that you can leave the seed with nature as you have... Anytime you want to, you can come back to this special place or you can visit other special places.

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Your transportation is ready for you to travel back to refreshing awakesness... You can see the shapes and colors of your transportation... You can hear if any sounds come from it... You settle into your transportation and begin to feel yourself move along... You are traveling back a little faster than before, because you know the way now. You feel your transportation carrying you easily, smoothly along...

Step 17: The number 1 passes by... With each number, let yourself breathe in refreshment, perhaps like refreshing peppermint... The number 2 passes by... You feel an increase in refreshing awakesness through your body...

Step 18: The number 3 passes by... Breathe in refreshment, a balanced alertness into your feet... The number 4 passes by... breathe refreshment into your legs... into your pelvis...

Step 19: The number 5 passes by... You're halfway back. You hear your breathing sounds and any other sounds of your practice session location... The number 6 passes by... Allow your back, your belly and chest to enjoy the refreshing feeling...

Step 20: The number 7 passes by... Breathe in that enjoyable alertness, a clean awakesness into your arms, hands, into your neck and head... The number 8 passes by... Become aware of the session location's temperature and the textures touching your skin here...

Step 21: The number 9 passes by... When you get to 10, let yourself be fully refreshed and awake... You can feel how your body would like to stretch... When you get to 10, open your eyes and take a nice stretch...

Step 22: And 10... welcome back. When you're ready, open your eyes and stretch.

Synopsis:

Lie down. Close your eyes. Tighten then let go of your muscles starting at your feet. Exhale any tension. Let your transportation carry you into deepening relaxation, as you travel toward your destination. As you pass each number 10 down to 1, allow deepening relaxation. At 1, you're very relaxed and at your destination in nature.

You have a magic seed with your key word or image on it. You plant the seed in the soil. All of Nature's powers support and nourish your seed. You allow your transportation to carry you back to refreshing awakesness. As you pass the numbers 1 up to 10, you breathe in refreshing alertness. You breathe increasing awakesness into your body, starting at your feet. When you get to 10, let yourself be fully alert, open your eyes and stretch.

Commentary: This technique included "progressive relaxation": the tightening and releasing of muscle groups. If you have busy thoughts when you begin, take your attention as far away from the head as possible; begin progressive relaxation at the feet. If you have significant muscle tension in the head or neck, you might want to start at the head. In the induction, I also included breathing relaxation into body regions.

To shorten the induction phase of your session, choose either the muscle tightening-releasing or the breathing relaxation. You can use fewer numbers, such as from 5 to 1 and then 1 to 5. With practice, you're able to go into and return from deep relaxation more quickly.

Once you've planted your seed on your first visit, you can plant a new seed each visit. Or you can visit the first seed and see it growing well. Outside of sessions, occasionally recall your key word/image and the seed, to reinforce your directional sentence.

You can have a mini-vacation by visiting your relaxing destination, with or without using a directional sentence or key word/image!

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Common Questions

* "How can I tell if I was in hypnosis?"

When you arrive at your destination, stay that relaxed but say your name out loud or nod your head. To do so takes effort and concentration not necessary when you are in a beta alert state.

* "What if something happens in the outside world that I need to take care of right away?"

You'll be aware of anything that truly needs your attention. Notice that during your hypnosis journey, you can adjust your body, your blanket or do other things to be more comfortable. Want further proof? If you're willing to risk a headache, after you've arrived at your destination, suddenly open your eyes and sit up. You might get a headache from such an abrupt change of scene. But you'll see that you can come back quickly.

* "How can I keep from falling asleep during self-hypnosis?"

Bend your arm at the elbow and keep the lower arm up. If you start to go to sleep, your arm will droop, bringing your awareness away from sleep. You might hold a pencil in that raised hand. To keep from dropping the pencil, your mind will avoid sleep. Choose a practice time when you're more rested.

* "If the change in the unwanted pattern doesn't occur, what should I do?"

Use the inquiring techniques in "Holistic Self-Hypnosis and More - Part 2" to ask within for guidance. Do you need to do something other than holistic self-hypnosis, to deal with the pattern?

* "How often should I do self-hypnosis?"

Once or twice a day for at least a week will give your suggestion a chance to take root. Then practice once every other day for a week. If desired change is maintained, gradually lengthen the time between sessions.

* "What else makes it effective?"

Plant or simply recall your key word or image first thing upon awakening or just before you go to sleep. Receptive brain waves are likely present at those times.

Pendulum Induction Technique

Here's a briefer induction method (5-10 minutes) done sitting up.

Step 1: See **Figure 4**. Sit at a desk or table on which you can rest your elbow. You need a paper clip, piece of thread and sheet of paper. Hold one thread end between your index finger and thumb, while that elbow rests on the table. Cut the thread so the other end dangles 1-2 inches above the table. Tie a paper clip or other very lightweight object to that dangling end.

On paper, draw a circle about 4-6 inches across; it does not have to be exact. Draw two lines within the circle making quadrants - like a line running north-south and one east-west. Turn the circle so the lines look + (not x). Hold the thread so, as your elbow rests on the table, the paper clip dangles above the intersection of the +.

Step 2: With eyes open, enjoy long relaxing breaths... Let your imagination feel free and easy... Notice the paper clip dangling. You can imagine that on its own, the paperclip starts to move a little clockwise... With each relaxing breath, playfully expect it to move

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clockwise... You can allow yourself to enjoy the tiny movements beginning to circle clockwise... The movement gets a little bigger... It can be fun to see the paper clip make wider and wider circles... The paper clip moves easily...

Now with your playful mind, slow down the circles... You expect to see the clockwise circles become smaller... and they do... smaller and smaller until the paper clip is stopping at the center.

Step 3: Now expect to see the paper clip make circles counterclockwise... As you watch, the paper clip begins to move... Counterclockwise circles are fun to watch... The circles are getting bigger and bigger... As you relax, the circles get even bigger... And now, your mind can make the circles slow down... the circles are getting smaller and smaller... until finally the paper clip is stopping at the center of the circle.

Step 4: Now you know the paper clip can move in any direction... Expect it to move vertically along that line... You can see the paper clip begin to move up and down... the movement grows bigger... and bigger... Now the paper clip starts to slow down... The movement is getting smaller... and smaller... until finally the paper clip is stopping at the center.

Step 5: There's one more direction... The paper clip begins to move back and forth along the horizontal line... It's even easier to let it move now... As it sways, you can feel even more relaxed as you sit... You can see the paper clip swaying... and you can let the swaying carry you to even deeper peace and calm... Now you see the paper clip is starting to slow down... The swaying is getting smaller... and smaller...

... When the paper clip stops, allow yourself to relax as deeply as you can... The paper clip is stopping... now let go of the thread and close your eyes while sitting up... You ease into that deep letting-go feeling... It carries you easily and quickly to the nature destination...

Step 6: Now you can plant your key word or image... and you know that your mind is powerful... Your mind can be your ally... Your mind is your ally... just as you know nature supports you... your mind supports you... Your mind is learning to be a better ally for you... Your mind can make wonderful things happen... Your mind made the paper clip move... Your mind can make cells move... Your mind can heal emotions... Your mind now is thinking of your key... Your mind has already started supporting your progress... You can feel how your mind is working on your suggestion...

Step 7: When you're ready, you can count yourself up to refreshment as you have done before... You can use the number 1 to start... When you get to 10, you'll be fully refreshed and awake... Use your breath to bring in refreshing alertness with each number... When you get to 10, open your eyes and stretch.

Commentary: You can use numbers only to go to relaxation or only to return to awakensness or for both directions. If you wish, count yourself into relaxation without a destination and without a seed. Once relaxed, simply mentally say or see your key word or image to plant your suggestion.

When you use a paper-clip pendulum, the tiny finger muscles move it. The magic of your mind allows your muscles to move too subtly to consciously perceive. The mind's magic lets us create alternative realities and envision new possibilities.

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Magnetic Fingers Induction Technique (another brief induction)

Step 1: Sit. Rest your hands on your lap or on a desk where you can see them. Interlace your fingers. Keep them interlaced except for the index fingers. Extend the index fingers away from the others. So the index fingers are pointing up toward the ceiling or away from your belly (either is fine). Keep the tips of the index fingers about one inch away from each other.

Step 2: Take slow deep breaths. Keeping your eyes open, allow yourself to let go into that relaxed feeling...that you are already becoming...familiar with...You can breathe in relaxation...breathe out tension...Start with the number 5 and count down, into even more pleasant calmness...with each number becoming more relaxed...

Step 3: Stay relaxed as you see your index fingers. They are about one inch apart...Let your imagination be free and easy...You can imagine that your index fingers are becoming magnets...Notice how the index fingers want to lean towards each other...but don't let them...

The magnetic force grows stronger...Feel how it takes more and more effort to keep the index fingers apart...You try to hold them apart...But tiny bit by tiny bit, they are being drawn together...But don't let them touch yet...even though it takes even more effort to keep them apart...

Step 4: Soon, when they will touch, it will be a magic touch that carries you deeper into relaxation...Soon when they touch, you can close your eyes and sink into relaxation deeper than before...The magnetic fingers draw closer...You no longer try to keep them apart... and now they touch...Close your eyes and allow relaxation to carry you deeper...

Step 5: Let go even more into the relaxation...Your mind created the magic touch...Your mind can create change...In your mind, say or see your key word or image...The power of your mind supports your key word or image...Feel the growing power...

Step 6: You created the magnet feeling... So you can now let the magnet feeling leave... It's leaving now...As it leaves, you feel your fingers becoming ordinary fingers again... You feel now that it would be easy to hold your index fingers apart...

So right now, hold them apart and enjoy the feel of the air that travels between them... When you're ready, count yourself up into refreshing awakesness... As you count yourself up from 1 to 5, breathe in that refreshing alertness... When you get to 5, you can open your eyes, be fully awake and take a nice stretch...

Commentary: If you prefer, you can do this induction with your eyes closed throughout.

Welded Hands Induction Technique (brief induction)

Step 1: Sit with eyes open. Interlace all your fingers together with your hands on your lap or on a desk where you can see them. Allow yourself to let go...into that relaxing feeling...that you are already becoming...familiar with...you can breathe in relaxation... breath out tension.

Step 2: Count down from 5 to 1, with each number becoming more relaxed and comfortable as your eyes stay open... With each number, you invite your imagination to be present...

Step 3: After you arrive at the number 1, you playfully imagine that your hands are being safely, magically, welded together into one solid mass...More and more, they are

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becoming safely welded together, solid like steel... You notice the welded feeling growing stronger...and stronger...

Your hands stay stuck together even though, right now, you very gently try to pull your hands apart... They stay welded together, as you now pull a little harder... Soon when you try a third time, your hands will stay welded. You'll let your eyes close and you'll glide into even deeper relaxation...

Now feel how your hands stay stuck, as you try to pull them apart for the third time. Let your eyes close and sink into an even more pleasant dreamy state...

Step 4: You can plant your key word or image now. It can be a seed. Or just see or say your key word or image... Your key is being planted, accepted by your mind... Your mind is so strong that it can weld your hands together... And so, your mind, so strong... is your ally... It supports your key word or image... Feel the growing power of your key word or image...

Step 5: When you're ready, count yourself into refreshing awakesness from 1 up to 5. With each number, the welded feeling leaves you more and more. With each number, your hands become more separate. When you get to 5, the welded feeling will be completely gone and your hands will be easy to pull apart... When you get to 5, open your eyes. Enjoy the feel of the air between your hands and fingers and take a nice stretch.

Commentary: If you prefer, you can do this induction with your eyes closed throughout.

You can use any induction for something other than a suggestion technique. You could put yourself in deep calmness. Then you could do performance rehearsal or you could just rest. You deserve to rest deeply. Your body and mind do magical healing when you rest even for a few minutes at a time.

¹ In The Mindbody Prescription (Warner Books,1998), Dr. Sarno describes how the unconscious mind can affect the body's systems (e.g., making pain signals and inflammatory processes). He seems to pit the conscious mind against the unconscious in "a battle of wills." I disagree with the adversarial model. I encourage people to be firm yet loving with the unconscious. My experience shows me that it is more effective to create a cooperative (non-adversarial) relationship with the unconscious.

Dr. Sarno writes about his disapproval of alternative medicine. Perhaps he was unaware of the safety and efficacy of natural healing. He seems to imply that a person must choose either mind healing (which he deems effective) or body/symptom treatment (which he deems ineffective).

I have a different, more holistic view. As Dr. Sarno points out, the unconscious (in its attempt to distract the conscious from strong emotion) can create body imbalances. Here I mention one possible imbalance: a low serotonin level that results in depression. I believe it is fine to address body imbalances (preferably with natural healing) while also addressing the unconscious mind. A person with a more normal serotonin level (e.g., aided by St. John's Wort herb supplements) may in fact be better able to communicate with the unconscious. Serotonin may play a role in brain activities that make such inner communication possible. There are numerous other imbalances (e.g., B vitamin deficiency) that likely impair brain-related activities needed for inner communication. Once the imbalance is corrected (preferably with natural means), the person can communicate more effectively with the unconscious and express repressed emotions in healthy ways.

² quoted in Yoga For Depression (see "Resources").

³ Invisible Heroes p.167 (see "Resources").

⁴ You Have The Power (see "Resources") for scientific proofs.

⁵ quoted in You Have The Power.

⁶ Reader's Digest-Oxford Complete Wordfinder 1996.

⁷ The Global Brain Awakens (see "Resources").

⁸ St John's Wort: The Herbal Way to Feeling Good by Norman Rosenthal, M.D. p.211 (HarperPaperbacks)

⁹ Sounding The Inner Landscape: Music As Medicine (see "Resources").

¹⁰ "Music for Sound Healing" CD insert from Steven Halpern, PhD. (see "Resources").

¹¹ Martin Rossman, M.D. "Guided Imagery" in Optimal Digestive Health (edited by Trent W. Nichols and Nancy Faass (Healing Arts Press).

¹² Belleruth Naparstek's summer/fall 2004 newsletter

¹³ quoted in Invisible Heroes p.361 footnote 9.

¹⁴ Anthropology sections of college libraries may have information about specific cultures (e.g., Trance and Possession States edited by Raymond Prince, "Altered States of Consciousness" by Erika Bourguignon from Psychological Anthropology edited by Francis L.K. Hsu).

¹⁵ Hypnotism by G.H. Estabrooks (1957 revised ed., EP Dutton and Co.).

¹⁶ National Institutes of Health www.rex.nci.nih.gov/behindthenews "The Cult of Aesculapius"; also Witchcraft, Magic and Occultism by W.B. Crow (1968; Melvin Powers: Wilshire Book Co.).

¹⁷ "Temples of the Great Goddess" by Mimi Lobell (Heresies, Vol.2 No.1 Issue 5, 1982).

¹⁸ Newsweek "Altered States" September 27, 2004.

¹⁹ Newsweek "Altered States" September 27, 2004.

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Holistic Self-Hypnosis and More – Part 2

Prerequisites: Read “Holistic Self-Hypnosis and More – Part 1.” Practice self-hypnosis induction and performance rehearsal.

For performance rehearsal for healing physical conditions, do a relaxing induction. Then describe healing specifics (e.g., “my inhale sends healing into the bone...”). Add performance rehearsal (e.g., “notice doing activities with the bone stronger...”).

In some techniques below, non-narration instruction is in *italicized brackets []* and dots... indicate a pause.

INQUIRING TECHNIQUES

The answers you receive via these techniques are adjuncts to your logic and opinions from others. The Heart chakra (**Figure 3**) is a prime place to receive answers and Unconditional Love. When experiencing love or other positive emotion, people think more creatively, flexibly and efficiently. They become more emotionally resilient and increase reservoirs of physical, social and intellectual strengths.¹

Before doing the next technique, review the feeling of Unconditional Love you practiced in the chapter “BBMSW for Deeper Emotional Healing.”

“Opening The Heart Chakra”

1. Lie on your back. Close your eyes. In whichever way you like, relax each body region.
2. Fantasize that you are surrounded by a healing white light field... Allow the field to continue automatically...
3. With one hand, gently touch your Heart chakra for a few moments... Notice the Heart chakra as you take your hand away...
4. Recall the Unconditional Love. Invite the Love to return... and you notice the Love beginning to softly move through the white-light field... You sense the Love pleasantly arriving at your Heart chakra...
5. Your Heart chakra is opening like a tunnel... The Love gently flows into the Heart tunnel...
6. Feel how this Love accepts you completely... *[If the energy feels conditional in any way, leisurely search with your awareness, like searching radio stations with a tuning dial, until you find Unconditional Love.]*
7. Make a sensory reference that helps you recognize Unconditional Love...
8. To help you recognize its presence and absence, the Love moves off to the side of the Heart tunnel. It is no longer flowing into your Heart... Notice how it looks, sounds or feels when the Love is absent...
9. Now Unconditional Love returns to flow into your Heart chakra... Notice the presence of Unconditional Love...
10. To show you the difference, Love repeats this presence then absence. Take your time; let Love repeat the presence and absence as many times as you want...
11. When you're ready to end your session, sense your midline. Inhale refreshing alertness and open your eyes.

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Commentary: Sometime, do this technique seated with eyes open. Then do it standing with eyes open.

"Inquiring Via The Heart"

1. Lie on your back. Close your eyes. Take long slow breaths. In whichever way you like, relax your body.
2. Imagine that you are surrounded by a healing white light field...Allow the field to continue automatically...
3. Notice your Heart chakra...
4. With words, images or feelings, ask your Heart to give you a signal that will represent a "yes" answer and a different signal to represent "no." *[The presence and absence of Love could be signals for answers. But other signals are fine.]*
5. So your Heart has shown you the signal for "yes" and the signal for "no." Ask your Heart for a signal to mean "maybe."
6. Ask the Heart a yes-or-no question that you already know the answer to, so you can practice sensing your Heart's signals.
7. Ask your Heart a meaningful yes-no question that you want the Heart's opinion about... *[If the answer is "maybe" or there's no response, ask a different yes-no question. Ask questions to clarify answers.]*
8. When you're ready to finish, thank your Heart. Notice your midline and review the Heart's responses. Inhale refreshing alertness. Open your eyes.

Commentary: Reflect on the Heart's responses, before making conclusions. Sometime, ask your Heart for signal representing other two-choice answers. Sometime, practice standing with eyes open.

Suppose your Heart recommends you do something you don't want to? Ask clarifying questions; you have free will. What if you want to follow the Heart's advice but can't? Ask how to deal with the obstacles.

Is it really the Heart communicating? If my awareness has to move around to track down Unconditional Love, then maybe the answer was from something other than the Heart. Maybe it was from my imagination, intellect, etc.

"Visiting Your Larger Self"

The Larger Self is a larger understanding of the universe. The Larger Self is all-loving, all-wise and all-powerful. You can choose an inquiring question while in trance (step 4) or before starting the induction. Both ways of choosing a question have possible benefits.

1. Lie on your back. Close your eyes. In whichever way you like, relax your body.
2. Fantasize that you are surrounded by a healing, white light field...Allow the field to continue automatically...
3. Count yourself into very deep relaxation from 10 down to 1. When you get to 1, allow yourself to arrive at a very deep, calm feeling.
4. Staying relaxed, gently think of a question that you'd like to have answered by a very loving, wise, powerful aspect of yourself. The question doesn't have to be a "yes" or "no" question.

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5. Fantasize standing at the border of a pleasant, small forest... You can't see past the forest. But you know it is small and will end at a grassy field overlooking the ocean... This will be a journey to your Larger Self... Your Larger Self is all-loving, all-knowing, all-powerful... Your Larger Self awaits you past the forest, on the grassy field overlooking the ocean...
6. You begin to walk through the forest... You can see the greens and browns... You can hear your footsteps... the sounds of happy birds singing... You can smell the trees and flowers... Your body feels more relaxed with each step... It is easy to walk along...
7. You begin to see the end of the forest now... You can smell the subtle salty ocean air... You begin to hear the calm, small waves of the ocean... And as you walk, you begin to sense your Larger Self ... You feel a wonderful love... wisdom... power radiating towards you...
8. You step out of the forest onto the grassy field... You can see the colors of the ocean... the clear sky above you... You can see your Larger Self now... You can feel the love... the wisdom... the power... Your Larger Self is glad that you have come to visit... Your Larger Self is ready and happy to answer your question... Inwardly ask your question now...
9. Your Larger Self has understood your question... Your Larger Self claps hands three times... With three claps, your Larger Self has called an animal that is the symbolic answer to your question. The animal is beginning to emerge from the land, air or sea... In the distance, you can sense where the animal is coming from... In the distance, you can see the shapes and colors of the animal... You are completely safe as the animal is coming close enough for you to see its details of size... shape... colors... movements... You notice if any sounds come from it... You notice any smells... You can imagine the texture of the animal... Notice everything you can about the animal...
10. The animal begins to leave... Your Larger Self stands before you, full of love... wisdom... power... At the feet of the Larger Self, you notice a large box... Your Larger Self opens the box. Larger Self takes out a picture that also is a symbolic answer to your question... Larger Self holds the picture so you can see the shapes and colors of this symbolic answer to your question... Notice everything you can about the picture...
11. Larger Self puts the picture back in the box... As you look at Larger Self, you notice that Larger Self is full of love for you... full of wisdom for you... full of power for you... Anytime you want, you can visit Larger Self again...
12. It is time to bring yourself into refreshing awakesness. Notice your midline for a few moments. Bring the memory of the animal and the picture back with you, as you count from 1 up to 10. When you get to 10, you'll be fully refreshed. When you get to 10, open your eyes.

Commentary: Write about or draw the details of the animal and picture. The animal's age, locomotion, anatomy, eating habits, gender, weaknesses, strengths... any attribute can be a symbolic answer to your question. Details about the picture and even the box could be answers.

"Learning From a Symptom"

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To my ongoing wonderment, my clients and I consistently found (upon inquiry) that every symptom had an underlying good intention. In Chinese, the character for "intention" means "voice of the heart-mind."² Each symptom was attempting to fill a need. Even when the symptom was symbolized as a horrible monster, over time its positive intention was revealed.

For your first session of this technique, choose a mild PTS/DI symptom or other symptom. The symptom can be physical (e.g., headache) or mental (e.g., a recurring thought).

1. Lie down. Place a cloth over your eyes to block light. Take yourself into mild relaxation by silently counting down slowly from 5 down to 1, feeling more relaxed at each number. When you get to 1, let yourself be mildly relaxed...

2. Stay relaxed and notice how the symptom influences your body... Travel to the most prominent local or overall effect in your body...

The symptom is trying to help you in some way. With mental words, images or feelings, thank the symptom for its good intention...

3. Fantasize either a motion-picture theatre or a stage theatre... All the audience seats are empty... See the shapes and colors of the theatre...

The screen or stage is a safe place to watch the symptom communicate to you. The symptom must stay at the screen/stage, unless you ask it to come closer. If the symptom communicates in ways you feel uncomfortable about, ask it why it's communicating that way. You can ask it to change how it's communicating or make requests anytime...

4. Sit as close or far away from the screen/stage as you wish.... You can change where you sit anytime. Notice the texture of the seat...

In your hand appears a magic remote control. You control the communication on the screen/stage. You can pause, stop or restart the communication. If you get too uncomfortable watching the symptom directly, press a button and you would see yourself from a distance watching the symptom. For now, with thoughts, images or feelings, ask the symptom, "What do you want me to know about you?"

5. The symptom begins communicating from the screen/stage. It begins to take form and move. It may show you shapes, colors, sounds or feelings. Don't analyze; just notice. You are safe, no matter what or how the symptom communicates. *[If after a few minutes there is no response from the symptom, ask, "What do I need to do, to become ready to communicate?" If no response, thank the symptom and gently end your session.]*

If you wish, ask the symptom another question such as "What need are you trying to fill?"... Acknowledge how the symptom tries to serve you. Express any honest appreciation...

Communicate for as long as you wish. When you are ready to finish, thank the symptom. The screen/stage is empty. The theatre disappears.

6. Notice your midline and review the communication. Slowly count yourself up from 1 to 5 into refreshing alertness. Remove the eye cloth and open your eyes.

Commentary: Write about the communication. Draw or color what the symptom is like; make sounds about the symptom, and do movements that remind you of the symptom. You can also do non-dissociated observation of the symptom, if you wish (KiPS, expanding-contracting).

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If the symptom is associated with a personality area, refer to the personality area by its positive attributes. Ask if it is willing to learn a new and better way to fulfill its good intention. Ask if it is willing to communicate again and so on.

What if you become aware of a traumatic memory? See the below techniques "Recalling Memories" or "Younger Self." An option you have is to do non-dissociated observation of the memory (KiPS, expanding-contracting).

Once you know how the symptom is trying to serve you, write new and better ways to fill that need.

"More Communicating With the Symptom"

Do this technique after you've written new and better ways to have that need fulfilled.

1. Review the new and better ways you wrote down. Lie down. Put a cloth over your eyes. Take yourself into relaxation. Notice the symptom. Invite the symptom to listen to your appreciation.

2. Sincerely thank the symptom for its good intention. From this point on, refer to the symptom as the good intention. [For instance, suppose the symptom is a headache and has the good intention of letting you know that you need to rest. You internally say, "Thank you for caring enough to let me know to rest, Caring Intention."]

3. Ask the good intention if it is willing to try a new and better way to meet the need. Communicate about one of the new, better ways. If the good intention doesn't like that one, present other ways or ask for its own idea.

Let the good intention know what you'll do in return. [For example, "If you send me a picture of rest, I'll rest as soon as possible." If in daily life you break a promise, apologize and re-establish trust.]

[If the good intention is not willing to try any new better way, ask it what it would need in order to become ready.]

4. Once the good intention and you have agreed upon a new and better way, do performance rehearsal. Fantasize the day's activities with the new better way and with you keeping your promise.

5. After performance rehearsal, thank the good intention. Notice your midline. Review the communication. Count yourself up from one to five into refreshing alertness. Remove the eye cloth and open your eyes.

6. Write or draw about the communication.

Commentary: You can send a symptom unconditional love. Tell the symptom what it needs to know, in order to be free of its burden. It is a burden to try to fill a need in an ineffective, harmful way. Acknowledge the burden; befriend the symptom.

"Recalling Memories"

This technique is for present-incarnation memories. For past lives, see the spirituality chapters.

1. Decide upon a time in your life that you want to understand better. You'll be counting yourself back in time. You are completely safe as you travel. You'll travel from 10 down to 1. When you get to 1, you'll arrive at the memory you've chosen or at the general time period. The first details to emerge will be the ones easiest to handle. After they emerge,

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you will decide whether to let more difficult details emerge. You're in control of this session.

2. Lie down; close your eyes. Starting from 10... let your muscles become loose and heavy. Begin letting go into that deep feeling that you've practiced before... Off in the distance is the memory that you are going back to... 9 goes by... and you can keep that letting go feeling, as your awareness begins moving smoothly toward the memory... 8 goes by... In the distance, you notice general shapes and colors of the memory, as if the event is showing on a distant movie screen... 7 goes by... going deeper, getting closer, staying safe... There might be sounds from the event... the number 6 goes by... You begin to notice any smells of the event...

3. The number 5 goes by... You're about halfway there... noticing the event's textures, temperatures... 4 goes by... You see more about the colors and shapes now... 3 goes by... Your awareness is getting ready to step more fully into the event, like an actor steps into a play... 2 goes by... your awareness is almost there... and 1... You are safe as you arrive...

4. The easiest details unfold from beginning to end, as if happening now. Notice your emotions and thoughts as the event plays out. You can slow the event down, pause or replay it. You're in control...

5. Decide whether you want to see if there are more challenging details. *[If you prefer not, go to the next step]* If you do want to check, then take a deep relaxing breath. There may or may not be more challenging details. If there are and your innate wisdom feels you are ready, they will emerge. Otherwise you will see the event as before. The event replays from beginning to end...

6. When you're ready to finish this session, feel your inhale expand your belly and chest then exhale any tension... Notice the sound of your present breath. As you count from 1 up to 10, you come forward into the present. Bring what you've learned. When you get to 10, you'll be fully awake.

7. The number 1 passes by and you notice any sounds here in the room... 2 passes by... You can feel the surface supporting your body... 3 passes by... You sense appreciation of your courage to explore... 4 passes by... Inhale a refreshing alertness into your chest, belly, back... 5 passes by, you're halfway back to complete alertness. Notice your midline.

8. The number 6 passes by... Inhale refreshing alertness into your legs, feet, arms, hands... 7 passes by... Inhale awakesness into your head and neck... 8 passes by... Notice how your muscles want to stretch... 9 passes by, very awake now and 10, here in the present. Open your eyes. Write or think about the session.

Commentary: Affirm that your inner wisdom automatically starts with the easiest details, whatever they may be.

A client of mine wanted to help police find the man who raped her. But when she tried to recall his face on her own, she blanked out. "When I try to see his face in my mind's eye, I clamp up."

I offered, "How about I guide you into a relaxed state and we'll start recall with his feet?"

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“Yes! It’s too hard for me to start with his face.” Within a few sessions, she accurately recalled the man’s feet (shoes), other body details, and his facial features. She then worked with the police sketch artist effectively.

ACCURATE RECALL

Memory’s four stages of intake, storage (encoding) , rehearsal and retrieval is influenced by many factors, such as the person’s developmental stage, the event’s setting, expectations and post-event questioning. The recalling and describing of the event over time can change the content and the person’s belief in it. Unless you’re pursuing a criminal investigation or legal action, complete authenticity is not crucial.³ You can explore recall for healing purposes.

Watch for personal distortions:

- * exaggerating a trauma (to justify real symptoms).
- * “filling in” hazy memories (due to discomfort with mystery).
- * exaggerating or filling in (to get attention).
- * minimizing or denying a trauma (to avoid pain, to ease current interaction with people who abused).

Do self-care whether there’s proof of abuse or not. Your PTS or DI is evidence that something traumatic happened to you. Our brains can repress unwanted memories.⁴ When you recall a memory, don’t initially completely dismiss or accept it.

MORE INQUIRING TECHNIQUES

A Younger Self (Y.S.) can be as recent as yesterday’s adult. Y.S. is a metaphor yet holds real memories, feelings and thoughts. People without DI can gain insights from this technique.

If you have DI, you may encounter Younger Selves that are not personality areas or some that are personality areas. If while in trance you are communicating with a Y.S. personality area, stay being the adult personality area if possible. When you count up to awakeness, affirm you’ll be the adult area and refreshed.

“Knowing and Loving the Younger Self”

1. Lie down with eyes closed. You’ll count yourself into a deep relaxation, counting from 10 down to 1. With each number, allow yourself to become even more peaceful, calm and serene.
2. Become aware of the pattern that you want to change... You sense how many years the pattern goes back... You, the present-day adult, are watching the movie of your past... You can see, hear and feel your Younger Self who is the age when the pattern started...
3. Younger Self does the best she/he knows how... does the best Younger Self can... Younger Self may be confused... or scared... or naïve about something... Younger Self does this pattern for a reason... and you can see and hear Younger Self tell you the reason...
4. Younger Self tries to take care of some need with this pattern... Ask Younger Self what she/he needs...

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5. You are a wiser, older friend to Younger Self... You understand more how Younger Self could not do better under the circumstances... Notice loveable qualities in Younger Self...
6. Let Younger Self know that you are available... that you love Younger Self...
7. Explain whatever she/he needs to let go of the pattern. Let Younger Self know better ways to fill the need...
8. Ask Younger Self to give you a signal for wanting future communication. The signal will let you know when Younger Self needs your support...
9. Tell Younger Self that you'll be there when Younger Self signals... Notice trust growing between you and Younger Self... You can help Younger Self fill that need more constructively...
10. When you are ready, say goodbye until next time... Notice your midline. Review the session.
11. Count yourself up from 1 up to 10 into refreshing awakeness. Open your eyes and stretch.

Commentary: In and out of hypnosis, acknowledge the burdens of Younger Self. Tell Younger Self what it needs to know to be freer of burden. Keep deepening your inner friendship.

Suppose you have DI and count up to 10 (awakeness) but are not in the adult area? Do self-care. Your awareness will ease into whatever area is best for all of you (probably within an hour). You can adapt this technique so any personality area with a burden can be assisted by any other area(s).

"Questioning Via the Pendulum"

The pendulum for induction (**Figure 4**) is also an inquiring tool. Use it to talk to a body region, unwanted pattern, Larger Self, Younger Self, or other part. First, I recommend you get at least mildly acquainted with the part via other techniques. Have a sensory reference for that part or a sense of how to contact it.

This technique is described below, instead of narrated.

1. Sit with the pendulum dangling as before. Enter a relaxed state with eyes open. Visualize a protective light or Love around you. It permits only loving, wise energy into your space.
2. With a sensory reference, establish contact with the part you'll ask questions.
3. Each pendulum direction will signify a certain answer from the part with which you want to communicate. Ask the part to show you which direction means which answer (e.g., "please show me the direction for yes"). Have four answers to questions (for instance: yes, no, maybe, and won't tell). After the pendulum direction is clear to you, request the movement stop. Do the same for the other answers.
4. Stay tuned to the part and ask a question. Allow the part to move the pendulum, to answer. Communicate in this way for as long as you both want.
5. Thank the part and say goodbye for now. Notice your midline; review the session. Inhale refreshing awakeness.

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Commentary: New answers can be assigned to the four pendulum movements. If you're not sure you're tuned into the desired part, pause the questioning. Focus on the sensory reference.

SPECIAL HELP

The section below address issues in DI. If you have only PTS, please read along! Some people who only have PTS now know or will know someone with DI. Some people with PTS later find out that they also have DI. I encourage you all to read any book section about DI.

If Personality Areas Conflict

If you have a personality area that overrides non-harmful wishes of your other areas, learn about egalitarian (non-hierarchical) power structures. The internet and libraries offer information about egalitarian power: power-with instead of power-over. Spend time doing a harmless activity that one area enjoys.

If one area's desire conflicts with another's, compromise. What are the values that each area shares? Library information about consensus helps negotiations.

Do you have a differently-abled (disabled) area (e.g., one that is less able to speak)? Learn about that "special need" via books, websites, etc. Tips for communicating with children can be employed with younger areas. Employ your Larger Self to re-parent or to provide an inspiring role-model. As one of my younger areas put it, "When I grow up, I wanna be my Larger Self!"

Some therapists try to "exorcize" a client's personality area. This ineffective approach re-traumatizes the client! See "Spirituality - Part 1." Perhaps an unwanted area has non-harmful attributes that other areas find distasteful due to prejudice. "All of you" can learn to release prejudice. Even an area with harmful negative patterns has admirable traits. What need is the area trying to fill? Adapt "Learning from a Symptom" to deal with the need.

A concern that may come up is "Will contact with the negative area contaminate the rest of me?" My experience with my own areas is there's no "contamination" (unwanted negative change), as long as one or more areas keeps focused on the "healing purpose." For me, the healing purpose is the perception of lasting contentment and the liberation of all of me from suffering.

A negative pattern may be thoughts, feelings and/or behavior. The negative pattern causes discomfort for the personality area producing it (not just other areas). The "producing area" doesn't yet sense the body enough or know enough to reduce the discomfort.

Here are examples of what I might pick from, to handle my own healing situation. I scan body and/or mind for the burden (discomfort caused by the negative pattern). Then I do affirmations, performance rehearsal, or other technique to help the negative-pattern-producing area sense how the burden feels in the body. I deliver the good news to the area: it deserves to be free of the burden.

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I inform the area it is not the negative pattern. The area has a greater, more satisfying identity. It is part of the Larger Self. I might send sensory references of the Larger Self. I offer sincerely, “I can help you feel more comfort and pleasure.”

I acknowledge the positive attributes of the personality area. I refer to the area by a positive attribute. I describe better ways to fill the need. “I know ways to find out the need and to fill it better. You deserve help to be free of burden.”

I assist the area in developing positive qualities. I point out the freedom and pleasure generated by these qualities and from releasing the negative pattern. If one communication technique doesn’t work, I try another. Each area I’ve encountered so far (and there have been many) has eventually responded to this approach! Why? It’s natural to want to release burden and enhance qualities that bring deeper happiness.

My most reliable means is to share the experience of receiving Unconditional Love. One of my areas that can tune into Unconditional Love to some degree does so, and then invites all areas to participate. I might do performance rehearsal or affirm that the area receives the Love.

Even an uncooperative area that hates the other areas is consistently, unconditionally sent the Love by my other areas. After suspicion or rejection of the Love, the area becomes curious. The area re-evaluates itself and other areas. I affirm, “You can sample the Love and are still free to go back to the burden pattern if you want. You deserve the Love. You deserve to be free of burden.”

Sometimes it’s a challenge for a willing area to let Love in. If I sense an obstacle, a resistance in my body, I then breathe relaxation into the resistance. Perhaps I sense an area worrying, “If I let the Love in, how will I protect myself?”

I work with the area’s emotion/thought pattern like any pattern. I affirm “The Love nourishes, protects in new, better ways.” I send the area sensory-rich benefit memories of how the other areas are becoming more wise, nourished, and protected.

Diversity of Areas

A person with DI may have areas of different ages, genders, sexual orientations, races and even species. I accept the area’s self-description. Simultaneously, I acknowledge the reality of my body and my other areas’ self-descriptions.

Some of my long-repressed areas had thought of themselves as male. When in the 1980s I, as one boy area, emerged into the present, that area of me sensed my adult female body. That female terrain differed drastically from the male area’s self-conception and, perhaps, “body map.”⁵ I as that male area felt disappointed and frightened.

That male area originated in my early childhood. In hopes that if I was a boy I wouldn’t be raped again by my father, the area of me dissociated and changed from girl to boy. Decades later, after emerging into my adult woman body, that male area and other male areas got accustomed to it. The male areas absorbed feminist values from other personality areas, coming to understand that females are as worthy as males. I learned that instead of just two genders, there are over forty in the Diné (Navaho) culture.⁶ Though initially one area of me briefly considered sex reassignment surgery, all of me soon concluded such a surgery would not be fulfilling. Instead, all of me gained lasting satisfaction, by appreciating my body as it was and stretching my mental concepts.

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A monumental concept-stretching opportunity for me occurred in the late 1970s, years before I knew I had DI. I was a student in a class taught by a "humanistic psychology" instructor. The full-bearded fellow stood in front of a chalkboard and announced to our class, "We're going to create a belief system. Let's call it 'A'."

He wrote "A" on the bottom-half, left side of the chalkboard. "Tell me about belief system A." We were hesitant. He urged, "Just make something up. If someone believes in Belief System A, what does he or she believe?" Randomly, students shouted out various beliefs. The instructor listed them near the "A."

Then he wrote 'B' on the board's bottom-half right side. "Describe the opposite belief system 'B'." Students voiced the opposites. He listed them near "B." "Here we have two opposing systems, either-or. Either A or B."

I smugly thought, "This is boring!"

He drew a big circle around the two lists. In the empty upper-half of the board, he wrote "C." "Now think of belief system C that includes both belief system A and B."

I admitted to myself, "I can't think of what could include A and B! Both-and? But A and B are opposites!" My classmates appeared perplexed, too. I felt fascinated and frustrated with the challenge.

The instructor continued in a sympathetic voice. "It's hard, huh? What I'm asking you to do is called 'both-and thinking.' Both-and thinking is unfamiliar. We grew up in an either-or society. Relax and have fun with this! What belief system is large enough to hold both A and B?"

Gradually, a student here and there offered attributes of the inclusive, both-and belief system C. To my surprise, our class actually came up with a viable belief system C! Our teacher then said, "Your homework is to notice either-or thinking in yourself. Look for either-or thinking in what you read and see on T.V. For each instance, imagine what a both-and might be. I expect you to report on it."

By the end of the week's homework, I found both-and thinking awkward yet familiar. I surmised, "It must be familiar because, like the teacher explained, as children we naturally have access to both-and thinking. But it gets drilled out of us by society!"

Several years after that class, when I realized I had DI, the "both-and" concept aided my self-acceptance. My adult area (with a certain belief system and self-concept) encountered my diverse areas. I recalled that in my very early childhood, some of me had reached out to compassionate metaphysical beings. The beings adopted and raised some areas of me, as best they could from their metaphysical locations. Other areas of me had survived trauma, by drawing upon my previous incarnations' memories (especially those memories of cultures that weren't abusive). See the spirituality chapters for research regarding such phenomena.

I remind you that you don't have to believe as I do, to use this book. I hesitated before writing this section. People can be susceptible to the power of suggestion, altering memories to fit those heard about or read about from other people.⁷ What tipped my decision to write this section? Decades ago, I would have been very relieved to read someone's progressive views about diverse personality areas. Among my book readers are probably some who feel similarly.

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Integration and Fusion of Personality Areas

I don't focus on integration/fusion but on self-care. If integration-fusion happens during self-care, that's fine. As I mature spiritually, each area becomes freer of negative thoughts, uncomfortable feelings, and egotism. Degrees of integration/fusion happen; dissociative walls thin or disappear. Yet each area's true essence, gifts and perspective continue. There's no loss - only gain.

Sometimes, my inner wisdom urged me to consciously work with integration-fusion. Other times, the inner wisdom advised against focusing on it. As with physical exercise, there are natural times to do it or avoid it.

Even my eager areas sometimes resist timely, appropriate integration-fusion. I complained, "Just when I got used to this way of being, it needs to change!" Vice versa, areas that strive too hard for integration/fusion may not want to accept an existing mental structure – even though acceptance would be healing and necessary.

In either case - whether I'm resisting needed change or resisting acceptance of an existing mental structure - I bring my awareness to the burden of the resistance. There is tension in resistance. I let go of a little of the tension, the burden. I notice the slightly-increased freedom and ease. The benefit motivates me to let go some more.

Each personality area has gifts to offer the whole person. Those gifts can be shared with or without keeping the area separate. Here's a metaphor that lets me relax with integration/fusion: drops of water (areas) blend within the ocean. Each drop still has the characteristics of water. It's still me... the true "self."

Moving From Self To "Self-ing"

Whether you have DI or not, your "self" is not a noun. It's a range of mind-body sensations.⁸ We sense that range, when we practice non-dissociated observation. "Self-ing" could describe the ever-changing sense of being (such as human be-ing: a verb). In Radical Acceptance, Tara Brach illustrates that being a solid self, being an "I" tears her away from belonging with the rest of creation.⁹

Sometimes people latch onto their diagnostic label as an identity. Some people with DI call themselves "multiples." People who aren't "multiples" are "singletons." When certain publications that I read used "multiple" and "singleton," they discounted the mental fluidity of people who don't have DI. The writers were using labels to create an us-them social division.

Have you noticed that I generally refer to you not as a trauma survivor (noun) but as someone who survived trauma (verb)?

Cautions about the DI Subculture

Rationally scrutinize DI-related publications, groups, etc. Notice the attitudes and behaviors you encounter. Find out the philosophies of those who fund and operate the resource.

So you can be wiser in your contact with the DI subculture, I'd like to share a bit of my personal history with it.

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celestialsinger1-healingbook@yahoo.com*

My father who abused me considered himself a Christian (like most Americans). In the 1970s, more U.S. women began speaking out about sexual abuse and incest. I was pleased, thinking "The truth is getting out: children aren't usually abused by a stranger but by their own relatives." I hoped the patriarchal oppressive society would be dismantled, by feminism breaking the silence and denial. It was a movement that would later be dubbed "the survivorship movement" (adults who survived child abuse).

From 1976-1986, I had served hundreds of female clients who had been sexually abused. Most of them had been abused by male relatives. I didn't ask my clients the religion of those men. But my clients often mentioned it.

For instance, one client said about the relative who'd abused her, "He'd molest me on Saturday night and go to church on Sunday morning." Almost all these clients described the religions of the men who abused them as Christian. A few described them as Jewish. Some of my clients said they were molested by priests or ministers; one said she was abused by her rabbi. Not one client out of these hundreds ever described the person who abused her as a Satanist.

In 1989, I founded a mutual-support organization Multiple Personality Dignity (MPDignity). I noticed the survivorship movement on T.V. talk shows and survivorship publications featuring people who said they were abused by Satanists. I wondered, "Where's the coverage of abusers who are Christian?"

One day, a friend who attended a therapist's group spoke with me. She appeared shocked. "I just got back from therapy group. One woman changed her abuse story – saying she had more than one abuser and that they did Satanic abuse. Then, when it was two other women's turns, they changed their stories too! They now claim the abusers were Satanists. I've known these women and their original stories for years. Suddenly, they're changing them. Each seems to want the have most sensational story!"

I pondered over whether those women were seeking solace, by blaming abuse on an outside evil (Satan). I silently thought, "In the dominant society, lots of Christian people abuse their children. Did those women change their stories to feel safe in Christian society?"

A certain acquaintance kept increasing the number of people she claimed raped her as a child. She added bizarre contradictory details. She appeared on a T.V. talk show of women who said they'd been abused by people in Satanic cults.

One day not long after that show, I was in a local store. I looked through its windows and saw that acquaintance park her car outside. I was surprised to see her drive; she had told me she was legally blind.

She walked into the store, squinting. She sidled up, trying to see who I was. "Hi, Cindee!"

"Hi! I saw you drive up. But I thought you were blind!"

"I am. But if I squint and tilt my head like this, I can see a little. I can't take the bus. The cult might grab me at the bus stop! They're always looking for a way to get me! But I'm prepared." She pulled open her large pocket to reveal a pistol. She smugly added, "I'm not afraid to use it." I quickly left, feeling thankful with her low vision she hadn't mistaken me for a cult member.

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It would be a few years after I would close MPDignity, I would read of studies showing that people who have inaccurate memories can strongly believe they are true.¹⁰ I would read that some people have difficulty determining whether memories are actual or are from outside sources. An article author would write that people are susceptible to contagion, suggestion and contamination effects. He would point out that “after almost a decade” (before 1993) of sensational allegations, no independent evidence corroborated the claims.¹¹

It would also be in that 1993 future, when I would read about the first study of the prevalence of “satanic ritual abuse.” In a National Center on Child Abuse and Neglect survey of more than 11,000 U.S. psychiatric and police workers, researchers found more than 12,000 accusations of “group sexual abuse based on satanic ritual” but not one that investigators could substantiate.¹²

But before 1993, I didn’t have the benefit of the aforementioned printed information. So while MPDignity was still going, a participant told me that she had wanted to join sooner but was afraid. “I heard that MPDignity was a Satanic cult. That the leaders would pick up participants at street corners, blindfold them and drive them to the secret meeting location where Satanic rituals were. I was scared ‘cause you do keep the meeting location secret, don’t you? And you aren’t a Christian!”

I rented our meeting place from the local school district. Because of reporters wanting to drop in, I did not publicize meeting locations. I only told MPDignity participants, to protect privacy. In survivorship and mainstream media, “Satanic” came to encompass anyone and anything that did not fit into fundamentalist Christianity.

The Bethesda Psychhealth System (a church-affiliated provider of “comprehensive mental health services”) published “Spiritual Dimensions of Ritualistic Abuse.” It stated that “demonic spirits,” “raging alters” (personality areas) and “dark manifestations of evil” are terms used increasingly in “psychiatric consultations.” It implied that the majority of people with DI survived “abusive ritualistic practices.”

Since I drew some of my spiritual nourishment from wicca (a peaceful, Earth-based religion), I was quite interested in The Wiccan Information Network (WIN) of Vancouver, Canada. WIN sought to provide accurate information about Wicca (true witchcraft not Satanism). WIN reported about a police seminar on “Satanic Crime” given by Eric Pryor sponsored by the Vancouver Christian Center. When Pryor was asked why he thought Vancouver was a (supposed) center for Satanism, Pryor blamed Native Americans and gay sex.

WIN reported about a police manual on “gangs, groups, and cults.” I confirmed WIN’s findings: the manual confused witchcraft, paganism and non-dominant religions with Satanism. The manual listed among characteristics of “demon possession”: change of personality and epileptic convulsions. “Deviant sexual behavior” and the yin-yang symbol (used in Asian medicine and philosophy) were termed “Satanic.”

An investigator of real cults, Hal Mansfield, of the Religious Movement Resources Center (a service of the United Campus Ministry at Colorado State University) endeavored to educate people on the huge differences between alternative religion and destructive cults. The RMRC report was published in “Witchcraft, Satanism and Occult Crime: Who’s Who and What’s What.”

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I wrote an open letter published in "Witchcraft, Satanism and Occult Crime" and elsewhere. I described that some fundamentalists and therapists were labeling almost every abuse as "Satanic abuse." They were exploiting child abuse to justify persecution of racial and religious minorities. The result was that people equated DI and/or child abuse with abuse by Satanists. Abuse done by Christians was downplayed.

This labeling of an abuse by race or religion was a threatening precedent. I asked people to pledge not to use racially-based or religiously-based abuse terms. I offered examples:

"I was ritually abused by a Christian" (not "I am a survivor of Christian abuse").

"I was sexually abused by my Hispanic uncle" (not "I am a Hispanic abuse victim").

"My abuser was a Satanist" (not "I received Satanic abuse").

Among those publicly supporting this MPDignity "Position Against Racism And Religious Bigotry" were Ellen Bass (co-author of The Courage To Heal), Dendron magazine (for those who survived abuse by the "psychiatric industry"), the Association for Women in Psychology Implementation Collective of 1991, Incest Resources Incorporated, and the Women's Recovery Network.

What have I learned from my foray into the DI subculture? My opinion is that Satanists are a tiny minority of the population. Because of their philosophy of power over others, some of them likely abuse people. The same addiction to power-over permeates the military-industrial complex and other aspects of mainstream society. I'm much less concerned about abuse done by Satanists than I am about violence that affects far more people – such as war, destructive governmental policies, and child abuse done by people who aren't Satanists.

Let's round off this chapter with a few more tips and techniques that may substantially ease your DI healing.

Sampling Co-Communication and Co-Consciousness

Personality areas might communicate inwardly, in dreams or thoughts. Areas might communicate outwardly (e.g., one area leaving writings for another). Respectful co-communication and co-consciousness can greatly add to one's quality of life. Even the most mature personality area benefits from other areas' wisdom. Conscientious areas must set firm boundaries when needed, to protect the whole body-mind.

You can do related hypnosis techniques by yourself or with an ally. The ally can speak the narration and ask pertinent questions during your trance. A good ally is someone who's neither repelled nor overly-fascinated by DI phenomena. The ally should stay focused on the session's healing purpose. You may want to make your own recordings. For instance, I recorded a tape for my "relaxing with fusion and change."

Consider adapting the destination-transportation technique from "Holistic Self-Hypnosis and More - Part 1." At your chosen nature destination, a personality area you want to know better (or who is ready to communicate) is awaiting you. Your transportation carries you to the safe, comfortable destination. You sense the other area already there. You both communicate for however long is comfortable. Perhaps you communicate with pictures, feelings or words.

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While at the destination, any personality area can do performance rehearsal for any skill. An area might teach comfort skills. Such skills include slow breathing, non-dissociated observation, and receiving Unconditional Love.

The natural destination can have a theatre stage or movie screen. For instance, personality area A meets Personality area B at the destination. A inwardly asks B "When did you first dissociate?" Perhaps B can't recall or would prefer to let the stage/movie screen show the past. You can invite your Larger Self or spiritual guides to be with you, while watching the stage/screen.

Co-communication or co-consciousness can be done with or without a self-hypnosis or meditative state. Here are examples that assist DI areas:

1. Fantasize strands of healing light or Unconditional Love connecting all your personality areas known and unknown.
2. Conceive of your mind symbolically where many are included in the whole. For instance, your mind is like a tree: many branches of personality areas, yet all one tree. Or you might prefer the symbol of a weaving: different strands, yet all one weaving.
3. Fantasize a personality area, other than the one your awareness is in, doing performance rehearsal of a useful skill or quality.

Integration-Fusion

Integration is when two or more areas are combined to some degree. Fusion is a deeper combining. You might want to sample integration via the transportation-destination technique in "Holistic Self-Hypnosis and More – Part 1." Your area (A) arrives at the nature destination where B awaits. A asks B to temporarily merge slightly for a few moments. Suppose B is willing.

In that case, both of you (A and B) stand in front of each other. The molecules of your shapes begin to change into particles of light. There is lots of space between particles. Then A turns her/his back to B's front. B slowly steps forward into the shape of A, all the particles of light easily merging.

Then A senses the thoughts and emotions of B for a few moments. B senses the thoughts and emotions of A for a few moments. Staying as one form of light particles, both gently communicate. When either wishes, your one shape of light particles separates out into two shapes. Then A lets the transportation carry A back into awakeness.

It's possible that, when A is ready to travel back to awakeness, B may also want to go along. B may want to experience the alert state (and the external world) at the same time that A does. Before doing this joint return, A and B should internally discuss it. While still at the nature destination, A and B could do performance rehearsal for the joint return to alertness. Another possible preparation is for B to rehearse the "inner safe place" technique (in "BBMSW for Deeper Emotional Healing"). If B gets too uncomfortable with alert reality, B can rest in the inner safe place.

If A and B (you) arrive at awakeness together (with a degree of integration) I suggest you stay still a few moments after opening your eyes. Do simple, gentle activities at first to get accustomed to the integration. Your sensory perception (how things look, sound, etc.) may seem different. Take relaxing breaths and sense your midline. Observe in a non-

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dissociated way any discomfort. There may be no discomfort. You might sense increased joy and freedom.

You might sample integration-fusion with non-dissociated observing. Let's say you're in personality area A. Then a kinesthetic sensation, mental picture or internal sound/stuff arises (KiPS). Observe the arising. You can label it or not, as you prefer.

Then, partially "shift" (don't fully switch) your awareness to a different area (B). So now you are somewhat B.

As "somewhat B," observe another KiPS arising. Then shift back to mostly A.

Continue slowly taking turns.

If you wish and are able to, as A and B simultaneously, observe another arising together. End your practice with the degree of awareness (in one or two personality areas) that feels most comfortable for now. You might let your body guide you as to degree. If you feel a lot of body tension, try shifting a degree of your awareness differently before ending your session.

As usual, in your notebook write about or draw your discoveries. Over time, your own insights and wise experiments will be very valuable. You'll appreciate having a record.

¹ “Bouncing Back,” Prevention magazine June 2002.

² Rebecca McLean p.453 in Optimal Digestive Health (ed. Trent W. Nichols and Nancy Faass, Healing Arts Press).

³ “Traumatic Memories” Sidran Traumatic Stress Foundation.

⁴ See Newsweek (March 27, 2006, p.51) about the “motivated forgetting” experiments conducted by psychologist Michael Anderson at the University of Oregon.

⁵ I’ve read, witnessed and experienced that often, when a previously-repressed personality area newly emerges into the present, the personality area feels surprised by the present body. For example, an area that dissociated while young and short is surprised to kinesthetically feel and see how tall her adult body is.

I pose a few questions for healing arts practitioners to possibly investigate. When a newly-emerged personality area comes into consciousness, might he/she have a brain “body map” different from the body map of the present-day personality area? Another possibility is that an individual with DI has only one body map. But each personality area might access, interpret and/or interact with that body map differently.

Suppose that different personality areas have different body maps. When an individual’s personality areas develop co-communication, co-consciousness, integration and/or fusion, do their body maps become more similar? Suppose an individual with DI has only one body map but different areas use it differently. Perhaps with co-communication, co-consciousness, integration and/or fusion, all the areas use the one body map in an increasingly similar style.

⁶ Changing Ones by Will Roscoe (St. Martin’s Press).

⁷ “Remembering Childhood Trauma: Fact and Fiction” by The International Society for Traumatic Stress Studies.

⁸ Emotional Healing Through Mindfulness Meditation p.111 (see “Resources”).

⁹ Radical Acceptance p.19 (see “Resources”).

¹⁰ “Remembering Childhood Trauma: Fact and Fiction” by the International Society for Traumatic Stress Studies.

¹¹ “Diagnosis and Clinical Phenomenology of Multiple Personality Disorder: A North American Perspective” by Frank W. Putnam, M.D., Dissociation Vol. VI No.2/3 June/Sept. 1993.

¹² Daily Camera newspaper Nov.3, 1993 reprint of New York Times article “Dubious Devils” by Daniel Goleman.

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Acupressure, Massage and Intimacy

You, the reader, might have questions about the ancient healing art of acupressure – questions similar to those spoken in the following episode from the 1980s.

I was sitting at one of the tables in a natural foods restaurant, listening to the forty-something, business-suited, formal-mannered man seated across from me. I was wearing baggy sweatpants, a tee-shirt and my casual body language. We had originally met a week ago, while attending a nutrition seminar for health professionals. At the seminar, he had hesitantly told me his M.D. specialty. I had then described my natural healing education that had saved my life. Since there was little opportunity during the seminar to talk, he had requested a one-on-one meeting. So I told him to meet me at this organically-oriented eatery.

Now he was leaning a tad toward me, over our table. He ventured, “I believe what you said about natural healing helping you survive incurable disease. I can’t talk about natural healing with my M.D. partners. They get antagonistic. I don’t really know anything about natural healing. But I wanted to talk with you, because some of patients who shouldn’t be getting better are! They say they’re getting better, because they’re using natural healing they learned somewhere. Their improvement doesn’t match anything I was taught in medical school.”

His eyelid twitched from turmoil. “I can almost see the logic of nutrition. But I can’t believe in other things.” He hefted a sigh. “I wish I did believe in what you do, the acupuncture - ”

“Acupressure,” I corrected. “Acupuncture uses very thin needles at body points. With acupressure, the points are stimulated with finger pressure. I teach it in classes.”

“Well, I wish I did believe in it, because my back has hurt so badly for so long I’m going to need risky surgery. It probably won’t help. But it’s the only thing left. If I believed in acupressure, I could try it. I’m a damn doctor and I can’t even heal myself! Please tell me how acupressure works. I want to understand. But I’m a scientist.”

I replied, “Years ago when I was a student at UCLA, I volunteered as a patient for one of the first U.S. acupuncture studies. Medical doctors had sponsored acupuncturists from China. An M.D. had mapped body points where there is more electrical activity. After he had mapped hundreds of electrically-active places, he discovered each place corresponded with an acupuncture point.”¹

His scientist sensibilities perked. “That’s incredible! Way beyond coincidence.”

“The UCLA doctors went to China and saw acupuncture used as the only sedation during surgeries.”

Up went his eyebrows; his eyes widened. “How?”

“The acupuncturist assisting the surgeon would occasionally jiggle acupuncture needles. Sometimes he attached electrodes, so a machine could activate the needles with a mild electric current.”

“Didn’t it hurt the patients?”

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“Acupuncture needles are much thinner than hypodermic needles. Sometimes you can’t tell a needle’s been inserted. They’re placed in receptive points.”²

He wryly smiled. “I’ll take finger pressure over needles any day! Does acupressure work as well as acupuncture?”

“Yes, depending on the situation. It’s been very effective for me.”³

“Why does it work?”

“There’s evidence it stimulates the body’s pain-relieving endorphin production. There’s a life force, called ‘chi’ in Chinese, which permeates life forms. The body is an ocean of chi. In that ocean are currents: acupressure meridians. In the currents are whirlpools - the points. Sometimes chi flow gets blocked. By pressing on a blocked acupressure point, the blockage may be removed. Then the chi can flow freely.”

Squirming with disdain, he said, “That sounds ‘hocus-pocus’ to me.”

I matter-of-factly countered, “Germs and X-rays were thought to be imaginary until machines became sensitive enough to detect them.” He stopped squirming.

I offered, “Feel the chi, by pressing on the fleshy webbing between your thumb and first finger. This point is ‘Large Intestine 4’.” I placed my right thumb on my left hand palm-side of the webbing. I placed my first finger on the webbing’s dorsal side. “I’m pinching the point.”

He mimicked and pressed his own LI4 point. “That’s really sore!”

“Soreness indicates a blockage. Massage the point; the soreness reduces. That point is to relieve headaches.”

His mouth dropped partly open, in surprise. “I have a bad headache.”

“See if it helps.” He massaged both hands’ LI4 points for about thirty seconds.

He humbly spoke, “I can’t believe it. My headache is almost gone. It doesn’t make sense that a point on my hand can help my headache.”

“The point’s meridian goes to the head. Press firmly. Do you feel a zap going up your arm?”

“Yes.”

“Does the zap follow this line?” I traced, on myself, the meridian.

“Yes, I feel it where you traced. My headache was like a tight vise and now it’s barely there. Thanks for teaching me!”

“You’re welcome. I especially like teaching acupressure to students in my classes.”

“Are the students – uh – disrobed?”

“No. We do acupressure through loose clothing. Some of my students and clients become interested in acupressure, because they had severe low back pain. I show them the low-back ‘anesthesia’ points.”

“Where are those?”

“Imagine the bones supporting the buttocks muscles. Those bones form two bowls, one on each butt. The muscles and fat is like dough. You can reach back and massage into the dough.” Through my sweatpants, I began massaging my buttocks muscles.

He self-consciously glanced around the restaurant. Since this restaurant was frequented by massage therapists, no one else noticed my impromptu demonstration. He blushed, though and mumbled, “I’d rather not try that on myself here.”

I suggested, “At home, massage the points. Or lay on them with a tennis ball.”

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“You said this point is ‘Large Intestine 4’. Does that mean my large intestine is ill?”

“No. Westerners named the meridians after organs or functions, numbering the points. Chi is two energy polarities: yin and yang. Asian medicine has a complex Five Element Theory.⁴ For routine self-care, it’s not necessary to understand all Five Element Theory. I teach people points that work most often.”

“What kinds of people attend your classes?”

“Ranchers, typists, nurses, doctors... all kinds of people. Some are there, because they heard acupressure helps control addiction to over-eating or drugs.”⁵

“Doctors are in your classes?”

“Sure. I encourage people to mix and match whatever works from natural or medical approaches.”

“I was mistakenly thinking I had to choose between them. The fact that there are doctors in your classes reassures me about validity.” He chuckled, “I don’t have to worry about what they’d think of me if they see me - because they’re in the class too! And you see patients?”

“I call the people I assist ‘clients.’ I like equal power relationships.” I began to quip, “My client is not the lowly patient and I’m not an - ” I stopped myself.

“You’re not what?”

“I didn’t finish a joke because I don’t want to offend you.”

“Go ahead. I’ve been taking myself too seriously.”

“Well, the client I assist isn’t the lowly ‘patient’ and I’m not an ‘M. Deity.’”

He laughed, “That’s a good one! Some MDs do act like they know everything – ‘M. Deities.’ Sign me up for your next acupressure class. May I also make a private appointment?”

“Sure.”

A few days later at his session, I combined acupressure with Asian massage done through his loose clothing. I showed him how to massage the low back points. “If I were you, I’d massage those points at least twice a day, until the pain subsides.”

A few weeks later, he reported with pleasure, “My back is so much better! I’m not going to schedule back surgery. I’m going to tell patients who seem receptive about acupressure.”

There are massage styles that incorporate acupressure such as Japanese shiatsu, American foot reflexology, Chinese ear reflexology and Vietnamese face reflexology.⁶ What do these styles have in common? They embrace the idea that harmonious flow of the energy is essential for well-being.

Almost anyone can activate his or her own acupressure points. Even if one or both of your arms are missing or disabled, you can still utilize this chapter. I provide a variety of practical means below, including visualizing the points instead of pressing..

Suppose you don’t have a missing arm and /or are able to use your fingertips. To get ready for self-acupressure, cut your fingernails very short. That way, your fingertips can press points firmly without damage. Alternative pressing tools include your knuckle, elbow, a pencil’s eraser end, or other tool (see “Resources”). Remove any item from your

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hands and wrists that might scratch. Sense your center of gravity (*Center Chakra, Figure 3*).

Don't press on a skin irritation, skin opening or injury. Some cancers might spread, if massage is done over the tumor site. Don't massage on a medicine injection site for several hours, to prevent a too-fast medicine distribution.

There's disagreement in Asian medicine as to when, in pregnancy, a “pregnancy-forbidden” point should be avoided. Depending on the reference, the same point may be labeled as forbidden for stimulation of any kind during pregnancy, or as safe for acupressure but not for acupuncture, or as safe for both. I've noticed that during a thorough Swedish or other style of non-acupressure massage, the “pregnancy-forbidden points” happen to be massaged along with muscles. I know of no ill effect from massage styles that incidentally included pregnancy-forbidden points.

If someone presses a pregnancy-forbidden point in the context of intending to cause a miscarriage, that is a different situation. If you're pregnant, get the advice of your health professional (preferably one familiar with acupuncture), before using the point “Large Intestine 4” (below) on a regular basis. Also ask about points Spleen 6 and Kidney 3.⁷

Many of my clients and students who had survived trauma told me how they benefited from acupressure and massage. Research proves acupuncture/acupressure is effective in a wide range of conditions.⁸ Intention is the most important factor in bodywork.

When you massage or press points, press to the “edge of the pain” threshold not beyond. “Hurting in a good way” releases blockages and tension; it doesn't cause more. Initially, for traction and fingertip sensitivity, don't use a lubricant. Traction may assist you with softening trauma-related muscle “knots” (fascia adhesions) that impede chi.

Sometime, try BBMSW as you massage yourself anywhere. PTS/DI-related chi blockages can be quite established. I find that by combining BBMSW during acupressure, blockages are cleared more effectively. BBMSW brain and nervous system healing supports chi flow.

If you have DI, a point might be sore for one personality area but not another. You can use co-communication or other skills (see previous chapters) for better chi flow. Suppose one personality area has better chi flow (less sore acupressure points) than a different area. The freer-chi area can teach the chi-blocked area. For instance, the freer-chi area might send the chi-blocked area kinesthetic sensation and pictures. “This is how it is to let chi flow.”

My book's drawings help you locate the points. Occasionally, points are described as being a certain number of “cun” away from an anatomical landmark. “Cun” means “personal inch.” An infant's cun is shorter than an adult's.

To find your cun, look at the widest distance across your thumb pad. The thumb pad is 1 cun across. The length from your index finger's skin crease (middle knuckle) to its fingertip is 2 cun long. For other cun measurements, see “Resources.” On some people, a point might not be exactly where it looks like in the illustration.

There's an ancient Asian saying, “When in doubt, err on the side of yin.” Yin is soft and gentle. Do too little rather than too much. It's better to repeat a lighter pressure than to press too deeply.

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Missing Arm(s) and Phantom Limb

An option to finger pressure is to press an acupressure point by leaning it into a table corner or other pointy surface. You might press with an adaptive device (special-grip spoon, typing tool, etc.). Visualization or other thought activity can activate any point. In Asian medicine, there’s a saying I’ve found true: “chi follows thought.” If all you can physically do is visualize a point, I encourage you to do it. There’s more about visualization below.

“Phantom limb” is when a person whose limb is amputated still perceives sensations there. An acupuncturist acknowledged my impression about my amputated fingertip’s chi. “Chi can flow where a finger or limb used to be - even many years after the amputation.” My experience brought to mind Kirlian photography. If a Kirlian photographer tears part of the leaf off and places the leaf onto the camera’s plate, glowing light (chi) appears as the whole-leaf outline.

If you have “phantom limb” sensations, you can do point visualization with the missing limb. You can inhale chi and send it into the missing limb. To ease phantom limb pain and tingling, see the points below that address pain, brain and nervous system. Allow the missing limb chi to fade over time, at its natural pace. Use techniques from other chapters, to help release emotions about the missing limb.

Point Soreness and Yin-Yang

Points are usually on meridians. In charts printed in English, meridians are named after organs or functions. Point soreness does not mean the meridian-name organ is diseased. Asian medicine attributes each organ or body function with an emotion, color, season, etc. Instead of getting deep into theory, here we focus on symptom relief. I gleaned the specific information regarding PTS/DI from texts, teachers and real-life applications.⁹

Chi (life force) has two polarities: yin and yang. Traditional associations include:

Yin: female, dark, cold, passive. A yin massage stroke is light and quick.

Yang: male, light, hot, active. A yang massage stroke is deep and slow.

Each person, regardless of gender, carries yin and yang within. Our current global crisis is due to a yang-heavy imbalance. Somehow, yin got labeled “bad” and yang “good.” Yang, without the balance of yin, over-stimulates the sympathetic nervous system and seeks to oppress other beings.¹⁰

Yin-Yang-Yin Massage

When you massage with your right fingertips, make small clockwise circles. When you massage with your left fingertips, massage with counter-clockwise circles. Such movement is usually easier ergonomically. The movement is also traditional in the Asian massage I learned.

Treat your shoulders’ trapezius muscles to a “Yin-Yang-Yin Sandwich” – a massage sequence I dubbed with an American tag. The trapezoid-shaped “traps,” as massage therapists call them for short, tend to “trap” daily tension. Please review the trapezius’ location, described in the “Bilateral Body-Mind-Spirit Weaving” (BBMSW) chapter.

With your right fingertips, massage the horizontal ridge from the left side of the skull-base indentation out to the left-most edge (above your left arm bone). Start the massage at

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one small spot left of the skull-base indentation. That’s a place where the ropelike trapezius attaches to the head.

Lightly massage - using one or more fingertips together - that “rope” for a few seconds. Then lift your massage tool (your finger group) off your skin. Lifting off assists the release of stagnant chi. Massage the neighboring spot at the left.

Continue massaging one spot at a time. Massage the ridge of your left trapezius with a yin pressure. Thus, you’ve made the yin layer of the “sandwich.” Yin is light pressure; yang is deep.

Massage the ridge again but with deeper pressure. Invite muscle knots to show themselves, so you can massage them. Massage muscle knots “cross-fiber,” with small motions perpendicular to the muscle fibers - like sawing a log. Do deeper massage of the ridge of your left trapezius. You’ve made the yang layer of the sequence.

Massage the entire ridge again with a light yin pressure. Then with one smooth motion, stroke from the left side of your skull-base to the top of the arm bone. To finish, just above the skin, stroke your outer chi (aura). Now treat your right trapezius muscle to the yin-yang-yin sandwich massage.

Massaging the trapezius and nearby muscles can prevent headaches. It reduces PTS hyper-vigilant shoulder-raising habits. Try this yin-yang-yin sandwich massage anywhere you can reach.

Base of Skull Points (no illustration)

These next points relieve tension headaches, as well as neck and shoulder tension. Governing Vessel 16 is also utilized to “calm the spirit,” reducing restlessness, fear and severe sadness. Gall Bladder 20 improves sense organs and eases pain. Be respectful of your body’s signals. The spinal cord and nerves are in this region.

To activate these points for the first time, lie on your back so your head’s weight is resting. Don’t use a pillow under your head. Find again that center indentation at the base of your skull. The indentation is on a meridian “Governing Vessel.”

Press into the indentation, pressing toward your face. That point is Governing Vessel 15. Keep that depth but angle your direction up toward the top of your head. Now you’re pressing Governing Vessel 16. GV15 and GV16 are about .5 cun (half your personal inch) away from each other. Hold the pressure 3 seconds or less.

Touch to the left of the indentation, where you felt the left attachment of the trapezius muscle. Now move a little more left where the base of the skull curves slightly down. There’s a valley to the left side of the left trapezius attachment. Press into this valley, just below this low point of the skull-bone curve. Here is Gall Bladder 20. Press toward your face for 1-2 seconds then angle toward the top of your head. Hold for 3 seconds or less.

There’s another GB20 on the other side of the skull-base indentation. Press it the same way. Repeat these four points up to 3 times daily.

Tips: Slightly tilt your head back, to exaggerate the skull-base indentation at the center, and to deepen the space all along the base of the skull. For better depth, press GV15, GV16, and GB 20 with a finger’s middle knuckle.

Low-Back Pain

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Massage your buttocks with your fingertips or, for deeper pressure, use the knuckles of your closed fist. Massage one butt at a time. Do a light yin scrubbing of the butt’s “bowl of overflowing dough.” Gradually, do deeper pressure. If you discover a sore spot, sink into it for several seconds. After deep pressure, finish the butt with lighter-pressure circles. Massage the other butt in this same manner. Do a few minutes massage at least twice daily, if you have low back pain.

Do acupressure by lying on a tennis ball. Roll one cun or so at a time; find the sore spots within the dough. When you find a sore spot, let the ball stay on it for a few seconds. For less pressure, lie on your side and lean back toward the ball. Acupressure has proven to be as or more effective for low-back pain than standard Western physical therapy.¹¹

Heart 7

Heart 7 is “shenmen” (Spirit Gate). It can be accessed on both body sides via its wrist point or ear point (below). In **Figure 5**, we see H7, often on the wrist crease. Feel for the pisiform bone. H7 lies to the thumb-side of the knobby end, slightly proximal (toward your torso). There’s a tendon to the thumb-side of H7. This point lies in a crevice.

Use only light pressure. If you press hard, you might irritate the ulnar nerve. By massaging with tiny, light circles over the point’s location, you’ll likely activate H7. If possible, press straight on without circles.

Heart 7 is to “calm and regulate the spirit.” Among many symptoms helped by H7 are disorientation, poor memory due to PTS/DI dissociation, insomnia, extreme mood swings (due to PTS or due to DI personality areas “switching”), verbal abuse driven by a PTS reaction, and desperate laughter caused by a dissociative break from reality.

Use H7 for any anxiety. H7 is employed to calm palpitations of the heart organ. Press or barely touch H7 on both wrists for at least 60 seconds, for best results.

In **Figure 6**, we see shenmen’s ear location. The ear has scores of points that benefit the body. With one fingertip or a cotton swab, press firmly on shenmen for at least 20 seconds. Do each ear. Traditional texts caution us to not do extended deep pressure on H7 or H9 (below).

Heart 9

See **Figure 7**. We see the “nail point” on the Heart meridian, about 1/10th cun from the cuticle corner. Gently squeeze or press H9 (on both hands) a few seconds. It supports the heart organ and relieves fatigue or depression.

Heart 9 relieves similar symptoms as H7. H9 is also used for excessive sighing, tongue pain, tongue swelling, tongue thrusting, dry throat, eye pain and red eyes. Try it for oral sexual abuse memories. Suppose you have alternating anxiety and depression? Use H7 with H9.

For better results with PTS/DI, sense your opposite laterality (from “Bilateral Body-Mind-Spirit Weaving”), as you press H7 or H9. If you’re going into a stressful situation, press H7 and H9 beforehand. Press or visualize them during the stressful situation; no one will notice.

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Large Intestine 4

During constipation, the colon (large intestine) has slowed its action. To stimulate a bowel movement, look at your belly. Imagine a large, non-digital clock is on your belly, with your navel at the center. Massage your belly in a clockwise direction; start anywhere on your “clock.” Massage the soft region between the ribcage and the pubic bone.

Lightly (yin) massage at one spot (2 or 3 cun wide) for a few seconds. Then massage the next spot along the clock’s clockwise direction. After completing the circuit, then massage again with deeper pressure. You might hear gurgles or expel gas, as the intestines begin to relax. Massage the clock thoroughly yet comfortably. Finish with a lighter circuit.

If you have diarrhea, barely touch the belly with a continuous smooth stroke going counter-clockwise. Or stroke counter-clockwise just above the belly skin. You thus instruct the chi within the aura to retain feces longer.

Figure 8 shows Large Intestine 4. It’s at the height of the mound of the webbing, when you bring your fingers and thumb close together. Press the mound height.

Another way to press LI4 is to place your right thumb on the palm side of the left hand’s webbing. Place your right first finger on the other side of the webbing. Your right thumb supports the first finger’s massaging motions. Repeat on the other hand.

LI4 may relieve constipation or diarrhea. If you have bouts of both, try LI4. This point balances the colon’s actions.

Tension headaches are aggravated by constipation. With LI4, you might get headache relief and constipation relief. If you have a one-sided migraine, press LI4 on the hand that is on the same side as the headache pain. About 50% of the time during one-sided migraine headaches, I’ve observed same-side LI4 massage works better than massaging both hands’ LI4. Later, you can massage the opposite LI4 if needed.

This point traditionally alleviates pain anywhere - but especially in the upper body. A teacher of mine declared LI4 “the aspirin of acupressure.”

Lung 10

See **Figure 9**. Notice the thumb bone closest to the wrist. Lung 10 is about midway along that first metacarpal bone. Hold your left palm toward you. Place your right index finger on the palm side of the thumb’s fleshy “thenar eminence.” Place your right thumb on the back side of the left thumb. With your right thumb’s support, press with your right index finger. Repeat on the other hand.

Lu10 eases coughing, hoarse voice and sore throat. I find Lu10 slows a too-fast, anxiety breathing rate. I’ve used it successfully on people having asthma attacks. Lung 10 is one of the stars in this next true-life story.

Once I was driving on a remote rural highway and saw a car parked on the shoulder. The car had a badly smashed front fender. A man lain on the ground. He struggled to sit up. I parked and ran to him hollering, “Stay still! First aid says to stay still so you don’t hurt yourself!”

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He reluctantly resumed his lying-down position. I sat next to him, visually checked him for external bleeding and didn't see any. He gasped, “Another driver came just before you. He went to get an ambulance.”

I knew the nearest help was many miles away. He started to sit up again, as if to stand. “Where are you going?” I asked.

“I don't know. My head hit the steering wheel and my neck hurts.”

“Please stay put!” He was quite restless. He needed to stay still, to avoid permanent spinal injury (due to whiplash) and to avoid worsening a concussion. From my seated position, I urged, “Let me hold your hands.”

Now he had the look and tone of machismo, angry at the “sissy” idea that he needed his hands held. He bent his knees as if to stand. He grouched, “I don't need - ”

I grabbed hold of his hands. This move forced him to stay, to not go walking - unless he was willing to drag my ready-to-be-limp “dead weight” along. I tried to placate, “Holding hands will help you – I mean us –uh, I mean me stay calm.”

His macho veneer evaporated. “Okay, if it helps you.” His speedy breathing rate continued. “I keep thinking I have to walk somewhere. But there isn't really anywhere I'm supposed to walk to, is there?”

“There's nowhere you have to walk. It's wiser to wait here with me.” I spoke reassuringly about the scenery, to keep him distracted. Every few seconds, he prepared to stand up – only to find my hands resolutely clasped to his.

While I was holding his hands, without saying anything about it I massaged his Lung 10 points. Within 20 seconds, his panicked breathing slowed to almost normal. He stopped trying to stand.

But then he yelped, “Ow! That was my chest. My chest hurts now. It's maybe my heart.” His face suddenly paled. I asked him if he took heart medicine. He mumbled, “I'm not sure.”

As I mentally reviewed my cardiopulmonary resuscitation training, I massaged his Heart 9 points. Into my memory zoomed one of my acupressure teachers, instructing: “If you see someone having a heart attack, remember Heart 9. Do C.P.R. first. Or get somebody else to do it and you squeeze Heart 9 hard at the same time!”

As the minutes dragged on, I periodically activated Lung 10 for his breathing. I kept up perky, distracting prattle, as I frequently pressed his Heart 9 for his chest (possibly heart) pain. A healthy pink color returned to his cheeks.

Finally, the ambulance came. The Emergency Medical Technician took a gurney from the out of the vehicle's back hatch, got the injured man on it, and rolled it into the vehicle. Before the EMT shut the door, the injured man told the medic, “I keep thinking I have to walk somewhere!”

The EMT replied, “It's a good thing you didn't, 'cause you would have hurt yourself. How did you stay calm for so long, while you waited for me?”

The rescued man said, “She stayed with me and held my hands. I think she rubbed them. Somehow the rubbing helped.” The E.M.T. slammed the back door, hopped in the driver's seat and sped off. Now alone, I sighed loudly with gratitude for first aid training and acupressure. Acupressure “first aid” and other natural healing methods can be invaluable additions to (not replacements for) emergency medicine.

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Pericardium 6

This meridian is named after a membrane protecting the heart. To find your P6, place your three fingers across the opposite wrist, as shown in **Figure 10**. There are two double lines representing two tendons (palmaris longus and flexor carpi radialis). P6 is snuggled in between the two tendons. Use one fingertip. If your finger is too big or the tendons are too slippery, press in the general location.

P6 is an excellent point for reducing nausea from almost any cause (including personality areas switching, PTS flashback, pregnancy, seasickness, etc.). P6 “regulates the spirit” to ease insomnia, fear or sadness. Press P6 on both hands. Press firmly but not enough to cause nerve discomfort. Hold several seconds and repeat as needed.

Governing Vessel 26 and Conception Vessel 24

In **Figure 11**, we see two points: one just above the upper lip (in the indentation below the nose) and one just below the lower lip. When someone is deep in thought, she sometimes instinctively lays her fingertip on one or both points. Is it coincidence that these points affect the brain and nervous system, which help us figure things out?

The Governing Vessel begins with Governing Vessel 1 near the tip of the coccyx (“tailbone”). GV1 (not shown) is between the coccyx and anus. Chi travels up the spine, continues over the center of the head’s top to the face, and ends at a point (GV27) on the upper gum. GV27 is just below Governing Vessel 26.

GV26 is used for “restoring consciousness” (during epilepsy) and treating severe psychological conditions that include “inappropriate” laughter and crying. The type of laughter-crying meant here is not the pleasant type when you laugh so much you cry a little. The laughter-crying type meant for GV26 treatment forewarns a mental break with reality.

Years ago, there was a period when I would switch DI personality areas once or more each minute. One area would frantically laugh then a different area would cry inconsolably. Even people who don’t have PTS/DI might, during great turmoil, suffer this laughter-crying. If it continues longer than a few minutes, it can cause dissociation or worsen already-existing dissociative symptoms. Keep GV26 in mind, to help reduce such stressful laughter-crying.

When you’re not in crisis, explore GV26. Find a private place where you can touch your coccyx skin directly. After you get familiar with this technique, you can do it without touching yourself.

Rest (don’t press) one fingertip on GV26. Rest the other hand’s fingertip at the end of your coccyx. Keep contact, as you visualize chi flowing between the two points. Imagine breathing light or chi along that midline of your back... from your coccyx... over your head to your lip point GV26.

Very slowly, lift your fingertips off the skin. Hover within an inch of the skin. Keep visualizing chi flowing along your midline, as you slowly bring your hands farther away.

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Wait about one minute. Then without touching your coccyx point, rest one fingertip on GV26 for a few seconds. Then bring that finger away from the skin. Still sense the chi flow along your back’s midline.

Now get acquainted with Conception Vessel. It begins at a point (CV1) located halfway between the anus and the female labia opening or male scrotum. The chi flows from that point up along the front midline and ends at the CV24 lip point. With one hand’s fingertip, contact CV1. With the other hand’s fingertip, contact CV24. Imagine light or chi flowing between them.

Gradually, let your fingertips hover just above the skin. Keep sensing chi, as you bring your hands away. Wait about one minute. Without touching your CV1 point, rest one fingertip on CV24 for a few seconds. Then bring that hand away from the skin. Sense the chi flowing up your front’s midline.

Before going into a stressful situation, prevent or reduce PTS/DI symptoms by contacting (or visualizing contact) on Governing Vessel and Conception Vessel. Refresh your GV and CV chi flow discretely. How? Touch briefly one or both lip points or visualize them.

One teacher told me Governing Vessel governs the nervous system and Conception Vessel regulates the brain. No wonder I’ve relied on them for relief! Decades ago during periods of intense switching every few seconds, I was seriously disoriented. My consciousness would land in one personality area just long enough to remember that I had DI. “Oh, that’s why I’m forgetting!”

But then I would forget I had DI. My awareness would arrive within a different personality area and within a past place and time. I’d try to get oriented to the present time and place then switch again. This switching was exhausting for my brain and nervous system.

Fortunately, regardless of where my consciousness was, I almost always knew to breathe into my Center or to activate GV or CV. These Vessels of chi that connect brain, nervous system and genitalia supported my healing journey into previously-blocked child abuse memories.

The traditional use of GV26 is for restoring consciousness. Here is my additional perspective. When a person is experiencing a PTS flashback, the person has “lost consciousness” of the present. When someone with DI switches to a younger-aged personality, consciousness of the present is likely lessened

I suspect that GV26 is capable of restoring consciousness of the present for the person with PTS/DI. Many years ago, I saw massage school classmates benefit from GV and CV awareness, during their trauma-related “processing” of emotions stirred by receiving bodywork. They were having PTS flashbacks. A few were displaying hints of DI. These classmates safely moved through a trauma-related body sensation, with the help of GV and CV.

For anyone, activating GV and CV brings a calm alertness. Pressing firmly (instead of lightly) on GV26 at a slight angle (against the base of the nose cartilage) can reduce fainting or dizziness caused by physical reasons (e.g., sunstroke). For instance, I’ve seen firm GV26 pressure used during a wilderness hike. A few of the hikers had become

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dehydrated in the hot summer sun and felt dizzy and weak. They pressed their own GV26 points, to keep being able to walk to a water and shade source.

Tip of Tongue Point

A knowledgeable martial arts instructor showed me a tip-of-tongue point that has connections to Governing Vessel. If you gently bite the tip of your tongue, you activate the point. This point helps with fainting, dizziness or nausea from non-dissociation causes.

I also find it reduces the PTS/DI version of these symptoms. As a person’s consciousness returns to the present after a PTS flashback or DI switching, the person may sometimes have what I call “dissociation dizziness.” If the dissociation dizziness is strong or prolonged, it may cause “dissociation nausea.” The tip of tongue point and other points in this chapter work better for dissociation nausea than bismuth (Pepto-Bismol®).

Governing Vessel 20

See **Figure 12**. On the midline is GV20. This region is the home of the “crown chakra” (**Fig. 3**) - an energy center for “transpersonal” awareness. Awareness of being part of a larger whole (e.g., awareness of spirit) is transpersonal. GV20 gives the brain and the spirit calmness and clarity.

Is your mind too hectic? Have you ever felt discomfort from co-communication between personality areas? Sedating GV20 will help your mind relax and pace itself. To sedate GV20, place one hand on your center chakra. Rest one fingertip of the other hand on GV 20 for several seconds. Gradually lift your fingertip off GV20, hovering just above the skin for several more seconds. Imagine your head is an increasingly fluffy cloud within a vast, spacious sky. Keep the sensation with you.

Another way to relieve the mind’s over-consumption of stimuli is to rest one hand’s fingertip on your third eye chakra (**Fig. 3**) and the other hand’s fingertip on GV20. Slowly bring both fingertips off the skin. Let them hover for several seconds.

Afterward, sense the locations without touching or hovering. Visualize them.

Suppose your mind isn’t “too full” but dull, fatigued, “spaced out” or dissociated? Stimulate GV20 with a moderately-deep massage, for about 5 seconds. Add belly inhales and midline awareness.

Third Eye Point “Yintang”

The third eye chakra (**Figure 3**) is an acupressure point “yintang.” Some references state it isn’t a Governing Vessel point but an “extra point.” Others list it as “no name” yet number it as GV point 24.5 (between GV24 and GV25).

Use yintang with GV20 as described above. Or you can activate yintang by itself, to assist with anxiety, frontal headache pain or insomnia. Yintang is also utilized to treat acute or chronic childhood “fright.” Even if your childhood fright was years ago, get acquainted with this point.

Gently pinch the skin in front of it 1-3 seconds, then release. An option is to press lightly. Still another option is to let a fingertip hover about ½ inch off the skin for several

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seconds. Try hovering sometimes, with simultaneous awareness of your center chakra or CV1.

If you have uncomfortable degrees of spiritual or extrasensory perception, then quiet yintang. Visualize the over-active chakra as a wide-open flower. Encourage the flower to close part-way. Don't try to close off your third eye completely or repress your innate spiritual perceptions. See the spirituality chapters.

Kidney 1

In **Figure 13**, we see Kidney 1, also known as “Bubbling Spring.” It is one of the places where chi from Mother Earth enters the body and “bubbles” up to the rest of the body. On the sole, you might see a darker section and a lighter section. Kidney 1 is near that border. Kid1 is a foot chakra. Massage gently between the second and third metatarsal bones near the skin-tone border. Some folks' Kid1 are located at slightly different spots. Follow your instinct.

How can you ease “excess chi in the head” (e.g., migraine heat, mental chatter)? Activate Kid1, to help the excess descend from the head and distribute to other body regions.

Sometimes, excess head chi may seem you're about to “blow your stack” with rage. In that case, massage Kid1 firmly on both feet for several seconds, to activate Kid1.

For mild to moderate anxiety, lightly massage Kid1 on both feet for several seconds. Kid1 traditionally calms the spirit. Kid1 can ease fear and insomnia for people with or without PTS/DI.

Here's a deceptively powerful way to reduce acute, severe anxiety. Hold one fingertip ½ inch away from the skin above each foot's Kid1. Hover for at least several seconds. If you can't reach these points yourself, then use visualization (below). For acute, severe anxiety, hovering or visualization is much better than pressing. First practice this when you're not in crisis.

Kidney 1 Visualizations: Sit upright with both feet flat on the floor or ground. Notice each foot's Kid1 point. Notice what is touching it (e.g., sock, floor). Fantasize Kid1 beginning to glow with a soft white light. The points become wider, opening like a flower about 1-2 cun in diameter.

Fantasize that you can breathe in through these feet chakras. Inhale healing particles of light through them. Do this for several seconds. Allow Earth's healing energy to rise from the ground, automatically entering your feet and ankles. Thank Earth for nourishing you.

On a different day, become aware of your feet chakras as before. But this time, you have roots of energy emerging through the feet chakras... roots sinking down into the Earth. Allow your roots to go deep into the Earth; receive Earth's healing through your roots. Thank the Earth.

During a PTS/DI symptom, bring your awareness to your feet chakras. Feel Kidney 1 soften and open. Notice everything you can about your feet chakras: their size, borders, and so on. Breathe in healing energy through your feet chakras. Sense your connection to the Earth. Kidney 1 brings the “un-rooted” (anxious or dissociated) back to the Source of chi.

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If you are able to sit cross-legged, try this BBMSW variation. Take your socks off. Sit cross-legged on the floor. Place your right palm onto your left foot chakra. Place your left palm onto your right foot chakra. Keep simultaneous awareness of left and right, as well as feet and hands.

Slowly lift your palms; let them hover about ½ inch away from the soles’ skin. Inhale chi. Exhale it out your hand chakras into your feet chakras and up into the lower body. The hand chakra can substitute for Kidney 1.¹²

A remarkable display of Kidney 1 occurred when I was twenty-one, as this story tells.

One day in Kung Fu class, my somewhat short, Asian instructor asked for a volunteer. “I need someone to try to lift me off the floor. Someone with a strong back.”

A tall, amply-muscular Caucasian man stepped forward. My instructor directed, “When I nod my head, try to lift me off the ground. Stand behind me. Wrap your arms around me to lift me up.”

“No problem. I’ve lifted much heavier things than you.”

The instructor nodded. The volunteer attempted to lift the teacher but couldn’t. The instructor said, “I’d like you to do it again after I nod.” A few seconds later, the teacher again nodded. The volunteer easily whisked the instructor off the ground.

The surprised volunteer said, “That’s strange. I tried as hard both times.”

“When you first tried to lift me, I put my chi in here.” He pointed to his center chakra. “And also in my feet like roots. You cannot pull me - a tree with good roots - out of the ground. The second time, I put my chi in my head. With chi in the head, someone is easy to pull up.”

A bigger student interrupted. “Sir, I think he wasn’t using the same muscle power both times, even though he thought he was. May I try?”

The teacher agreed. The skeptical student, upon a nod from the teacher, wrapped his arms around the instructor’s torso and whisked him easily off his feet. He boasted to the volunteer, “You just weren’t trying hard enough!”

The teacher quietly asked, “Are you ready for the second time?”

“Sure.” The teacher nodded readiness. The student was barely able to lift him. “My God, you were like lead!”

“When you lifted me the first time, I put my chi in my head. The next time I put my chi in my roots and belly.” To both men, he urged, “You both lift me up.” Together, the two students managed to lift the rooted teacher off the ground for a second.

The teacher then ordered, “Class, do it with each other.”

We students paired up. Like the teacher, we gave no verbal clue as to when we’d have head-chi or rooted-chi; we didn’t want to psychologically influence the lifter. When we rooted through feet and center chakras, we were definitely less movable.

When I went home, I stood on a bathroom scale. I saw no difference in weight when I re-distributed chi. I hastily concluded, “Chi distribution must affect the chi of oneself and others, rather than weight.” Years later, I taught acupressure. To teach my students how crucial centering was, I’d demonstrate chi distribution like my teacher had (though not nearly as adeptly).

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But I never did any further weight measuring test. I don’t really know whether chi distribution can show up on weight-measuring devices. What I do know is that for my well-being and that of many other people I’ve known, it matters where the chi is distributed within the body.

If your thoughts are racing thoughts or you feel anxiety, chances are excess chi is in your head. Fortunately, even if you’re twenty stories up in a building, you can still invite chi into your feet chakras, as well as into your every inhalation. In reflexology, the feet (especially the soles) have body reflex points. Massage your feet, to energetically nourish yourself.

Stomach 44

Figure 14 shows St44 on the second and third toes’ webbing. Press St44 firmly for several seconds; angle your pressure toward the second toe bone. Repeat as needed on both feet. St44 is a good anti-nausea point. It eases diarrhea, constipation, and pain. St44 may lessen anxiety.

Spleen 3

In **Figure 15**, we see Spleen 3. This point (on both feet) controls extremes of blood sugar. An acupuncturist treated me and several other clients who had DI. Like I had, she had observed hypoglycemia in people who’d switched personality areas. Sp3 eased the hypoglycemia considerably.

A different acupuncturist confirmed the effectiveness of Sp3. She said acupressure can work as well as acupuncture. You can press Sp3 before situations likely to trigger PTS flashbacks.

For folks with PTS/DI, first use the calming points presented earlier in the chapter. After the brain, nervous system and spirit have calmed, balance your blood sugar level with a nutritious snack and Sp 3 on both feet. Press firmly for several seconds. Repeat as needed.

Ear Groove Region

Figure 16 shows the back of the ear. The dashed lines indicate an “ear groove region” (on both ears) for acupressure. The ear groove has been used successfully to lower high blood pressure (hypertension). Massage the whole ear for relaxation and better sleep.

Reflex 4 and 5

I learned the reflexes in **Figure 17** from a book by John R. Cross (see “Resources”). Reflex 4 is located at the temple about 1 cun above the ear. During times of general anxiety or PTS hyper-vigilance, Reflex 4 has served me well.

Very lightly massage Reflex 4 on both sides of your head with slow, small circular motions. Or rest a fingertip on each Reflex 4. Treat several seconds; stay still a few minutes.

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Reflex 5 calms and clears dissociation-related confusion and poor concentration. Reflex 5 may lower high blood pressure caused by severe physical pain or anxiety. Massage it very lightly on both sides or just rest a fingertip on it for several seconds. Remain quiet a few minutes.

RECEIVING MASSAGE

You who survived physical trauma had traumatic sensations via your kinesthetic sense. In a natural disaster, we might feel as though the trust we had in usually-benign nature was broken. If the trauma was caused by a person, we might feel trust was violated. We can regain tactile pleasure and an informed trust.

When you do self-massage or receive massage from someone else, emotions and thoughts arise. Some massage styles combine emotional healing with physical massage. You serve your best interests, by carefully interviewing a prospective massage therapist. What has been his experience with clients who survived trauma or who have the same medical condition you have? Does she have clients you can phone for a recommendation? Massage schools offer discount massages from students. During challenging conditions, you might prefer massage from an experienced massage therapist.

Free massage from a relative or friend may be suitable. There are massage classes for non-professionals taught at gyms, yoga studios, hospitals and elsewhere. You can learn at home from books and videos.

Prospective massage-giver tips:

- * Trim and file your fingernails short. Give yourself massage. Notice degrees of pressure on different body regions. Compare short and long strokes, slow and fast strokes. Do self-massage with and without lubricant. Which way might you prefer to give massage?
- * What times of day do you usually feel better? That time period would be the better time to give massage.
- * Ask the massage recipient about health conditions, recent operations or injuries. Avoid massaging those spots. Which regions are tensest? Spend more time massaging there.
- * Tell the recipient to say “deeper,” “lighter,” “slower,” or other directions during massage. Ask the recipient to exhale discomfort. If the recipient is loudly blowing out the pain, lighten your pressure.
- * Move from your center of gravity (*Figure 3*). Be a role model, by refreshing yourself with breath and exhaling out your tension. It’s okay to make sound during sessions.

The above communication and touching suggestions can be adapted for non-massage, sexual relationships. Suppose you don’t feel comfortable enough to talk with your prospective or current sexual partner about protection against sexually transmitted diseases and unwanted pregnancy, your physical and emotional state and your sexually-intimate preferences. In that situation, I strongly advise you to avoid sex with that person. Examine the reasons for your communication discomfort. A trained counselor can help you.

Often, women who survived childhood violence lack communication skills, regarding their well-being. They might get involved with people who have violent patterns. They

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might accept sex, when what they really want is love. Self-nurturing abilities are wonderful to learn. See “Resources” (Co-Dependents Anonymous, etc.).

COMING OUT AS PTS/DI

To “come out” - to reveal any amount of one’s truth - is a courageous and generous act. Examples from the civil rights movement (e.g., a light-skinned African-American refusing to “pass” as anglo) and the gay rights movement (e.g., a masculine man refusing to hide his homosexual orientation) can inspire us who have PTS/DI. “Coming out” here means telling someone you have PTS/DI.

To be intimate as a friend or lover, we need to reveal who we are. A friend cannot love you, if the “you” that you offer hides your trauma history and present-day challenges. A lover cannot know you, if you only allow contact with your impersonation of someone you’ve carefully constructed to appear “normal.”

Someone’s reactions to your coming out are not caused by your “coming out” news. Their reactions are caused by their own thoughts and feelings. For example, within a new friendship when a woman asked about my parents, I decided to briefly describe that they had abused me, that I had cut off communication.

She said, “I’m so glad you told me! You see, my uncle abused me. My parents made me think it was my fault.” She responded to my degree of coming out, by risking a similar amount. Because of her response, we could enjoy greater emotional closeness.

Alas, not everyone responded this way to my coming out. A few friends initially appreciated my sharing. But later, their own unresolved childhood issues demanded their attention. My presence reminded them of their own trauma – even when I was not talking about trauma but socializing (such as watching a movie). They chose to stop interacting with me.

Around 1987, a friend had known my history for several months. She had described her own childhood as pleasant “suburban.” She’d played child-level games with me, when I’d been primarily in younger areas. When I was in adult areas, she discussed holistic health, spirituality and politics. I treasured her interactive flexibility.

She had a teenage daughter. One evening, they both attended one of my music performances. I had introduced one of my songs, by speaking briefly about surviving child abuse.

After the performance, the teenage daughter (I’ll call her Tina) eagerly asked for my autograph. With her mother just out of earshot, Tina whispered to me, “Thank you, Cindee! I can’t tell you why I really, really want your autograph. But maybe I’ll tell you sometime. But first I would have to tell my mom something. I can finally tell, now that I heard you talk and sing about, um - something.” She clutched her signed autograph book to her chest, grimly walked back to my friend, and left with her to go home.

The next day, my friend came over, extremely upset. “Tina told me the most horrible lie! But if it isn’t a lie – oh, I don’t know what to think!”

I asked, “What did Tina say?”

She sobbed, “She said my dad has been molesting her, when we visit his house! But I can’t believe he’d do such a thing. But then, I can’t believe Tina would lie about it. If I

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believe Tina, then I can’t ever look at my dad the same way again. But I love him so much! How can I choose between my daughter and my dad?”

I supportively listened. I urged her to go to a counselor with Tina, which she did for several sessions. My friend talked with her dad about Tina’s accusation. Later, she told me he denied molesting Tina - but did talk about how beautiful Tina was. Over the weeks, my friend vacillated between believing her daughter and believing her father.

My friend suddenly remembered that when she was a teenager, her father kept inappropriately touching one of her classmates after she developed breasts. However, eventually my friend chose to not believe her daughter. Abruptly, my friend ended our friendship - a loss I sharply felt.

A possible response someone may have to your coming out about DI is demeaning fascination with the novelty. Such a person might think, “I saw someone like you change personalities on T.V. How cool! I can hardly wait to tell my friends I know someone so weird.”

Another potential, preferable response by a new friend is the sincerely asked question, “Should I do anything if you switch personalities?”

At this point in my healing journey, I answer, “Not really. All of me responds to the name Cindee. All of me knows where I am in the present. Respond to my emotions and words like you would anyone else. I’ll let you know if I need anything special. If you use your intuition, you’ll sense how it’s all still me.” I might describe personality areas (e.g., previously-deaf area speaking with distinct deaf accent).

If a new friend hasn’t asked about this concern, I bring it up. I’d rather the person be informed by me, than by sensationalized media and skewed assumptions.

Earlier in my recovery, I’d have added to my answer, “If I don’t remember why you’re with me, say how you know me. Remind me of the current year and place. If I seem scared, tell me that the people who abused me are far away and that I’m a grown-up now.”

I suggest you plan ahead how to answer spoken and unspoken questions of people to whom you might come out. What would be helpful for the person to know about your healing journey? Also describe your strengths.

Consider asking the person about their strengths and weaknesses. Ask what ways you can be a better friend. Sometimes a new friend - in response to your coming out - will divulge way too much personal background at once. The person might later feel frightened about telling you so much so soon - and then avoid you.

If that happens, know that you did nothing wrong. Reveal yourself by degrees that seem to fit the social circumstance. Just because someone else survived trauma doesn’t necessarily mean they’re trustworthy or that you have a lot in common.

People may respond positively, developing deeper trust. They may respond negatively – especially if they prefer to deny their own or others’ trauma experience. I’ve heard people call themselves “cry babies,” saying they have “no right to complain” after hearing of my struggles. But such comparisons don’t serve ongoing healing. We needn’t stifle communication about life’s difficulties.

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Converse about how you're more than a “survivor.” You're also someone who has fun with (fill in the blank), is inspired by (fill in the blank), and cares about (you get the idea). You're not responsible for how someone reacts to your truth.

Prejudice

“Internalized prejudice” is prejudice about an attribute you have. If you think of a different race as better than your own race, that prejudice is “internalized racism.” We with PTS/DI likely have internalized “ableism.” Ableism is prejudice against people with disabilities. Ableism is thinking of able-bodied or normal-minded people as morally superior.

The prejudice we with PTS/DI encounter is actually about difference not just disability. I don't conceive of myself as mentally disabled or mentally ill. I am mentally different. I am legally sane, competent, intelligent, creative, and because of PTS/DI, I have certain psychological weaknesses. I also have strengths and perspectives I credit to PTS/DI. Consider for yourself the questions “What gifts can I get from my PTS/DI? What has PTS/DI taught me that could be beneficial?”

“Mentally ill” people are not just those who have delusions and hallucinations. Mentally ill people include those who have severely lost touch with compassion - for example, political and military leaders who enable wars. In most scientific studies, “the mentally ill” people to whom researchers refer aren't the leaders I mean.

DI is often confused with schizophrenia. I tell folks, “Dissociative Identity is caused by severe childhood trauma. Schizophrenia is a mental illness with biological and possibly genetic causes.”

American slang perpetuates prejudice: “That person is two-faced,” “He's schizo, don't believe a word he says” and so on. Even highly-educated writers routinely use “schizophrenic” to mean contradictory and duplicitous: “the American government is schizophrenic regarding drug addiction, arresting people for drug possession but not funding programs to end the poverty that caused people to turn to drugs.” For most Americans, schizophrenia is lumped together with DI, so anti-schizophrenia language affects us with PTS/DI. By the way, there are people with schizophrenia who are trustworthy and non-violent.

The media fans flames of mental ableism (prejudice about the mentally-different). It publicizes a person's difference when he or she commits a crime. In the 1950s, a small-town headline might read “Local Negro arrested for robbery.” Thankfully, blatantly racist headlines are less common.

But sexual orientation and mental difference appear in the news. I've seen headlines such as “lesbian kills ex-girlfriend” but have never seen “heterosexual shoots co-worker.” I've seen “mentally ill man stabs brother” but not “mentally normal man murders boss.”

Usually, unspoken prejudices about DI include fear of violence. “If someone has DI, does that mean that one personality is nice and the other is violent? Is a person with DI trustworthy?”

According to the National Alliance on Mental Illness, the Canadian Mental Health Association, the U.S. Surgeon General, and the National Institute of Mental Health, the majority of people with mental illness are not perpetrators of violence - but are victims of

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violence. The prime contributing factors to violence are alcohol and drug abuse. Other factors include living with violence or living in a stressful environment (e.g., poverty, social isolation).¹³ Men are much more likely to be violent than women.

Benefits to coming out about PTS/DI:

- * You get to tell your story in your own words, instead of having someone else describe you first. The harm caused by gossip is diluted, because others will have already heard about you from you.
- * You strengthen self-care skills and interpersonal abilities.
- * You become better at accurately noticing the words, behavior and auric energy of others. Thus, you more often protect yourself and notice friendship opportunities.
- * You ease the path of others with PTS/DI. If someone you care about is gay, it’s harder to vote to deny gays equal housing access. If someone you care about has PTS from war, it’s harder to vote for pro-war politicians. By your coming out, people may be more likely to support funds for PTS/DI treatment, child abuse protection, and non-violent alternatives to war.

Statistically, it’s quite possible the person you come out to has PTS/DI or has a loved one with PTS/DI. Simply by coming out to someone, you might save that person’s life. If that person has PTS/DI, she or he may be on the verge on suicide, drug abuse or other harmful behavior. He or she may mistakenly assume, “I’m such an oddball. No one can possibly understand my struggles. And there’s nothing I can do to help myself.” But luckily for that person, there you are – coming out and able to provide resources (such as those in this book).

It’s Not “All or Nothing”

Coming out is not always the wisest action. If you choose to keep your PTS/DI hidden, be clear with yourself why (e.g., to get hired at a new job). This way, you’ll know yourself better. Prior to coming out, be consciously aware of why you will.

Here are degrees of coming out, in my possible replies to “Do you communicate much with your parents?”

- * (mild degree) “I don’t communicate with my parents for personal reasons. I’d like to know about your family, though. Tell me about them.”
- * (greater degree) “I choose not to communicate with them, because they abused me in childhood.”
- * (even greater degree) “I don’t communicate with them, because they abused me severely in childhood. It was so bad that I ended up with psychological disabilities. I’m healing well, though.”

Well-Rounded Conversations

In America, we ask about each other’s occupations. To the routine question “What do you do?” we answer with a noun (“I’m a secretary,” etc.) or sometimes a verb (“I teach elementary school,” etc.). Imagine how different the culture would be, if the usual newcomer questions were, “What do you do for fun? What fills you with inspiration?”

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Just for the heck of it – or to co-create a better society - near to the beginning of your conversations with new people, say what you do for fun and what inspires you. Ask the other people about their fun and inspiration. Notice how this approach changes the conversational tone.

When you tell someone about the people or issues you care about, you display your values and attract like-minded people. During socializing, let your center and breath help you pace your intimacy adventures. You are far more than your diagnostic label or the trauma you survived. For people wise enough to respect “all of you,” you’re someone worth knowing.

¹ Electrically-sensitive handheld devices (e.g., “Pointer Plus” ®) register the increased electrical activity at acupuncture point sites.

² Many of the acupuncture points are located at the borders between body fascia layers or anatomical planes. The bioelectrical impulses created by the crystalline substance of body fascia (connective tissue) can be especially strong along those borders. “Relationship of Acupuncture Points and Meridians to Connective Tissue Plates” by Helene M. Langevin and Jason A. Yandow, *The New Anatomist* 269 (2002):257-65 cited in The New Rules of Posture by Mary Bond (p.40, Healing Arts Press, 2007). “Electrophotography” (Kirlian photography) p.xvii, The Natural Healer’s Acupressure Handbook Volume I by Michael Blate, Falkynor Books 1983. Researchers investigate structural composition of acupuncture points.

³ Acupuncture/acupressure may stimulate the body’s pain-relieving endorphin production (confirmed by researchers from St. Louis Medical University and Beijing Medical School). In 1997 the U.S. National Institutes of Health confirmed, via a consensus statement, that acupuncture is appropriate for treating chronic pain (cited p. 360, Optimal Digestive Health eds. Trent W. Nicols, MD and Nancy Faass, MPH, Healing Arts Press, 2005).

⁴ Acupressure: Clinical Applications in Musculo-Skeletal Conditions by John R. Cross (p.1-5, Butterworth-Heinemann, 2000). See “Resources.”

⁵ “Stick With Acupuncture” by Andrew Weil, MD (Self Healing Feb. 2004) cites the American Journal of Public Health (Oct. 2002).

⁶ For instance, a modern MD teaches her form of Dien’ Cham’, a Vietnamese modality that emphasizes “facytherapy” (Facial Reflexology by Marie-France Muller, Healing Arts Press, 2006). Ancient Egyptian graves from around 2300 B.C. show the culture did hand and feet massage. American physician William Fitzsgerald in 1917 introduced ideas about reflexology. (p.6-7, The Reflexology Atlas by Bernard C. Kolster, MD and Astrid Waskowiak, MD, Healing Arts Press, 2005). See “Resources.”

⁷ Acupressure and Reflextherapy in the Treatment of Medical Conditions by John R. Cross (p.150, Butterworth-Heinemann 2001). See “Resources.”

⁸ George Lewith (University of Southampton) found that real acupuncture worked better than sham acupuncture with arthritis patients. Women with labor pains who received acupuncture needed less epidural and other pain relief (Medical Dossier volume 7, number 7). A study with 50 young women showed that acupressure (Spleen 6) significantly reduced menstrual cramps. News published in Ode magazine (p.63, Oct. 2005) cites the British medical newsletter “Proof!” and *Advances in Nursing Science* (2004;48:380-7).

⁹ Some texts I consulted include Acupressure and Reflextherapy in the Treatment of Medical Conditions and Acupressure: Clinical Applications in Musculo-Skeletal Conditions by John R. Cross (Butterworth-Heinemann), Fibromyalgia and Chronic Myofascial Pain (third edition) by Devin Starlanyl and Mary Ellen Copeland (New Harbinger), The Natural Healer’s Acupressure Handbook: Volume I by Michael Blate (Falkynor), Acupressure For Women by Cathryn Bauer (Crossing Press), “A Manual of Acupuncture” card set by Peter Deadman and Mazin Al-Khafaji with Kevin Baker (Journal of Chinese Medicine Publications), The Meridians of Ch’I Energy: Point Reference Guide by Professor J. R. Worsley (College of Traditional Chinese Acupuncture) and the texts listed in this chapter’s other endnotes. See “Resources.”

¹⁰ In Mother-Daughter Wisdom, author Christine Northrup, MD shares her perspective on yin-yang (p.31-32 Bantam, 2005).
¹¹ WebMD magazine Sept. Oct. 2006, p.65 cites the British Medical Journal (online version).

¹² Acupressure and Reflextherapy in the Treatment of Medical Conditions p.122.

¹³ Canadian Mental Health Association article at www.cmha.ca/bins/content_page.asp?cid=3-108 (accessed 4-21-07); National Alliance on Mental Illness “The Virginia Tech Tragedy: Distinguishing Mental Illness from Violence” by Ken Duckworth, MD at

www.nami.org/Content/ContentGroups/Press_Room1/20076/April6/The_Virginia_Tech_Tragedy_Distinguishing_Mental_Illness_from_Violence.htm (accessed 4-21-07).

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Spirituality - Part 1

Pre-requisite: practice "Receiving Unconditional Love" in "BBMSW for Deeper Emotional Healing."

Whether you currently have atheist views or follow a particular religion, spirituality is a practical necessity for healing PTS/DI. By "spirituality," I mean the aspect of your life that interacts and intersects with a power larger than just your body and mind. You could refer to that power as nature, God, Goddess, or something else. You need not have the same spiritual beliefs as I, to gain from my chapters on spirituality.

Some people with PTS/DI - such as the women in the next story - realize that they must address spirituality, to make self-care decisions.

It was the early 1990s. I was sitting in a circle with about five other women, in our local Multiple Personality Dignity support group for "multiples" (people with Dissociative Identity). A thirty-something woman began nervously, "I want to tell you all something important to me." I and the other women gave her our attention. But the woman didn't continue.

After several seconds silence, a second woman piped up, "What is it?"

The first woman inhaled deeply, as if seeking bravery in breath. "I'm afraid to tell you, because I don't want you to think I'm crazy."

With comedic timing, she and the rest of us looked at each other. Then in unison, we burst into laughter. One woman guffawed, "It's too late to worry about it! You're already crazy - we all are!"

Here we were, several women diagnosed with Dissociative Identity - then called Multiple Personality Disorder (MPD). Mental health professionals generally considered anyone with that label "insane." The era's premiere scientific organization that studied dissociation denied people with DI from participating as full members, unless they held particular health professional degrees/licenses.

That organization banned non-full-members with DI from certain activities and refused them subscriptions to their published journal. We with DI were allowed to be studied but weren't supposed to read scientific articles about ourselves, our condition and treatments. Imagine the public outcry if an organization studying the problems of women wouldn't let women have its publications! But no such outcry accompanied the oppression of people with DI. Decades later, when I would write this book, I'd note that the scientific organization would still have exclusionary policies regarding people with DI.¹

But back in the early 1990s, thankfully I and some others with DI could go to MPDignity meetings - such as this one tonight. The MPDignity participant who had stopped herself from saying something (for fear we'd think her crazy) was now chuckling about the other woman's quip. "I guess people already do think we're crazy. I never thought I could laugh about all this! Okay, I'm ready to tell you all about what's been happening with me – since you're already crazy too."

Her expression quickly turned serious. "For several months, I've known I'm multiple. The problem is, when I switch personalities, I hear and feel a loud 'pop' in my head right here." She pointed to her crown chakra (acupressure point Governing Vessel 20). "I told

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my therapist about the pop sound. For months, he kept hounding me to see a friend of his, a brain specialist - which I finally did.

"I had a bunch of tests and nothing was abnormal. My hearing, eyesight, balance and everything are fine. The only thing that isn't normal is that 'pop' feeling, when I switch personalities. But the brain surgeon and my therapist think I should let the surgeon do brain surgery. There isn't anything specific he plans to do. But he said he might do a lobotomy.

"I'm really scared to let him. I think I can get used to the 'pop' and the switching feeling. But maybe these guys are right. I mean, they're doctors and they know so much more than I do. So what do the rest of you think?"

A usually soft-spoken woman barked with conviction, "Don't you dare let him fool with your brain! The tests show nothing is wrong."

"But the brain surgeon is a really respected doctor and - "

"It doesn't matter how respected these doctors are. The tests show nothing's wrong. Don't let them experiment on you."

The "pop"-phenomenon woman appeared thoughtful. "Deep in me, I know you're right. But it's so weird being multiple. And the 'pop' sound is so real - even though no one else hears it! I just want to be like everyone else. I don't want to have anything weird like that going on with me." After a few moments, she asked us, "Do any of you have anything like that 'pop' sound or that 'top of your head' feeling?"

One woman offered, "When I'm having a flashback about a childhood rape, I switch personalities and I feel a crackling electric feeling that starts at my crotch. The crackling goes up my middle." Her finger traced acupuncture's Conception Vessel. "And the crackly feeling ends right here in my forehead." Her fingertip pointed to her third eye chakra (acupuncture point "yintang").

I thought, "Even though they're Christians and very skittish about my being a witch, I've got to let them know what they're feeling is okay." I asked the pop-phenomenon woman, "May I touch the top of your head to ask you something?"

"Sure."

"When you hear or feel the pop, do you feel it exactly here?" I pressed her crown chakra and GV20 point. "Or somewhere else?"

"No, that's the spot. It's right there."

"When during the switching do you hear the pop? Do you hear it before, during or after?"

"I hear it right when the old personality leaves."

I conveyed, "There's a chakra energy center there, the crown chakra. It's an acupuncture point, too. When people have out of body experiences - OOBs - or when they have near-death experiences - NDEs -, they often sense leaving and returning to the body through the crown chakra. I wonder if your personalities switch, using your crown chakra somehow."

She gasped, "You mean there's a name for it? Other people feel this? Do they hear a 'pop' too?"

"I don't know. I've had OOBs and a NDE and don't recall a pop sound. But a variety of inner sounds or images can occur during these people's experiences. And there isn't

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anything wrong with their brains. OOBs and NDEs have been reported for thousands of years. Just because it's unusual doesn't mean it's harmful."

I now turned toward the woman who described "crackling" and told her, "That line you traced on your body from your crotch to your forehead is an acupuncture meridian Conception Vessel. And the forehead -"

A different woman interrupted, "And that forehead place is the third eye! I've read about it, how psychics use it. They see with their third eye to look into the future or to find lost objects. I'm not psychic, I don't think. But I know another multiple who is. She senses when people are going to phone and other things. Cindee, you're into that kind of stuff, aren't you?"

"Yes. In the nature-based spiritual traditions I follow, intuitive abilities are considered gifts and aren't anything to be afraid of." I silently wondered if the pop-phenomenon woman was now weighing her childhood fundamentalist Christian beliefs against these comments. I asked her, "Would you like my opinion about your brain surgery?"

"Yes."

"I don't think you should have it. Even though it's scary to be different and have these phenomena, it would be worse to have someone operate on your healthy brain. If I were you, I'd learn meditation or other relaxation technique, so you can relax with dissociative or psychic phenomena. But if you're still concerned about the 'pop' switching stuff, you can get your brain tested periodically -"

With finality, she announced, "I've already decided while you all were talking. I'm not going to have brain surgery. Everything you all said makes me feel less weird about..." she good-humouredly smiled "... being weird. All along, I could tell I shouldn't have brain surgery. But I was afraid to believe in myself, because they're such mucky-muck doctors. This is the only brain I've got and I'm not gonna let somebody fool with it. Thanks everybody."

We ended the official meeting. But we lingered in the room. We chatted about our collective hunch: PTS/DI has psychic and spiritual potentials.

Spirituality is experiential; it's different from religion, which is organizational. Some of the most spiritual people are atheist or agnostic. By reading my spirituality chapters, you may obtain self-care help or simply a better understanding about the diverse experiences of people with PTS/DI.

First, I need to define a few terms. Unless you're incredibly psychic, I need to use language to communicate my ideas to you! Someone else's terms may be different from mine. My terms and writing about spirituality come largely from my direct experiences (instead of intellectualizing).

TERMS

Spirit:

Spirit is the force that encompasses space-time-matter-energy yet also exists beyond it. I call it "the Source of Unconditional Love," or the Goddess for a more feminine emphasis. Spirit is made of love.

Soul:

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Soul is a portion of the infinite spirit that decides to incarnate in form. The soul is the “Larger Self” I mention in other chapters. The Largest Self would be spirit rather than soul. The soul contains all of the individual’s personality areas, as well as memories from its past incarnations. Soul transmits information to a person via the brain (a receiver) and other physical organs (as well as via chakra energy centers). Soul sends transmissions to a person throughout her or his life and even when the person’s brain is clinically “dead” (perhaps by transmitting to the DNA).²

Mind:

Mind uses “consciousness” to be self-aware. “I’m reading these words” is regular awareness. “I’m aware of being aware” is “consciousness.” When imbibing consciousness, mind tends to become more like soul. Mind sifts through the transmissions it received from soul.

The territories between spirit, soul and mind overlap, interpenetrate or blend.

Term Examples: When I was writing this book, my soul level understood that readers’ souls will assist the readers with putting my book to use for spiritual evolution. My body, of course, was busy typing. My mind level, including during times of irreverence toward profundity, looked for every excuse to sprinkle humor and stories into the serious-topic text.

What are some of the useful things a mind might not mind doing? The mind sorts through the transmissions delivered by its soul, and chooses to investigate or ignore certain ones. Mind busies itself assessing the body’s continual sensory perceptions (pain, pleasure, etc.), to take care of injury or illness.

The Soul Needs No Retrieval

Some therapists offer “soul retrieval” for clients who have PTS/DI. In certain shamanic traditions, the shaman (spiritual healer) psychically visits metaphysical realms, locates parts of a patient’s “soul” that have dissociated, and guides them back into the patient’s body. This use of “soul” is often a mistranslation from another language into English and/or a misunderstanding about how mind and soul levels differ.

I strongly believe the word “soul” in this scenario should be replaced with “mind.” The soul, being part of eternal and infinite spirit, is never broken or lost. The mind, however, can break into personality areas or have aspects dissociated from the body (as with PTS).

Having A Beyond-Mind Experience

When you practice mindfulness meditation or “Bilateral Body-Mind-Spirit Weaving” (BBMSW), you’re likely to feel happier.³ In the BBMSW chapters, I offer you techniques for observing your body. Your mind can observe your body. I also give you ways to observe your mind’s thinking process (thoughts, internal pictures, etc.). In other words, you can observe your mind. But when you’re observing your mind, what is doing the observing?

To have “that which is observing” be your soul (instead of a part of your mind), try this approach. It works better if you’re already familiar with observing (see the BBMSW chapters). Observe your mind, for several seconds. Then, observe the observing process. Label the changes in the observation process.

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Another way to put it is: direct whatever is observing to watch its observing process. When the observing area is more actively observing the mind, label that “expanding.” When the observing area is less actively observing the mind, label that “contracting.” After a time, staying relaxed, gently notice what is the “something” doing the observation of the observing process. Make a sensory reference for how it is to observe the observation process, what it’s like to be aware of that “something.”

If it seems different from what you consider to be the mind, if the sensory reference is not the same as one of your DI personality areas, PTS moods, or other mental territory, you might be noticing your soul level.

PTS/DI and Spiritual Growth

If you have DI, I believe you need not be “fused” to experience spirituality. If you have PTS, you need not be “normal” to develop spiritually. In certain spiritual traditions, there is an emphasis on letting go of the self, in order to merge with the sacred. Some spiritual teachers mistakenly think someone has to first have a “normal” self, before he or she can spiritually grow and “transcend the self” or “surrender the self.”

For these kinds of phrases, I suggest you substitute “egotism” for “self.” Emphasize “letting go of egotism.” Egotism differs from identity. Here’s meditation guidance I received, an identity touchstone, to aid me while “clarifying the Self.”⁴ You may substitute “no-self” or “The Void” (Buddhism) for my use of the word “Love” in the following, if you wish.

Identity Touchstone

“Whatever is really you is of Love and is loving. You’re sifting out mind-body habits (patterns) from the personality area’s real identity. Thus you are freeing the personality area of the burdens of those patterns. All personality areas deserve to be freed from non-loving patterns.”

Spirituality Compared to Mental Illness

“Paranormal” means beyond the normal. If someone perceives something without one of the five senses, that perception is extrasensory perception (E.S.P.). The heart and digestive system are sense organs and/or nervous systems of sorts. When we follow our “heart’s calling” or “gut instinct,” we make decisions based upon E.S.P. and physical sensory information.

“Psychic” is a set of abilities (such as telepathy) and “spiritual” is more of a geographical territory of existence. “Spiritual” for me is also a value. If something is spiritual, it is love-oriented, geared toward the well-being of all. People with PTS often have innate psychic abilities awakened during or following a trauma.⁵

Sometimes, people feel concern about how to distinguish spiritual experiences from mental illness symptoms. Your sensory reference for Love can guide you through this distinction. Psychological and spiritual health (self-realization, self-actualization) include striving to live a life of integrity, developing a sense of life purpose, and expressing your most cherished values. If an unusual experience contributes to your self-realization, get what you safely can from it. Use self-care, to avoid becoming susceptible to mental illness.

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Spiritual experiences (peak experiences) bestow to the experiencers:

- * greater acceptance of all “parts of themselves” (“bad” and “good”), compassion and tolerance of individual differences.⁶
- * greater comprehension of adversity and ability to endure it.⁷
- * improved recognition and rejection of self-harming behaviors and attitudes.⁸
- * reduced prejudice and authoritarianism; greater assertiveness, creativity, self-sufficiency, relaxation.⁹
- * greater inquisitiveness, logical abilities and astuteness.¹⁰
- * greater self-control and emotional flexibility.¹¹
- * enhanced sense of life’s meaning and purpose.¹²

Kathleen Noble (a psychologist, survivor of child abuse, and near-death experiencer) interviewed people who survived trauma about their spiritual experiences. Direct experiences of the sacred gave the interviewees multi-level understandings. The understandings surpassed inadequate ideas about trauma as punishment, as victimization by uncaring deities or as random events in a spirit-less universe.¹³ The more trauma one has survived, the more one likely needs to experientially (not merely intellectually) know answers to existential questions.

PTS/DI as a Spiritual Opportunity

We humans have an innate desire to change consciousness periodically and to experience realms of reality beyond the mundane.¹⁴ Our brains have receptors for chemicals that help make spiritual and psychic experiences possible. Such chemicals may be made by the body or can come from outside the body (e.g., psychedelic plants).¹⁵ We’re designed for consciousness-expansion. This fact baffles some scientists because there’s no biological purpose served by such brain receptors and the craving for consciousness-expansion. But there is an evolutionary purpose served. The evolutionary purpose happens to be spiritual... thus bridging the illusory divide between science and spirituality.

Certain healers within the world’s oldest religion of shamanism, as well as some medical doctors, explore consciousness-changing substances.¹⁶ Persons with PTSD and “concentration camp survivor syndrome,” as well as people addicted to alcohol or drugs, have been treated successfully through psychedelics used in thoughtfully-arranged settings.¹⁷ Changes in consciousness can be achieved without psychedelics, with dancing, chanting, drumming, meditating, sensory deprivation (e.g., wearing blindfold and earplugs) or other means.

If we properly work with PTS/DI, our mental “problem” can provide unique spiritual perceptions. In many indigenous cultures, the honored shamans survived the “initiation crisis” of life-threatening illness or trauma, often before adulthood.¹⁸ Many of these shamans probably had PTS/DI at some point. The dissociation healing journey can be a shamanic, transformative, spiritual one. How many shamans-in-progress with PTS/DI have languished in mental hospitals, because health professionals misunderstood these patients’ spiritual perceptions as mental illness symptoms?¹⁹

The holy personages and prophets described in religious texts (Koran, Bible, etc.) often survived tremendous trauma. If your religion has sacred texts you find helpful, read

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through them for mentions of people who survived trauma and displayed compassion. Compassion is one of the psychological signs of and benefits from authentic spiritual experience. Compassionate people or deities in your religion can be role models for you.

More than one person with DI over the years has half-joked, "God is a multiple personality!" In some religions, the deity divides itself and populates the world, to keep from being lonely or to fulfill creativity.²⁰ Suppose you have DI and your religion has an inspiring deity that changes forms or is simultaneously more than one thing at a time (e.g., a holy trinity). You could ask its help about how you can wisely be "many yet one" and serve all creation.

Rituals - be they for life's rites of passage (births, marriages, deaths), seasonal celebrations or personal healing - can provide us with comfort and insight. If spirituality interests you, you might design your own ritual to signify your willingness to learn. You could make an altar with meaningful items.

Make your own rituals and altars to rededicate yourself to the spiritual path, to help insure that unusual experiences will be spiritual rather than psychotic. It is important to mark significant steps along our shamanic PTS/DI path with rituals. Rituals affirm our spiritual, healing intention to our physical senses and our psychological level.²¹

We can find role models without looking to religious figures. There are many women and men throughout history who survived trauma to whom we can turn to for inspiration. The inspiration you feel from their life stories is a type of spirituality. Make a sensory reference for how it feels, when you're inspired by someone who survived trauma and helped others.

You, a non-religious or religious reader, can practice "performance rehearsal" to become your cherished spiritual values more fully, to embody your spirituality and inspire others. What it would look, feel, and/or sound like to be living those values? Write or draw sensory references about the performance rehearsal.

When we who survived trauma can authentically forgive (to any degree) those responsible for the trauma, we shimmer as role models. If we who were traumatized give kindness (e.g., a word of comfort, a nod of respect), we offer ourselves in service. The shaman's self-healing is sustained by community service.²²

Part of the shaman's power comes from the ability to perceive more than one point of view and to assist the healing of psyche fractures within an individual and tribal group.²³ When someone who has spiritually matured via PTS speaks about nonviolent conflict management, he or she is listened to with more respect. The spiritually-mature person with PTS/DI has an "earned authority" that resonates via heartfelt speech. You have the capacity to stir humans' natural desire for egalitarian, peaceful principles... principles still evident in the world's remaining matriarchal cultures. "Matriarchal" does not mean hierarchal but rather female-respecting, economically-just and cooperative. Thousands of years ago, such societies thrived throughout the world.²⁴

If you have DI, practice embracing the different perspectives of your personality areas. Knit together, with strands of cooperation, those psychological fractures. Encourage psychically-inclined personality areas to teach the other areas.

Having done healing to some degree for yourself, you are then more equipped to provide this shamanic service to others. Your existence as a spiritually-mature person with PTS/DI affects the scientifically-studied "morphyic" and "akashic" fields. These

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fields carry information that continually guides the evolution of beings living today and of those who will live in the future.²⁵

We with PTS/DI who have managed to have a shamanic, transformative PTS/DI experience may be intuitively special.²⁶ We're different not superior. One definition of intelligence is being able to see many levels of the whole and making decisions taking those levels into account.²⁷ A multi-level view of reality is available through PTS/DI. Our PTS/DI way of contributing to the morphic and akashic fields helps empower humans to take a quantum leap in evolution. Military veterans with PTS/DI who turn from war-serving to peace-serving are key ingredients in the remedy to heal societal ills that cause violence.

Science as Spirituality

Awe and wonder are spiritual experiences.²⁸ See if you can marvel about how this paper's molecules have universes within them of atoms. The atoms have universes within of sub-atomic particles. They aren't matter so much as relationships within the empty space comprising most of what we know as physical reality. A marble-sized portion of that "empty" space contains more energy than the combined energy of all of the universe's matter.²⁹

Would astronomy scientists be able to study the night sky, if they truly took in the universe's magnitude? They would have to stop mid-measurement, to gape astonished at the uncountable galaxies containing millions of solar systems orbited by millions of life-hospitable planets. Such planets are capable of sustaining millions of species whose bodies are made of star-born matter... like the star-matter body of the scientist who, as star, looks at itself through a telescope.

Modern physics shows that the thoughts of a researcher influences how matter behaves during an experiment. A particle of matter can be at more than one place at a time (perhaps as many as 3,000 places simultaneously), and convey information to other particles at a speed faster than the speed of light. Quantum physicist Danah Zohar found evidence of consciousness (what religious people might call God) within quantum particles called bosons.³⁰ Evidence shows that consciousness gives rise to matter and energy, rather than matter and energy giving rise to conscious beings.³¹

Dare we ponder the likelihood that within numerous, perhaps infinite dimensions beyond length, width and depth are additional universes? Those universes possibly house uncountable galaxies containing billions of solar systems orbited by...? Perhaps you are feeling awe and wonder about such things – feeling a spiritual perception brought on by science.³²

Scientist Ervin Laszlo lays out evidence for a "metaverse" from which springs universes past, present and future. The metaverse appears to be designed purposefully to make life-sustaining universes. He concludes that evolutionary theory and creation theory reconcile within the context of the metaverse.³³ "Complex Systems Theory" (a new branch of science) shows the interconnections of the microcosm, macrocosm and everything in-between, with principles harmonious with science and religion.³⁴

Biology evolutionary theory now acknowledges how life on Earth is not a hierarchal, mechanical system as once thought. It's a self-organizing, organic system based not on competition but on cooperation within a species and between species. Biology's recent

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developments reveal that we humans are in the process of a tremendous evolution in consciousness – an evolution that affects not only the human body-mind but all species to which humans are interconnected.³⁵

Some atheist and Christian scientists are working together on presentations about the science-spirituality intersection. Their common theme is “evolutionary spirituality” or “The Great Story.” In religious terms, evolution is God’s creative process and involves communication between individual forms (from sub-atomic to galactic levels). Scientific evidence of this communication is well-established. To be harmonious with evolution (God’s creative process), we can choose actions that serve the good of the whole system. We can serve what biologists call the self-organizing life principle.³⁶

Nature-based spiritual traditions include Wicca or “witchcraft” (the healing “craft of the wise,” an indigenous religion of Europe), Native American religions, and spiritualities of native Africa, Asia and Australia. Such indigenous traditions have much practical wisdom. This Earth-friendly wisdom is especially valuable, during this evolutionary turning point and global climate change.

The Great Mystery

You and I have traveled, via the preceding paragraphs, through a large territory of diverse belief systems. Feel free to adapt my wording to fit your atheist, agnostic or religious beliefs. A person’s beliefs can change over time. If you have PTS, you might notice a difference between your pre- and post-trauma beliefs. As you heal, there may be more belief changes.

Do you have DI areas with conflicting religious beliefs? See “Resources” for denominations tolerant of differing beliefs; perhaps all of you could participate in such a denomination. Another option is for your personality areas to take turns attending activities from varied traditions.

A Buddhist meditation teacher and Unitarian Universalist minister wryly told me, “I attended a three-day inter-faith conference of diverse people including atheists. At the start, we gathered together to agree on what we would call the Divine throughout the conference. The facilitator asked us, ‘Shall we call It God?’

“‘No way,’ replied a feminist Wiccan.

“‘What about calling It ‘Goddess?’

“‘Ha!’ snorted a Baptist chauvinist.

“‘Spirit?’

“‘Nope,’ declared an atheist.

“This discussion went on several minutes. Finally, a Native American called out a suggestion, ‘The Great Mystery.’ We all agreed. Even the most egotistical know-it-alls had to admit that mystery exists.”

Your conscious interaction with the Great Mystery can help you with physical pain and well-being.³⁷ How might our interactions with It specifically influence our PTS/DI recovery? Which aspects of what I call the Source of Unconditional Love might be the most meaningful? These are questions I encourage you to explore, as part of holistic, body-mind-spirit self-care.

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PSYCHIC AND PARANORMAL PHENOMENA

Before we get acquainted with the real thing, I feel it my duty to point out tricks masquerading as psychic phenomena. I apologize to stage magicians, for revealing secrets of a few stage magic tricks. I do it for the greater good, in order to warn the public about psychic fraud.

During my college years, I trained in stage magic and worked part-time as a clown. The stage magician who taught me and I were both interested in authentic psychic phenomena. We had experienced it.

During this era, a man was gaining fame as a psychic. But he was misleading people. He'd make stage and TV appearances, claiming to bend metal spoons using only the power of his thoughts.

My magic teacher and I were skeptical. "If he can really move metal with his mind, why is he bending spoons? Why isn't he helping a surgeon with removing bullets or inserting metal implants? If he's psychic but doesn't care about people, if he cares only about getting rich, then why isn't he bending metal to break into bank vaults or to make roulette balls land where he bets?"

A few stage magicians spent time exposing the spoon-bender. They revealed how he could appear to bend spoons in mundane ways (stage-magic techniques). Unfortunately, those ethically-minded magicians also publicly dismissed all psychic phenomena as fraudulent. My magic teacher and I ignored their anti-psychic bias.

We viewed slow-motion videos of the spoon-bender's performances. In one example, the spoon-bender stood and asked for a spoon from the audience (who had come bearing spoons). He took the proffered spoon in his hand. While changing position from standing to sitting on a chair - unseen from the audience's angle - the video camera angle showed that he anchored the spoon handle against the chair frame. During his standing-to-sitting descent, he used his body weight to bend the spoon. He hid the bend with his fingers. He later, while supposedly making the spoon bend with his thoughts, showed the spoon at visual angles. Those angles, to the audience, made the spoon appear to be bending.

He claimed to fix broken watches with his mind-power. Back then, most watches were non-digital wind-up timepieces. A savvy watch repair-person told my magic teacher, "Most broken wind-up watches stop due to thickening of inside gears lubricant. If the stopped watch is exposed to warmth and motion, the lubricant would liquefy. It will lubricate the gears and start the watch."

During some performances, the spoon-bender would take a broken watch offered by the audience. He'd hold the timepiece between his warm palms for several seconds. He vigorously moved his watch-holding hands, supposedly to send his thoughts into the watch. Unbeknownst to the audience, his hands' heat warmed the watch's lubricant. His motions distributed it through the gears. The watch's second hand restarted.

In some stage magic tricks, the magician uses a false, hollow "thumb-tip." It is worn over the real thumb. A magician can pull something out from inside the tip (e.g., a scarf from "out of thin air").

A type of fake psychic healing is "psychic surgery." The "psychic surgeon" would, without cutting open the patient, appear to pull, from the patient's body, a bloody, gut-like substance. My stage magic teacher and I read articles and saw film footage exposing

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some psychic surgeons. Prior to psychic surgery, the pseudo-psychic had filled a thumb-tip with a piece of chicken intestine or other dramatic looking material.

I watched a film of a psychic surgeon who would manipulate the patient's belly fat folds, to make it seem that the psychic surgeon's fingers had pierced through the patient's skin. The fat fold, slippery with chicken blood from the false thumb-tip, looked similar to a surgical incision. After I watched the film, I felt concern. "These psychic surgeons are giving people the wrong idea. Psychic healing is supposed to be psychic – such as aura cleansing and acupressure 'chi' stroking above the skin. Psychic healing does not have to open the skin or appear to open the skin!"

During this time period, I was also interacting with real psychic healers. A few of them divulged that they sometimes resorted to tricks. These generally-sincere healers often lived in poverty, in order to treat anyone regardless of income. Sometimes, their genuine psychic abilities were unavailable, due to fatigue, upset or other cause.

One psychic woman told me of a particular client whose severe physical pains responded very well to her psychic healing. The psychic didn't want an "off day" (when her psychic abilities were not available) to keep the client from feeling better. During those off days, she deceived the client into believing that psychic healing was going on. In later decades, I would read accounts about a small minority of indigenous shamans who told anthropologists about using trickery when healing spirits weren't helping patients enough.

Common questions about the validity of psychic healing or natural healing include "If a psychic healer can really help sick people, why does the healer have his own physical ailments? If natural healing actually works, why does the natural healer get sick herself?" Even though the power of the mind and natural healing is real, there are many factors at work - the client's thoughts, loved ones' thoughts, the quality of the air, water and food, etc. The archetype of the "wounded healer" or the shaman with disabilities appears throughout cultures. This archetype reminds us that healers aren't perfect and that even imperfection has its own beauty and worth.

Real Psychic Skills

Everyone has psychic potential. Parapsychology is a specialty within psychology that researches paranormal phenomena. Telepathy is the ability to know what someone is thinking. Telepathy is intertwined with empathy (sensing what someone is feeling), which can be considered both normal and paranormal.³⁸ Telepathy-empathy has been replicated in numerous scientific experiments.³⁹ Those of us who survived abusive behavior likely developed a high degree of telepathy-empathy. We sought to know what the abusive person was thinking and feeling.

During a trauma, people might send or receive telepathic impressions. For example, psychologist Carl Jung was awakened from deep sleep by a dull pain, as if something had impacted his forehead and then went to the back of his skull. The next day, Jung was delivered a telegram about his patient who had shot himself in the head, the bullet coming to rest at the back wall of the patient's skull. Carl Jung's contributions to psychology include theories about "synchronicity"... how coincidence is usually far more meaningful than chance.⁴⁰

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Precognition means knowing about a future event. An experiment with 26 people showed a spike in heart pattern 4.5 seconds prior to being shown a cruel image in a sequence of random images. These subjects had precognition that the cruel image was about to be shown. The heart's intuition is a trauma warning skill.⁴¹

Remote viewing, the ability to travel out of one's body to look at distant places, has been studied by the militaries of various countries. Clairvoyance ("clear seeing") or clairaudience ("clear hearing") is perceiving information not within sight or hearing. Psychokinesis is the power of thoughts to affect matter.

In "Random Event Generator" experiments, a computer randomly put out either a 1 or a 0 "bit." 50% of the computer's output during an experiment should have been ones, 50% should have been zeroes. Subjects were instructed to influence with thought the computer's output. The odds of their unusual computer results were 50,000 to one against chance.⁴² A good portion of mental health professionals and scientists publicly deny E.S.P. exists but privately they admit the mounting evidence is valid.⁴³

Some people with PTS had a feeling that something bad was going to happen, prior to the traumatic event. Many of them not only reacted to the trauma logically based on input from their physical senses. They also responded with intuitive choices based on input from paranormal senses.

Example: "I had such an intense urge to walk a few steps to my left instead of straight ahead with the other soldiers in my unit. So I just went ahead and walked to my left. There wasn't any logical reason to do it. Thank goodness I did! I would have been killed, if I hadn't veered to my left."

Paranormal Phenomena "Survivor's Guilt"

"Survivor's guilt" is guilt feelings from having survived a trauma when others didn't. If someone has "survivor's guilt," it might be especially troublesome if the person received paranormal information. For example, the person thinks, "Why didn't I tell the others about the warning dream I had the night before the disaster? If I'd only told them, they'd be alive today!"

Self-recriminating "what if" (supposing what could have been if) doesn't help you recover from PTS/DI. One reason you didn't say anything about, say, your warning dream, is the society you probably live in considers such phenomenon crazy. That society institutionalizes people who speak of psychic phenomena. You were likely punished as a child or saw other children punished for speaking about the paranormal. Your choice to not tell others about the warning dream sprang from cultural indoctrination.

If your post-phenomenon "survivor's guilt" is difficult to release, consider if you take on too much responsibility for others. See "Resources" for co-dependency healing. Does the warning phenomena point out that you have psychic abilities to develop, so you can help others?

Metaphysical Realms Related to the Trauma

Sometimes, people who survived trauma received instructions from an inner voice (e.g., "Don't walk there, walk over here!"). Often, the voice was that of a deceased, familiar person (e.g., ancestor). Trauma-related extrasensory perception can come in

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visual form, such as the glowing outline of a protective being. The trauma-related paranormal phenomena may seem to come from a metaphysical realm.

Someone who survived trauma can seem to have temporarily inhabited a metaphysical realm. Example: "I felt I was still walking on the Earth. But at the same time, I was walking in a reality where my dead relative was - the relative who was warning me. That other reality overlapped the regular Earth."

A person might repress E.S.P. ability due to fear, only to later seek the ability out due to a desire for self-fulfillment. Innate intuitive abilities are never irretrievably lost. Like muscles, they can be exercised again. You might ask yourself, "How might my prior psychic ability serve my present-day self-care? Is it better to leave intuition dormant for now? If so, what indicators in my self-care will show me it is time to reclaim it?"

If you're currently very dissociated (e.g., having trouble remembering how to find the street where you live), it's unwise to mentally rove into metaphysical realities. It might be fine for your ancestor to come to the physical realm to visit you, as long as you keep your awareness earthly. Develop your center chakra and rooted-ness (see acupuncture chapter).

To survive childhood traumas, some of my personality areas fled to metaphysical realms. The content of the realms (appearance, physics, customs, cultures, etc.) was unfamiliar in varying degrees. Because the beings exuded Love, areas of me received nurturing from them.

If you have DI areas that wander to other realities, I encourage you to also develop your ability to inhabit the earthly plane. You needn't pick only one or the other - either physical or metaphysical places. Rather, develop the skill to be aware of whatever realms best suits your well-being at the moment. Similarly to how you practiced the "Inner Safe Place" technique in the BBMSW chapters, you can develop the skill to have degrees of simultaneous awareness of more than one realm.

Discerning the Energy Quality of a Metaphysical Being

Even if a paranormal phenomenon looks exactly like, for example, your beloved dead ancestor, check its energy via your Heart chakra and Love sensory reference. If the energy you perceive doesn't seem to be the Love (or if it is a little Love but the rest is something else), shift your awareness away to focus on something else. See the BBMSW chapters for concentration techniques.

Suppose a phenomenon you perceive seems mostly or entirely Unconditional Love. But you still feel confused or uncomfortable. Determine why you feel confused or uncomfortable. It's possible that the mostly-Love phenomenon is there to help you heal from confusion and discomfort. If so, practice relaxing with it.

In contrast, confusion and discomfort may be signals that you're going too fast in psychic development. Translate signals into body-oriented analogies. Ask yourself, "If this confusion and discomfort were during a massage, would they indicate 'hurting in a good way'? Or would they mean lessen or stop?"

An option you always have is to shift your focus away. If a phenomenon is truly unconditionally loving, then your choice to stop contact with it will be respected. The Source of Unconditional Love provides endless learning opportunities. The current phenomenon is not your only chance to experience something useful.

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In the acupressure chapter are ways to reduce excessive “third eye” and “transpersonal” perceptions. Apply the partial-closing technique to any chakra that is overly-open. Vice versa, you can activate a chakra by breathing light or color into it. Visualize the chakra opening like a flower.

Frame your relationship with helpful metaphysical beings within an egalitarian model of shamanism. For example, the indigenous Saami people (called erroneously “Laplanders”) work with their saivo (deities or guardians). The Saami shaman neither subserviently pleads with guardians nor orders them around. Their relationship is maintained by sincere respect, similar to warm feelings for a beloved grandparent.⁴⁴

I believe egalitarian shamanism is the original model. Unfortunately, many cultures later adopted a hierarchal, dominator model where a shaman considers helping spirits as slaves or vice versa. No matter how astounding metaphysical allies are, remember your value as an expression of the Source. Conversely, don’t let egotism fool you into seeking power over others. Love is far more fun than power-over.

Psychic Self-Defense

Like protective clothing, door locks and other items, psychic self-defense has its place. I emphasize defense and protection - not offense against the origin of unwanted energy. An Aikido teacher wisely told me, “If you have to fight, you’ve already lost.”

Let’s notice opportunities to use peaceful options, rather than let a situation escalate to violence. By developing intuition, we become better able to sense risky situations and avoid them. The techniques below can be used for psychic protection, self-healing or relaxation.

“Surrounded By Light or Color”

1. Allow your breath to slow and deepen. Exhale any tension.
2. Fantasize that you’re inhaling healing white light. With each inhale, it becomes easier to inhale healing, powerful particles of light. Starting with your feet, allow the light to fill up each body region... all the way to your head and to the ends of your hairs.
3. Allow the light to keep coming in... so it overflows into your aura.
4. Let the light come in automatically with your inhales. Allow the light to stay on “automatic,” as you slowly stretch.

Commentary: Feel free to inhale a color that seems healing or protective to you.

“Silver Light Reflection”

1. We are made of star matter; we’re literally made of light. Body region by body region, notice the level of reality where your molecules are made of light.
2. White light contains all the colors. Allow the white light now to turn into a silvery-white... Your body is silver light particles... Your aura glows silvery.
3. Silver light reflects like a mirror. The silver light reflects, sends back to the sender any unwanted energy... The reflective, mirror-like silvery light continues automatically, as you slowly stretch.

Variation: Visualize yourself inside a silvery ball of light.

Variation: Write on paper what it is you want reflected away (e.g., “angry vibes from Dan”). Place the paper between two mirrors (e.g., compact make-up mirror). The

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unwanted energy (symbolized by the paper) is reflected back onto itself by the mirrors. It isn't "Dan" that is the subject of the mirrors' action but the angry vibes. Dan's free will is left undisturbed.

Another psychic protection is to affirm any invoked, helpful energy to operate automatically. For instance, affirm that Unconditional Love automatically surrounds you. If you have a non-kinesthetic sensory reference for Unconditional Love, translate it into a kinesthetic one. That way, you have both references.

The visual appearance (or our mind's visual translation) of a metaphysical being or energy can sometimes be very unusual. Check the quality and the intention of the being/energy with your kinesthetic sensory reference for Love - not just with your visual sensory reference. Something might look bizarre yet be filled with unconditional love. An appearance may be pleasant visually but have a harmful energy quality.

In my context above, light = love, healing, or other positive energy. But a racist distortion is goodness = light = the anglo race. Unconditional Love and healing energy are also found in the dark: the dark of the peaceful restful night, the dark of the fertile soil from which seeds sprout. Light or dark can be harmful or healing, depending how it's used (e.g., laser weapon or artistic laser light show).

Look to techniques or "spells" that are equivalents to security devices, armor, and camouflage, instead of equivalent to weapons. Avoid techniques that involve acting upon the sender of unwanted energy. The Wiccan (witchcraft) Rede (rule) is "do what you will and harm none" and "what you send out comes back to you three times over." Practice reflective techniques (such as the reflective silver light technique above) and leave "karma" to the Source.

"Karma," a word from Hinduism and Buddhism, is commonly viewed as a person's past actions affecting her or his future fate; "what goes around comes around." Actually, karma isn't reward-punishment. Karma is a system where souls receive the teaching they need in order to develop the Heart. If your life has been traumatic, it doesn't mean you're being punished by a deity. Rather, your soul decided to develop the Heart (Unconditional Love) by incarnating in a form and circumstances that likely would be challenging.⁴⁵

The martial art of Aikido serves as a model for psychic self-defense. Aikido does not aggress against an attacker. Aikido reflects and directs the attacker's aggression. The stronger the aggression, the more force reflected by the Aikido practitioner, thus incapacitating the attacker sooner. My favorite Aikido method was demonstrated to me by an advanced practitioner. She offered, "Come at me as if to attack." I lunged and grabbed... air. She'd sidestepped faster than I could react.

Beware the "nocebo effect," the opposite of the placebo effect. With a placebo, a positive expectation creates a positive effect. A nocebo is a negative expectation. Negative expectations, such as thinking someone has put a curse on you and that the curse is more powerful than you, can result in illness or even death (as anthropologists have reported).⁴⁶ The victim's fear and belief in the curser caused self-harm.

Unlikely as it is, suppose someone was sending a curse at you. Remind yourself of the following facts. That person's cursing effort is puny compared to the Earth (whose grounding energy your "roots" have access to). That person's effort is feeble compared to

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light (whose healing power you can receive). That person's effort, wasting time trying to misuse psychic skill, is truly pathetic.

Rather than you engage in a psychic "enemies" melodrama, you can have far more fun using your psychic abilities to harmoniously communicate with animals, travel through time, and participate in other spirituality adventures. Use psychic protection (above). Most importantly, instead of putting your attention on fears about that pathetic, misguided person, mindfully return to your spiritual sources of nourishment.

Is DI a Type of Spirit Possession?

DI has been confused with a variety of "spiritual emergencies" (e.g., kundalini awakening) and religious concepts (such as possession).⁴⁷ In the 1990s, there was vigorous debate between psychology and religious practitioners. They argued over whether DI was caused by spirit possession and if exorcisms were effective.⁴⁸ Some New Age oriented people whose loved ones had DI wondered if the different personalities were instead "channeled" entities. Channeling is when one voluntarily gives voice to psychic communication with a metaphysical being.

I was familiar with channeling years before I realized I had DI. I had channeled metaphysical beings and taught classes in channeling. For channeling, I set a specific time, meditated, and invited benevolent entities to communicate through me for a set length of time. Since the channeled beings were not me, I didn't have any responsibility nor could I take credit for what they said.

How different it was from channeling to unexpectedly switch personality areas! As much as I was frightened when I realized I had DI, I knew the emerging areas were me. I knew, because I already had years of experience making "sensory references" and using other tools for a range of skills (including singing and meditation). Underneath the diversity of areas, each had a core energy of Cindee-ness. So I concluded I needed to take responsibility for them, as well as deal with the past trauma they brought to consciousness.

But not every person with DI had the knowledge and experience to tell the difference between personality areas and outside entities. Because my spiritual paths (Wicca, Native American) had room for helpful spirit communication, I did not have the prejudice against channeling that some Christian people with DI had. I was well-informed about Christian oppression (e.g., witch hunts). Hence, I was dubious of practitioners claiming to cure DI by exorcizing supposedly "demonic" DI areas.

A Christian woman with DI who I knew had personality areas with a lesbian sexual orientation. She had, as well, one heterosexual personality area. She went to a therapist who did exorcisms. Not surprisingly, the therapist viewed the lesbian areas as demons.

Another incident involved a Native American woman I knew. She had DI. Most of her areas were inspired by Native American (not Christian) spirituality. But to please her relatives, she went to an exorcist to try to get rid of non-Christian personality areas.

Homophobia, racism and religious bigotry are not the only harmful attributes of therapist-exorcists. The narcissism of therapists who do exorcisms is a danger noted by Elizabeth S. Bowman, M.D. Also harmful is the fact of mental health workers using their religious beliefs rather than clinical knowledge for DI treatment.⁴⁹

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I interacted with a few MPDignity participants who'd gotten exorcisms. They had tried to believe their childhoods had not been abusive, that they did not have DI but were possessed. But the delusion didn't last. They returned to MPDignity meetings with worsened hyper-vigilance, anxiety, depression and poor self-esteem.

Their exorcisms had been traumatic, resulting in the creation of additional personality areas. Inter-personality cooperation and co-communication was devastated. Personality areas deemed "spirits" by the exorcist withdrew deeper into the unconscious. One woman moaned, "It took me years to get those areas to trust me, to come out of hiding so we could all have therapy and heal. All that trust got ruined in just one day of exorcism! How could I have been so stupid?"

I urged these MPDignity participants to practice self-compassion about understandably wanting a quick fix. A woman replied, "I'm amazed you can be so compassionate after I went to people who would..."

"Would what?" I prompted.

"They would kill people like you who are gay or who aren't Christian, if they could get away with it. They'd rather convert you. But if they couldn't..."

I silently worried, "How much more power will those people get over the field of psychology?" I wasn't the only health professional of that era concerned about the influence of fundamentalist religion upon mental health professions. Others had observed that exorcisms harmed people with DI.⁵⁰

If you have DI, I encourage you to use BBMSW and sensory references to get familiar with your internal mental territory. As you get to know "all of you" with its diversity, you'll sense how all of your DI areas have a certain "vibe" or energy that truly belongs to you. Knowing, in sensory ways, your unique soul will help you discern between self and "other."

Contact with your Larger Self or "helper personalities" can be healing. You can have safe communication with non-self helpful beings (such as totems or guardian angels), without inviting them to take up residence in your body or channeling them. Avoid channeling, until your PTS/DI is well on the road to recovery. Your brain and nervous system deserve time to strengthen, before you add the workload of channeling a different entity. The only entities worth conversing with are those who respect your boundaries and are consciously dedicated to Love.

Your PTS or DI recovery may or may not include "spiritual emergence" ("spiritual emergency"). When the "life force" energy in the spine - the "kundalini"- awakens, intense physical and psychological sensations may occur. Like the shamanic journey, temporary "kundalini psychosis" is often misidentified as mental illness.

During spiritual emergences, suppression with drugs isn't what's needed. Rather, the process needs facilitation with breath techniques or other natural methods. The person is shedding the symbolic skin of outgrown psychological constructs and energy patterns.⁵¹ See the previous endnote and "Resources."

Near-Death Experience (NDE)

An NDE is when someone is clinically dead then returns to life. With numerous life-threatening incidents and sophisticated life-saving medical procedures, more people in

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modern times have NDEs. Usually, the NDE experiencer travels to a pleasant post-death place.

If you had an NDE but went to an unpleasant realm, it doesn't mean that after you die your soul is going there. The unpleasant realm doesn't necessarily exist. It may have been generated by your thoughts and emotions prior and during the NDE.

Any dream, NDE or other paranormal experience can be a combination of factors:

- * metaphysical reality/realities
- * personal projections (subconscious meanings)
- * group unconscious (shared experiences within your ethnic, religious and/or racial heritage)
- * collective unconscious (the shared experiences of all humans who ever lived)
- * telepathy-empathy from other species or metaphysical beings.

As you develop your intuition, you discern which factors influenced which phenomena. People who had a negative NDE sometimes worry that they were being punished or are inferior somehow. Practice "Receiving Unconditional Love." It helps you know that the Love exists and that you are worthy of It.

If you had an NDE and went to a pleasant reality, then mundane daily life may pale in comparison. After sampling an after-death realm of perfection, you may feel frustrated with imperfections in yourself and others. It's common during an NDE for the NDE experiencer to be given the choice of returning to the body. You might regret your choice to come back. If you have DI, one or more personality areas might have disagreed with your choice. News of wars or other bad news events may affect you more deeply. Do self-care for any post-NDE depression.

Another possibility is you might feel post-NDE joy. The wondrous pleasure of the realm you visited and the fact that you no longer fear death can make you glow with inspiration and relief. This post-NDE high can alternate with the post-NDE low. Continue self-care during episodes of ecstasy and sorrow.

It's typical for people who had a NDE to have more psychic abilities afterward.⁵² We grapple with the challenge of being "different." Treat NDE-related thoughts and emotions with this book and other self-care tools. See "Resources" for NDE support. If you embrace your NDE-expanded intuition, it can give you much wisdom.

Time, Reincarnation, and Free Will

To account for discoveries from new physics and parapsychology, we need to expand outworn linear-time concepts. A PTS flashback is, in a way, time travel. A past event is being re-experienced. A flashback is also an example of simultaneous times. The past is overlaid on the present. When an adult with DI has most of her consciousness within a teenaged area, her perceptions contain both past and present. Some therapists observe that people with DI appear much younger than their actual age, even when perceiving from present-aged personality areas.⁵³ I propose it may be due to time-related phenomena.

Each moment has infinite possibilities; each moment is in a state of "potentia." Everything is becoming, from the choices one makes from that potentia. For me, time is like a river with currents, "timelines." If my actions keep me floating on a certain current, then a particular future will likely happen. My actions are added to similar actions of

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other people, in which case we strengthen a particular future. At any moment, I and others might choose to paddle out of one current and into another - reinforcing a different future. By becoming more aware of time, you experience free will and destiny simultaneously.

Free will is the ability to enter and exit one timeline or another. Free will is also the ability to influence a timeline with your outer actions and inner thoughts. Destiny is the fact that the timeline, if left unaltered, will tend to result in certain outcomes. Even the most strong timelines can, however, be changed and thus outcomes can be changed. Nothing is 100% "predestined."

As you read this word in this moment, you can in the next moment read further along in the sentence or go back to the sentence's beginning or... Each choice closes off some future options. Each choice simultaneously opens up new choices.

REINCARNATION

Ian Stevenson (psychiatrist and University of Virginia professor) did a cross-cultural longitudinal study of children who spontaneously remembered past lives. Some of these children spoke a different language when talking about their previous lives (speaking the foreign language more fluently than the language of their current lives).⁵⁴ Psychiatric clinic director Jim Tucker has collected signs of reincarnation for over 2,000 children. The children often had knowledge relating to the alleged past lives that couldn't be accounted for with normal senses.

I muse, "Since the bodies of species reuse matter and evolve over time, why wouldn't souls evolve by reincarnating?"⁵⁵ Physics declares energy is never destroyed. It changes forms.

Some speculate reincarnation "memory" is from the collective unconscious, or the Akashic or morphic fields (where the experiences of all people are stored). I believe reincarnation exists, because in a past life I wrote a book proving it... just kidding! Seriously, I believe that reincarnation exists and that past-lives memories can be influenced by information from Akashic and morphic fields.

When I had my private practice in Colorado, there were a few clients I saw who didn't have any present-life reasons for PTS symptoms. They'd spent years with therapists to deal with anxiety, a phobia or a flashback. But they hadn't uncovered any traumatic event or relevant issues.

So these clients asked me about past lives. When I facilitated their past-lives recall sessions, they remembered past lives with traumatic events. After using emotional healing techniques with those events, these clients recovered quickly.

We who have PTS/DI caused by something traumatic in this incarnation may still benefit from past-lives recall. For instance, I've relied on talents and insights from a past life, to do more effective public presentations and singing in my current life. I even relied on the maturity from a past life, to help me feel less ashamed and anxious about having DI. The trauma from one's present life might be aggravated by traumas from past lives. Overall, I suggest you investigate your present life first.

I've made mistakes regarding reincarnation, when I was nineteen years old and ignorant of psychology. A same-age friend (on whom I had a self-destructive attachment) had learned self-hypnosis from someone in her dorm. She and I did past-lives regressions

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with each other. I deluded myself into thinking I had lived a past life as a Biblical character. Why? My unconscious mind craved love and attention so much that it distorted my past-lives memories.

Later in young adulthood, I understood my mistakes and began working on their causes. I reclaimed accurate past-lives memories. I applied those lives' lessons to my present-incarnation challenges.

The question "What about people who say they were kings, queens and other famous people?" is a valid one. Statistically speaking, if a soul has lived thousands of human lives, the odds are that one of those lives got some degree of notoriety. Just because one past-life out of thousands was of note doesn't mean the life was imaginary. I had one past life that achieved a regional (not global), limited degree of fame within her lifetime. I believe that memory to be accurate, because of validating research I found.

Most of our thousands of past-lives probably were not as talented geniuses or members of the elite. Instead, incarnations likely were predominately poor peasants and middle-class folks. Our later incarnations are generally more spiritually evolved than our earlier ones. Be willing to be disappointed or embarrassed about what you might discover during past-lives recall (below). It's not who you were in a past life that matters but how you now use what you learned.

If we as souls willingly choose our incarnations, does that mean we choose to be traumatized? Did we create our own reality? Since early childhood, whenever I've brought my awareness to the pre-incarnation state, here's what I found. I as soul examined the probable timelines associated with the proposed life as Cindee. I understood that my parents would likely misuse their free will. Their abuse was a potential risk. I also recognized great potential in the proposed incarnation, for my own soul development and for the collective Source. I chose to take the risk; I didn't choose to be abused. My parents had free will. They were responsible for the abuse not me.

It's important to understand this difference, so people don't blame a victim for being victimized. Each time you get in a car to drive or do other activity, you're choosing to take the risk of getting hurt in an accident. You're not choosing to be hurt in an accident. You're choosing to do the activity, even though there is risk.

On the global level, we all co-create reality. One person alone doing positive thinking will probably not eliminate war. But many people doing positive thinking and positive actions can certainly co-create a more peaceful world. Our interdependence, so obvious in biology, explains why some E.S.P. attempts fail. There are many factors - not just one person's positive thinking - that affect an outcome. Everyone involved with your incarnations had free will. Destiny (the likelihood of certain outcomes) intermingles with free will, over the course of time.

PAST LIVES RECALL

Direct recall of past-lives (rather than receiving a past-lives psychic reading) lets us experience psychological insight (an "ah ha!" moment). Suppose you decide to explore past-lives regression for PTS/DI self-care. Utilize sensory references, for the following tasks.

First task: Recall when something was familiar to you but you couldn't immediately explain why.

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Déjà vu is the feeling of having already experienced a situation in the present. Suppose you had a déjà vu but later, you realized that you had encountered the “unknown” familiar thing elsewhere. For instance, you visited a new region that looked familiar. You later realized that you had seen a TV documentary about the place before your actual visit. Your déjà vu was actually a memory. Write or draw a sensory reference for memory.

If you can't recall having this type of memory experience, then pick a simpler one. How does the act of remembering feel, look or sound like to you? If the memory feeling had a shape, color, smell, or taste, what would it be? Write or draw a sensory reference for memory.

Second task: Think of a time when you were sure about something and later found out you had imagined it. In your notebook, make a sensory reference for imagination.

Possible third task: If you have DI, you might have what I call DI déjà vu that is not psychic. DI déjà vu is when one personality area suddenly shares awareness of present-moment experience. For instance, that DI area starts seeing what one or more other DI areas have already been seeing.

In the earlier years of my recovery, my DI déjà vu created an anxious spinniness. As I strengthened my nervous system with BBMSW, the spinniness decreased - even though the déjà vu sensation was still there. Not every person with DI may have DI déjà vu. Other people with DI déjà vu may not have discomfort during it. If you ever had DI déjà vu, make a sensory reference for it.

If you have PTS but not DI, examine whether or not you experienced a version of the phenomenon. If you did, make a sensory reference for it.

You now have sensory references for two or three “flavors” of experiences: memory, imagination, and DI déjà vu (or PTS version). Compare these sensory references to the feelings you might have during or after doing the past-lives recall technique below. The feeling of memory (instead of imagination or DI déjà vu) is what you want to track.

It's probably easier to do the “Past-Lives Recall” technique with a partner. To recall alone, you could audio record an amended version of the script; hold the remote to press the pause button if desired. I present this script as if you the “hypnotee” have at least one past life (as a human, animal, etc.). Amend the script to fit you.

Option to hypnosis past-life recall: use affirmations or self-hypnosis suggestions to recall (while awake or in dreams) presently-useful past-lives memories.

“Past-Lives Recall”

Pre-requisite: Practice the “induction” techniques in the “Holistic Self-Hypnosis and More - Part 1.” Read both self-hypnosis chapters. Notice the transportation-destination technique.

The italicized material below in brackets [] is not spoken aloud. The dots ... indicate a pause. Read the variations (versions) below at step 6. Decide ahead of time which version of induction you prefer for steps 3 through 6. Note the “years versus age” script choice at step 7.

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The hypnotee and the partner should generally speak in the present tense, to facilitate recall.

1. *[Let go of expectations. The hypnotee may or may not recall anything before birth. Adopt a curious, matter-of-fact attitude.*

You may want to audio record the session, starting after deep trance has been established. Sessions longer than one hour tend to overtire the hypnotee and make accurate reincarnation discernment more difficult.]

2. *[The hypnotee should go into self-hypnosis trance as deeply as possible, then nod.]*

3. *[You the partner asks, "Would you like me to count you deeper into relaxation? Nod yes or shake your head no."*

If desired, you improvise a count-down from 10 to 1 (each number deepens the relaxation). Anytime, the hypnotee can ask you to facilitate a deeper state. The transportation-destination metaphor can be adapted for going back in time (destination: before birth or a previous life).]

*[You guide the hypnotee using one of the following metaphors: a trail version or an ocean-current version (below the centered asterisks ***).]*

[Trail version] I'd like you to visualize a golden-lit corridor. You can feel yourself and hear yourself standing in the peaceful golden corridor... Along both sides of the corridor are several doors... Only one door is the door to your past lives... There are other doors... A door to the collective unconscious... A door to your imagination... But there is only one door to your memory... your true memory... the door that leads to only your past lives and no one else's... You begin to see the door of your personal memory starting to glow... You can feel the door to your memory calling you... Of all the doors, only the door to your memory begins to draw your attention... Take your time and nod your head when you know which door is to your memory... [hypnotee nods]

4. ... I'd like you to memorize the feeling of your memory... There is a certain look... sound... flavor... feeling to memory... Nod your head when you've memorized it...

5. ... As we travel in time, I want you to follow the trail of memory... If we seem to lose the trail of memory... if it feels or looks or sounds like something other than memory, then I'd like you to tell me as we go along... Nod your head if you understand...

[hypnotee nods] O.K., now feel yourself becoming particles of light... You are made of particles of light... Your particles are very buoyant and you can float to wherever you want... I'd like you to nod when you've floated in front of the door to your memory...

[hypnotee nods]

6. ... The door to your memory is now open... As you travel, you are safe and relaxed... You only remember what you are able to handle at this time... Whatever is too traumatic for you stays in the unconscious, stays in forgetting...

[Ocean Current variation (for step 3 through step 6)] I'd like you to see yourself as made up of particles of light... These particles are buoyant and you can float to wherever you want... As you float, you can see a beautiful ocean below you... This is the ocean of your mind... You can see currents in the ocean... The currents are different from each other... you can see or sense the difference... Only one current is the current of your personal memory... The other currents go to other places... There is a current that goes to the

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collective unconscious... There's a current that goes to your imagination... The current that goes to your memory begins to glow... You can hear and feel that one current is calling your attention, that current is your memory... I'd like you to memorize the feeling of your memory... There is a certain look... sound... flavor... feeling to memory... Nod your head when you've memorized it... *[hypnotee nods]* As we travel in time, I want you to follow that current of memory... If we ever seem to lose the current of memory... if it feels or looks or sounds like something other than memory, then I'd like you to tell me as we go along... Nod your head if you understand... *[hypnotee nods]* The current to your memory is ready, and so you can feel your particles of light floating over the current of your memory... As you travel, you are safe and relaxed... You only remember what you are able to handle at this time... Whatever is too traumatic for you stays in the unconscious, stays in forgetting...

7. As we go back in time, you can hear my voice... We can talk anywhere in time... We're going back in time now... back to the year *[previous year]*

[Variation: Instead of dates, use the hypnotee's ages]

... What is your name?... You find that you can stay very, very relaxed and speak...

[hypnotee response] ... Where are you living? *[response]* What do you like about where you live? *[response]* What don't you like? *[response]*

[Ask the hypnotee questions to establish the memory. Then continue back year by year or decade by decade. If at any year the hypnotee cannot remember, go back further. If other years are difficult to recall, gently return to the present and end the session. Use inquiring techniques to remedy the difficulty.]

8. *[Do not ask the hypnotee to recall the actual birth, unless you have previously agreed and are prepared to handle any birth trauma. Go back to a few months before birth.]* You are now in your mother's womb... What do you sense? *[response]*

9... We are going back to before you were conceived... back to the year *[fill in]* before you were *[hypnotee's name]*... It is now *[fill in year]* Are you on Earth? Just answer yes or no to my questions; let go of any details. Just answer yes or no according to what your *[trail/current]* of memory indicates... *[response]*

[If the response is "yes" to being on Earth, ask two choice questions to establish the incarnation (such as "Are you a human? Are you male or female? Young or old? Are you living in the western part of the world or the eastern part of the world?") Once the incarnation becomes established, ask questions that are not two-choice but are still objective.]

[If the response is "no" to being on Earth, establish where the hypnotee is with two-choice questions, such as "Is it light or dark? Cold or warm? Pleasant or unpleasant? Are you alone or with others?") Once the place is established, ask questions that are not two-choice but still objective.]

10. *[You can ask the hypnotee periodically to check if the experience is still personal memory. Do not do too much on any one session. You can always repeat sessions.]*

[Before leaving any incarnation, ask, "What have you learned from this lifetime? What are the reasons for you being (fill in description of incarnation)?" By asking, wisdom garnered from the memories can be applied more easily to the present lifetime. When it is time to end the session and return to the present, go forward in time through the dates or

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ages. The physical body can also be a reference for the present moment. Once the hypnotee is in the present, then count up to awakeness (1 up to 10) or use the transportation-destination (destination: present-moment refreshed alertness).]

Commentary: After the hypnotee has been alert for a few minutes, you can discuss the experience. Offer any suggestions to each other about how to conduct the next session. Sessions are best done at least a few days apart, so as to allow for psychological absorbing of the experience. Be willing to dismiss or amend material from a previous session, for accuracy.

Future Time

Divination is the art of finding out future probabilities. Tarot cards, the foremother of playing cards, are divination tools. Tarot shows images symbolizing archetypal energies. The Asian "I Ching" divination system communicates via patterns displayed in the tosses of coins or straw pieces. There are numerous other divination methods.

For a divination method to be useful, it needs to have random chance and many possible answers. A Tarot deck needs to have many cards with many possible answers. If every time you ask the same question you get the cards with the same answer, you're probably receiving psychic guidance.

I employ a divination book based on 100 prophecies inspired by the Asian goddess of mercy Kwan Yin. The inquirer gets advice about present and future concerns, by reading the phrase associated with a randomly-selected number. How does the Kwan Yin inquirer receive the random number?

The book instructs the reader to open to a page where numbers are printed, to close one's eyes and point at the page. I decided this method wasn't random enough. Some numbers are less accessible, printed close to the binding spine.

So I bought from a crafts store 100 little wooden hearts. Each one was the same size and feel as the others. On each heart, on one side I wrote a number (1 through 100). I placed the little hearts in a basket. I close my eyes and pick one at random. Each heart corresponds with its numbered prophecy.

The paper-clip pendulum from self-hypnosis can be a divination tool. Ask your intuition which movement (vertical, horizontal, clockwise, counterclockwise) corresponds with which one of the four answers you choose regarding your question. Even a paper-clip pendulum can communicate sacred guidance, if you keep it in a special place, thank the Earth for its matter, and do a few minutes of meditation prior to divination.

Because people like us with PTS/DI often have enhanced intuition, because we may have had an extrasensory experience that was somehow associated with the trauma, we may want to address a spiritual aspect in our holistic self-care. I appreciate that you read this chapter, which may have explored beliefs different from your own. I invite you to read on to the next spirituality chapter, to continue expanding your awareness of the spiritual diversity among people who survived trauma.

- ¹ The International Society for the Study of Trauma and Dissociation (formerly the International Society for the Study of Multiple Personality and Dissociation) website www.isst-d.org, membership categories (accessed 5-23-07). Notice the “affiliate” membership restrictions and withholding of the journal subscription.
- ² “A New Lease on Life” by Tijn Touber (Ode magazine Dec. 2005) NDE researcher Pim van Lommel.
- ³ “Spiritual State” (p. 31, National Geographic March 2005) researcher Richard Davidson (University of Wisconsin-Madison). The brain activity of Tibetan lamas (well-practiced with Buddhist meditation) shows a baseline to the left within the left prefrontal cortex. In contrast, people prone to negative emotions have a pattern of activity in the right prefrontal cortex. Volunteers (new to meditation) who received eight weeks of meditation training gained more left-prefrontal brain activity, as well as better immune responses to flu shots than did the non-meditating control subjects.
- ⁴ “Meditation and the Self” by Shinzen Young (www.shinzen.org).
- ⁵ Invisible Heroes: Survivors of Trauma and How They Heal by Belleruth Naprastek (p.91-94 Bantam Dell, 2004).
- ⁶ Noble, K.D. (1984) “Psychological health and the experience of transcendence” (doctoral dissertation, University of Washington, Dissertation Abstracts International, 45(5B), 1576; Noble, K. (1994) The Sound of a Silver Horn: Reclaiming the Heroism in Contemporary Women’s Lives (New York: Fawcett Columbine); cited in Riding the Windhorse: Spiritual Intelligence and the Growth of the Self by Kathleen D. Noble (p.86, Hampton Press, 2001).
- ⁷ Riding the Windhorse p.87.
- ⁸ Riding the Windhorse p.87.
- ⁹ Mathes, E.W., Zevon, M.A., Roter, P.M., and Joerger, S.M. (1982) “Peak experiences tendencies scale: Development and theory testing” *Journal of Humanistic Psychology*, 22, 92-108 (cited in Riding the Windhorse p.86).
- ¹⁰ Jewkes, S. and Baruss, I. “Personality correlates of beliefs about consciousness and reality” *Advanced Development*. In press at the time of citation in Riding the Windhorse p.86.
- ¹¹ Fite, R.C. (1981) “A psychological study of persons reporting mystical experience” *Dissertation Abstracts International*, 42(2503B), cited in Riding the Windhorse p.86.
- ¹² Wuthnow, R. (1978) “Peak experiences: some empirical tests” *Journal of Humanistic Psychology*, 18, 59-75. cited in Riding the Windhorse p.86.
- ¹³ Riding the Windhorse p.88.
- ¹⁴ Visionary Plant Consciousness: The Shamanic Teachings of the Plant World edited by J.P. Harpignies (p. 42; Park Street Press, 2007).
- ¹⁵ DMT: The Spirit Molecule by Rick Strassman, M.D. (Park Street Press, 2001) 21-88.
- ¹⁶ “Culture, Anthropology and Sacred Plants” by Wade Davis, PhD (p.48, Visionary Plant Consciousness: The Shamanic Teachings of the Plant World edited by J.P. Harpignies (p. 42; Park Street Press, 2007).
- ¹⁷ Ka-Tzetnik 135633, Shivitti: A Vision (Nevada City, CA: Gateways, 1998); Bernard J. Albaugh and Philip O. Anderson “Peyote in the Treatment of Alcoholism Among American Indians” *American Journal of Psychiatry* 131 (1974): 1247-51; Charles S. Grob, Dennis J. McKenna, James C. Callaway, Glacus S. Briot, Edison S. Neves, Guilherme Oberlander, Oswaldo L. Saide, Elizeu Labigalini, Christine Tacla, Claudio T. Miranda, Rick J. Strassman, and Kyle B. Boone “Human Psychopharmacology of Hoasca, a Plant Hallucinogen Used in Ritual Context in Brazil” *Journal of Nervous and Mental Disease* 184 (1996): 86-94 cited in DMT: The Spirit Molecule by Rick Strassman, M.D. (p. 139; Park Street Press, 2001). The Multidisciplinary Association for Psychedelic Studies (MAPS) research regarding PTSD, MAPS, www.maps.org accessed 4-25-07.
- ¹⁸ Shamanic Voices: A Survey of Visionary Narratives by Joan Halifax, Ph.D. (p.5, .18, pub. Arkana, div. Penguin, 1979)
- ¹⁹ Bonnano, George A. “Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events?” (*American Psychologist*, Jan. 2004, p.20-28) cited in The Resiliency Advantage by Al Siebert (p.189, Berrett-Koehler, 2005) mentions “post-traumatic growth” or “resiliency psychology.”
- ²⁰ Some religious people call this perspective “process theology.”
- ²¹ The Sacred Paths of the East by Theodore M. Ludwig (p.17-19, Prentice Hall, 2001) describes rites of passage.
- ²² Shamanic Voices: A Survey of Visionary Narratives by Joan Halifax, Ph.D. (p.15, pub. Arkana, div. Penguin, 1979)
- ²³ Shamanic Voices: A Survey of Visionary Narratives by Joan Halifax, Ph.D. (p.28, pub. Arkana, div. Penguin, 1979)
- ²⁴ The website (www.goettner-abendroth.de) of researcher Heidi Goettner-Abendroth (the International Academy Hagia of Winzer in Germany) provides information about matriarchal cultures in English, German and other languages.
- ²⁵ Science, Soul and the Spirit of Nature by Irene van Lippe-Biesterfeld with Jessica van Tijn (Bear and Company, 2005, p.159-179) interview with Rupert Sheldrake. See “Resources” for books by Peter Russell and Ervin Laszlo. Also see material by Rupert Sheldrake available online www.sheldrake.org.
- ²⁶ “Multiple Personality: Mirrors of a New Model of Mind?” (“Investigations” *Institute of Noetic Sciences “Research Bulletin”* double issue vol.1, No. 3-4).
- ²⁷ Biologist Elisabet Sahtouris offers a version of this definition of intelligence in “Think Global, Act Natural” by Tijn Touber (p.61, Ode magazine July/August 2006).
- ²⁸ Awe by Paul Pearsall (Health Communications Inc., 2007).

- ²⁹ The “Van der Waals Forces” and “Casimir Effect” are terms used by scientists investigating this energy (cited in What The Bleep Do We Know: Discovering the Endless Possibilities for Altering Your Everyday Reality by William Arntz, Betsy Chase and Mark Vicente, p. 56; 2005, Health Communications Inc.)
- ³⁰ “White Knights of the Sub-Atomic Age” by Tijn Touber (p.29, Ode magazine May 2005) interview with Danah Zohar, author of The Quantum Self (Flamingo, 1991).
- ³¹ p.55,79, What The Bleep Do We Know.
- ³² The movie “What the Bleep Do We Know?” (www.WhatTheBleep.com) and the Public Broadcasting System special “The Elegant Universe” written by Brian Greene (www.pbs.org/wgbh/nova/elegant/everything.html). Also search internet for “Heisenberg’s Uncertainty Principle” or see The Tao of Physics by Fritjof Capra (fourth edition, Shambala, 2000). These references cited in The Resiliency Advantage by Al Siebert (p.196-197, Berrett-Koehler, 2005). Dark matter and parallel universes in DMT: The Spirit Molecule by Rick Strassman, M.D. (p. 316-319, Park Street Press, 2001).
- ³³ Science and the Akashic Field by Ervin Laszlo (p. 128, Inner Traditions, 2004).
- ³⁴ Dr. Satinover’s ideas regarding “Complex Systems Theory” are described in What The Bleep Do We Know (p. 218-219).
- ³⁵ “Think Global, Act Natural” by Tijn Touber (p.56-61, Ode magazine July/August 2006) biologist Elisabet Sahtouris.
- ³⁶ www.thegreatstory.org. Also see “New Cosmology: A Great Story – Our Common Story” by K. Lauren de Boer (p.34-35, Yes! magazine Spring 2006).
- ³⁷ Test subjects who meditated upon “God” (such as repeating phrases “God is love”) had a greater pain tolerance than subjects who didn’t (news item in Ode magazine, p.12 Dec. 2005, cites “The New Scientist” and researcher Amy Wachholtz of Bowling Green State University). Alzheimer’s patients who prayed more and attended religious services progressed more than secular patients with Alzheimer’s (Ode magazine, p.12 Dec. 2005, cites Yakir Kaufman, director of neurological services at Sarah Herzog Memorial Hospital in Jerusalem).
- ³⁸ “Mirrors in the Mind” by Giacomo Rizzolatti, Leonardo Fogassi and Vittorio Gallese (Scientific American, Nov. 2006) “mirror neurons” enable people to empathetically connect to others. “Broken Mirrors: A Theory of Autism” by Vilayanur S. Ramachandran and Lindsay M. Oberman (Scientific American, Nov. 2006).
- ³⁹ Dr. Dean Radin did “Entangled Minds” experiments where two subjects are instructed to keep another “in mind.” Then the two are separated and hooked up to scientific equipment. When one of the two subjects is “poked” by a researcher, the other subject also “flinches” or displays other brain activity that coincides with the first subject’s “flinch” - even though the two subjects don’t know what is happening to each other (What The Bleep Do We Know p. 215-216).
- ⁴⁰ Riding the Windhorse p.20.
- ⁴¹ “We See The Future In Our Hearts” by Jurrian Kamp (p.16, Ode magazine June 2006).
- ⁴² p.88-89, What The Bleep Do We Know.
- ⁴³ Radin, D.I. (1997) The Conscious Universe: The Scientific Truth of Psychic Phenomena (New York: HarperEdge), Tart R. and Puthoff, H. E. (1977) Mind-reach: Scientists Look at Psychic Ability (New York: Delacorte), and Tart R. and Katra, J. (1998) Miracles of Mind: Exploring Nonlocal Consciousness and Spiritual Healing (Novato, CA: New World Library) are among the references cited by psychologist Kathleen D. Noble Riding the Windhorse (p.88). Dr. Dean Radin, parapsychologist (cited in What The Bleep Do We Know p. 20).
- ⁴⁴ “Passevara, the Sacred Earth” by Kristin Madden (p.71, Parabola magazine, Spring 1989).
- ⁴⁵ Inspired by Buddhist teacher Pema Chodron (p.96, SageWoman No.70 “Harmony”).
- ⁴⁶ “The Healing Power of Placebos” by Marco Visscher (p.30, Ode magazine May 2006).
- ⁴⁷ “Spiritual Emergency and Trauma-Based Dissociative Disorders: Similarities in Description and Treatment” by Kylea Taylor (p.1, 10 Spiritual Emergence Network Newsletter Fall 1993).
- ⁴⁸ The entire issue Vol.VI, No.4, Dec. 1993 of “Dissociation: Progress In The Dissociative Disorders” (the official journal of the International Society for the Study of Dissociation) is dedicated to the debate. Also see “Possession, Dynamic Psychiatry and Science: The Historical Fortunes of MPD” in “Multiple Personality: Mirrors of a New Model of Mind?” (“Investigations” Institute of Noetic Sciences, “Research Bulletin” double issue vol.1, No. 3-4, p.7-9).
- ⁴⁹ “Primum Non-Nocere – A Reason For Restraint: Dr. Bowman’s Reply to Drs. Crabtree, Rosik and Noll” (p.262, Dissociation: Progress In The Dissociative Disorders” Vol.VI, No.4, Dec. 1993).
- ⁵⁰ Elizabeth S. Bowman, M.D. (associate professor of Psychiatry at the Indiana University School of Medicine) article “Clinical and Spiritual Effects of Exorcism in Fifteen Patients With Multiple Personality Disorder” (p.222, Dissociation: Progress In The Dissociative Disorders” Vol.VI, No.4, Dec. 1993).
- ⁵¹ The entire issue of volume 8, number 2 (Winter/Spring 1986) of ReVision: The Journal of Consciousness and Change (“The Psychotic Experience: Disease or Evolutionary Crisis?”). Also see The Spiritual Emergency Network Newsletter “Forms of Spiritual Emergency” by Stanislav Grof and Christina Grof describes spiritual emergence. Also Spiritual Emergency: When Personal Transformation Becomes A Crisis by Stanislav Grof and Christina Grof (St. Martin’s Press, 1989).
- ⁵² Transformed By The Light by Melvin Morse, M.D. (Mass Market Paperbacks, 1993).
- ⁵³ p.20, “Multiple Personality: Mirrors of a New Model of Mind?” (“Investigations” Institute of Noetic Sciences, “Research Bulletin” double issue vol.1, No. 3-4).

⁵⁴ Riding the Windhorse p.23.

⁵⁵ "The Science of Reincarnation" by Marco Visscher (p.22-24, Ode magazine June 2006).

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Spirituality – Part 2

Pre-requisite: read “Spirituality – Part 1.”

Many people who have PTS/DI find refuge and rejuvenation in nature. Sometimes, people who survived trauma are able to receive comfort more easily from plants, animals and nature-based metaphysical beings than from humans. As we proceed with our PTS/DI healing, we begin to improve our interactions with and trust of people.

Practitioners within “eco-psychology,” a branch of psychology that recognizes the link between the planet’s health and the individual’s mental health, inform us that some “mental illness symptoms” people feel don’t stem from personal issues. Much of the anxiety and depression are from telepathic-empathic perception of the planet’s suffering during this ecological crisis. The planet has its own intelligence, consciousness and sentience. The culture in which we live suffers from a type of “psychic numbing” and collective dissociation, a “splitting” away from the intuitive messages we humans receive from Earth.

Despite collective dissociation, more people give voice to the planetary grief they feel. Eco-psychology therapists seek to awaken the public out of dissociative denial and to implement environmental solutions.¹ Spending time outdoors helps people recover from past stress and increase resilience against stress. Some eco-oriented therapists believe that children diagnosed with Attention Deficit Disorder are especially affected by insufficient contact with nature (“Nature Deficit Disorder”).²

Part of your contribution to the world may be to deepen your communication with non-human species and to assist other people with reconnecting with all life. Your seemingly small actions of respect toward plants, animals and other beings actually make a large difference to the interdependent web of life. Inter-species caring communication may significantly enhance your PTS/DI healing. Feeling part of a larger whole is among the psychological benefits.

Techniques and real-life stories predominate in this chapter. If you’re skittish with skepticism, think of these techniques with the following perspective. The worst that can happen is you’ll practice relaxation and develop visualization abilities – all of which are proven to improve well-being. You might even have some fun!

You can practice these techniques alone (perhaps audio recording the scripts) or with a partner. Depending upon the technique, you may want to enter a relaxed state (using meditation, self-hypnosis, etc.) before proceeding. The first two techniques are pre-requisites for the later ones. *Italicized words in brackets [] are not narrated.* Dots ... means take time.

“Altering Your Vibrational Rate”

1. Lie down in a quiet place. Close your eyes. Matter is made of particles of light... Enjoy visualizing your body becoming particles of beautiful glowing light... The molecules of your feet are particles of light... molecules of your legs are light particles... molecules in your back light particles... molecules of your pelvis light particles... belly and chest light particles... arms and hands light particles... Your neck and head made of light particles...

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2. Matter vibrates... light vibrates... And so you begin to feel every particle of light that you are vibrating... It is easier to notice the vibration that has always been there... Your particles are always vibrating... You've just happened to notice the vibration...
3. Particles of light can easily and safely change how fast they vibrate. You know that thought creates changes... You know that your mind can influence your body... And so, you know you can let the particles of light that you are vibrate a little faster... The particles of light move faster with ease... You don't need to make them go faster. It is more like allowing the particles to vibrate more quickly...
4. This level of vibration becomes automatic... Relax and feel the particles vibrating at this new level on their own...
5. One level at a time, gradually allow your particles to vibrate faster. Feel each increase become automatic, before going on to the next speed. When you are vibrating as fast as you can, then go on to the next step...
6. Every particle of light that you are is vibrating ever so easily... ever so quickly... The particles are not so much particles as they are pure energy... enjoy this return to this energy state where matter becomes pure energy... as you are... pure energy... And so, as pure energy, all limitation is far behind you... All tension is far behind you... All illusion is far behind you... You are free... You have always been free... You've just happened to notice it now...
7. As pure energy, you see and feel and hear everything in a new way... in a pure way... And you bring that newness... that refreshment... that pure power with you as you begin slowing your particles down... Notice each level of vibration... When you've reached a level of vibration that you'd like to spend time in, open your eyes and stretch, keeping aware of that level of vibration.

Commentary: Practice this sometime while sitting up and with eyes open.

For the following technique, pick an animal species you'd like to understand more deeply. Learn something about where it lives, how it reproduces, and what it eats. Then, your technique practice can provide you with a sense of the animal's "animalness."

"Becoming an Animal"

1. Lie down in a quiet place. Close your eyes... You know that matter is made of particles of light. Start at your feet and feel your body, region by region, changing into light particles... Your body is light particles, waiting to take on a form...
2. Beginning at your feet, feel your particles taking on the form of your chosen animal at the pre-birth stage... You are safe and comfortable in your pre-birth place... Feel the surroundings of your pre-birth place...
3. Feel yourself emerging from your pre-birth place... You can feel that it is the right time to come out of your pre-birth place into your natural environment... Hear the sounds... Smell the smells of your outside environment...
4. Begin to feed upon the natural nourishment that newborns of your species eat... Feel the nourishment... Taste the nourishment... Everything you need to grow healthy and strong is in this environment...
5. Time passes... Feel yourself as the animal moving around your environment as a youngster... See the sights... Hear the sounds... Smell the smells... Time passes... You are even bigger... You are better at moving now... Explore your territory...

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6. Time passes... You are now an adult... The reproductive drive is getting stronger... You find the place of mating... You perform the mating rituals... Feel, see and hear yourself safely mating... Notice how it is to insure the survival of your species...
7. Time passes... Enjoy and learn from each cycle... Now you are growing old... You find the place of peaceful dying... Your particles slip out of your animal body... Feel your particles of light slipping back into your human body at this present moment... Feel your human feet... Feel the rest of your human body... When you're ready, open your eyes and stretch.

The next technique (see **Figure 18**) is for safe, physical proximity to an animal (tame or wild, indoors or outdoors). Avoid dangerous animals and/or dangerous settings. Don't interfere with an animal's eating, mating or care of its young.

"Communicating With Animals"

1. With your eyes open, notice the level of reality where your molecules are particles of light. Feel yourself turning into light particles.... Feel yourself glowing with Unconditional Love *[not conditional upon the animal responding a certain way]*... Send the animal a gentle, diffuse ray of Unconditional Love from your Heart... *[If the animal is frightened, send an even gentler, more diffuse ray of light. Be patient and gently persistent. The animal may be merely testing you, to see if you're trustworthy].*
2. Send an invitation to communicate. Keep your Heart open for any physical or metaphysical response. *[Peer pressure or pack-leader pressure may deter the individual from contacting you on the first attempt. If any members of the group interfere with your communication, send a gentle ray of Unconditional Love to the group. Be centered and unattached to results, since over-eagerness may be interpreted as ulterior motives. If you get tired or impatient, try communicating with a different individual or say a polite goodbye and try again another day.]*
3. *[When you feel a response to your Unconditional Love, send a gentle, diffuse ray of "animalness" to the individual. For instance, send to a chipmunk a ray of "chipmunkness" based upon the previous technique. The sending may include the image of breaking open a nut with chipmunk teeth, the smells of the nest, etc.]*
4. *[When you sense a response, send information (images, feelings) about what benefits the animal can derive from communication. Do not offer food, because of the history associated with food as hunting lures.*

[Express your environmental interest or spiritual commitment in simple, loving ways. If you encounter communication difficulty, ask your Heart (while with the animal) what you can do to improve communication. Even if you cannot yet detect the animal's response, trust that your love has been appreciated.]

Plants are sentient beings, though their senses differ from ours. Choose a plant type you'd like to know better. Learn something basic about its reproduction and natural environment.

"Becoming a Plant"

1. Sit or lie down in a quiet place... Close your eyes... Feel your body becoming particles of light... All of your particles are free and waiting to take on a form...

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2. Feel your particles turning into the form of your chosen plant in its pre-sprouted potential... Feel the energy waiting to sprout... Feel the presence or absence of sunlight or air in your pre-sprouted environment...
3. Now it is time to sprout... Feel your roots travel downward... Your stem travels upward... Your roots seek security and water... Your stem seeks light and air... Feel yourself taking in nourishment... Everything you need to grow strong and healthy is here...
4. Time passes... You are full-grown and healthy... Notice the environment... Feel yourself preparing to reproduce [*by forming seeds, etc.*]... Now it is time to reproduce... Feel yourself share what you have to offer...
5. Time passes... You are growing older... Enjoy and learn from the seasons... Time passes... Now you are very old... As your light particles exit the plant body, the plant returns peacefully to the environment... Your particles of light are free and waiting to take on a form... Feel your particles becoming your human body... Feel your human feet... Feel the rest of your human body... When you're ready, open your eyes and stretch.

"Communicating With Plants"

1. Stand or sit in front of a plant that you wish to contact. Feel yourself becoming particles of light... Feel yourself glowing with Unconditional Love... Send a gentle ray of Love to the plant... Keep your Heart chakra open to any response...
2. Now send a ray of plantness to the plant based upon the previous technique... Be patient as you await a response... [*If you get tired, try again another day or try communicating with a different plant.*]
3. Ask the plant what you can do for it. Explain your good intentions in simple ways. [*Trust that the love you sent was noted and appreciated.*]

Plants are assisted by elementals and devas who usually remain invisible to the human eye (due to their realm vibrating at a different rate than mundane physical reality). Elementals are nature's helpers, sometimes depicted in cultures as elves, fairies, etc. They resemble the four elements of air, earth, fire and water. Elementals are symbols and beings aligned with the forces that scatter leaves (air), prevent erosion (earth), dance in flames (fire), form dewdrops (water) and other natural processes. Elemental reality intersects the material reality.

Elementals work under the guidance of devas. Devas are the more abstract forces behind elemental beings. The previous techniques involved animalness and plantness. The "-ness" of any aspect of nature is its deva-ness, for example the "rain-ness" or rain-cloud spirit that supervises the sparkling raindrop elementals. People living at the Findhorn community in Scotland communicated with devas and followed their advice about growing plants in the harsh climate. As a result, plants that scientifically aren't able to grow in that region flourished.³

In the indigenous European tradition, devas and elementals are guided by the god Pan who symbolizes life force. Pan is artistically represented as half-goat, half-man. When Christianity came into power, the Church used Pan for their invention of Satan. "Devil" was the Church's distortion of the word "deva." The real energy of Pan, devas and

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elementals has nothing to do with evil. Rather, these beings are inspired by helping nature and the Source of Unconditional Love.

Elementals exist wherever there is light, sound or motion. They nourish themselves upon the metaphysical energy emitted from fruit, dew, honey, nuts, music and color. They are attracted to a person expressing innocence and creativity. By increasing your capacity for Unconditional Love, you increase your chances of communicating with elementals.

Does your ethnic heritage have a tradition of nature helpers? You may have to research way before Judaic-Christian-Islam religions affected your ethnic group, to find true, positive elementals mentioned in oral stories, songs, etc.⁴ Feel free to adapt a technique to fit your heritage.

"Traveling With Elementals"

1. Sit in front of something with diffuse, moving light. For example, watch dust particles shining in a sunbeam. Watch the sparkling lights reflecting off a body of water. Gaze at sun-reflecting tree leaves. Do not stare at the sun.
2. Let your thoughts go by like passing clouds. With your mind increasingly empty and spacious, watch the moving lights. Let the lights take you into a pleasant dreamy state... Imagine each sparkle as a light elemental... Let the elementals take you to beautiful places... *[If you remember where you go, that's fine. If not, that's okay.]*
3. Keep the pleasant feelings, as you go about your day's activities.

"Communicating With Elementals Via Plants"

1. Sit or stand in front of a plant. Let any thoughts drift on by... With your mind more empty and spacious, imagine little wisps of light flowing around the plant, the lights of the plant's elemental helpers... Keep relaxing more deeply. Let these lights become less and less wispy and more and more real...
2. When the lights are as real as possible to you, send a ray of Unconditional Love to them. Keep your Heart chakra open to any response...
3. If you sense a response, send an image that elementals would enjoy (a feeling of peace, joy, etc.). Keep open to any response...
4. Communicate for as long as you like. Say goodbye with love.

Commentary: If you grow a medicinal or culinary plant, try this technique with it. Ask it to help you with healing or cooking with more "chi" life force.

You can develop communication with a plant species without any of its matter with you. Suppose you and your doctor think medicinal marijuana would help you. But the plant is illegal in your locale. An option is to get a photo of the plant. Ask marijuana's helping spirit to be with you. If in the past you ever used it, recall the effect. Ask the healing force behind the effect to help you.

You can improvise a technique to communicate with an animal species' archetypal, overseeing spirit. Another name for that spirit is "totem." A metaphysical animal guide or totem is similar to a plant's deva.

I generally find it's more useful to request the universe to teach me about a certain quality than to specify the teacher's or teaching's form.

"Requesting Teachers and Experiences"

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1. Identify what you want to learn or experience, with this book's inquiring techniques if needed. Clarify in words what you want to learn. Lie down in a quiet place. Close your eyes.
2. Feel your Heart chakra open. Feel a ray of light beginning to form in your Heart chakra. Mentally repeat what you need [e.g., "I would like to learn about _____"]. Visualize your request encoded into the ray of light your Heart now sends out to the universe.
3. After transmitting your "classified ad" for a minute or so, lie quietly another minute and notice your Heart. *[Repeat this technique over the next days. Be flexible as to the form in which your request will be fulfilled. Learning opportunities may come in common or unexpected ways.]*

Commentary: The Heart tends to place your "ad" where worthy, positive beings/energies will see it. Thus, your Heart helps screen out undesirable applicants. The Love you use as a medium for your message is itself a message. To my requests, I add "loving, wise, powerful" as requirements for requested beings/energies.

DREAMS

"Lucid dreaming" is when someone is asleep but remembers she or he is dreaming. In the lucid state, the dreamer can influence the content of the dream. Some people who had trouble with nightmares have been able to, while dreaming, lucidly change a nightmare into a helpful, insightful catharsis. Before trying lucid dreaming to deal with nightmares, sample "Bilateral Harmonizing" (BH) ("Self-Hypnosis and More – Part 1"). You might get faster results with BH. You can combine BH with lucid dreaming or do BH immediately after a lucid dream.

Mindfulness observation of nightmare content might enhance any trauma healing resolution your nightmare is trying to achieve. Affirm before sleep that you can watch the "expanding" and "contracting" of any dream content. Do mindfulness meditation or BBMSW in the evening for better sleep.

For any skill, you might use a self-hypnosis suggestion. Word a lucid dreaming suggestion, so it doesn't interfere with rest or emotional healing dreams. If your attempt with lucid dreaming blocks the Rapid Eye Movement stage from taking its therapeutic dream course, your PTS/DI or sleep-sensitive conditions (e.g., fibromyalgia) might worsen. It's more important to rest well during sleep than it is to have lucid dreams. Psychic and spiritual growth can occur with or without lucid dreaming.

Lucid or non-lucid dreaming can include awareness of inter-dimensional realms and inhabitants. Write or draw sensory references for each type of dreams you have:

- * psychological (personalized symbolism, current incarnation memories)
- * collective unconscious (cultural group symbolism, etc.)
- * psychic (inter-dimensional, past-lives memories, etc.)
- * other (you describe the type)

With your sensory reference, just prior to sleep tell your unconscious your dream-type preference.

Whether or not you request a dream type, just before sleep fantasize Unconditional Love and/or spiritual guides around you. Fully let go into the care of the Love and/or spiritual guides. Such visualization relaxes the body and reassures the mind.

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The perspective of seeing a being's true nature (Love) can be excellent psychic protection awake or asleep. I've had rare dream occasions when metaphysical beings I encountered had negative intentions and their behavior was malicious. The beings had temporarily forgotten their true nature (Love), due to - as Buddhism would say - ignorance, delusion or greed.

I was dreamily traveling, happened upon such beings and felt quite frightened. My spiritual guides coached, "See their true nature. See them as the Love they really are." No matter what they did or said, I stubbornly viewed them through the lens of truth: that they were made of the Love. I also affirmed that only Love is real and therefore their negative energy had no real power. As I practiced this truth-based perspective, the bothersome beings immediately had less power over me. I was able to lucidly, psychically travel away from them more easily.

Multi-Dreaming

Earlier in my DI recovery when my personality areas had less co-consciousness, I'd be asleep and dreaming more than one dream at a time. One personality area would be dreaming one dream, while other areas dreamt other dreams. If what I call "multi-dreaming" happens with you, use self-care methods to relax with it. Multi-dreaming or other sleep phenomenon (such as self-reported insomnia) may or may not show up on "sleep lab" tests (e.g., polysomnography or actigraphy). Your experience may be diagnosed as "paradoxical insomnia" or "sleep-state misperception," which means your experience doesn't match what's on the tests. People with fibromyalgia (often accompanied by PTS/DI) sometimes have paradoxical insomnia.⁵

Consider whether you might need to avoid lucid dreaming exercises or dream journaling for now. Sometimes people do those activities in such a way as to cause beta brain waves (associated with alert, logical thinking) that intrude upon the delta brain wave stage of deep sleep. Avoidance of beta-promoting activities just prior and during your night-time sleep period is especially important for people who have fibromyalgia.⁶

DIMENSIONS AND AURAS

People over the ages have described experiences with beings or intelligent energies that seem to inhabit other dimensions of reality's realms. The realms (perceived while awake or asleep) appeared to have fewer or more dimensions than the three the experiencers were used to. Some scientists ponder the possibility of extra-terrestrial life (within and outside of our 3-D reality). Physicists are beginning to seriously discuss the existence of multi-dimensional realms.

"Dimensional Shifts"

1. Lie down in a quiet place. Close your eyes. Exhale any tension...
2. Become aware of the length of your body... Notice the width of your body... Notice the depth...
3. Now notice only length and width... Depth has disappeared... Feel the length and width... Feel yourself existing on a plane of reality where only length and width are real... See yourself as a figure on this plane... You can move up, down and across this plane... You cannot move off the plane; there is no such direction...

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4. Now notice only length... Width has disappeared... See yourself on a plane of reality where only length is real... You can move up and down but not side to side; there is no such direction...
5. Now length disappears... Feel this feeling for a comfortable time...
6. Now length returns... Feel the length of your body...
7. Now width returns... Feel the length and width of your body...
8. Now depth returns... Feel the length, width and depth of your body...
9. Now, the next dimension adds itself to these three. There's no need to name the fourth dimension... You can simply see and feel the fourth dimension adding itself to your awareness like length, width and depth were added... Memorize the feeling of the fourth dimension...
10. Add one dimension at a time for as long as you wish. Memorize the feeling of each new dimension. Give yourself sensory references...
11. When you're ready, feel the dimensions one by one disappear, until you are only aware of length, width and depth... Feel the length, width and depth of your body...
Open your eyes and stretch.

Commentary: One means of psychic protection is invisibility or less visibility. Less visibility can occur by adding dimensions to or subtracting dimensions from the realm in which you want to be less visible. If you're in the realm of two dimensions, adding depth to your awareness pops you out of that realm and into the three-dimensional realm.

When you subtract or add dimensions to your awareness, you become less coherent with the physics of one realm but more coherent with the physics of another. Your auric field is especially maneuverable. The aura is a field of energy that surrounds your physical body. When your aura is less coherent with a realm, you are less visible in that realm. It's similar to someone who is withdrawn (a "wall-flower") - whose aura fades into the background at a party.

If you have DI, it's possible that your aura may confuse a skilled aura "reader." An aura reader intuitively "sees" energies outlining a person's body. A person sensing auras usually translates the psychic perception into visual symbolism (e.g., colors). If you have DI, the aura of one of your personality areas may appear different than the aura of another personality area. The aura of someone with DI may fluctuate, due to having different personality areas.

Sometimes, this fluctuating aura erroneously communicates to others a dishonest "vibe." Your aura might fluctuate oddly during co-consciousness, co-communication, or integration/fusion. Even folks who don't know about auras may be uneasy around you, because they kinesthetically sense something energetically different. As described in other chapters, the heart and digestive organs are intuitive sense organs with which others might sense your DI auric diversity. Consider explaining your DI-style aura to those with whom you want quality relationships.

OPINION-FORMING AND REALITY-MAKING

To experience an important psychological phenomenon, right now get a piece of paper big enough to cover up everything on the page except the line you're actually reading. Don't read further until you've positioned the paper.

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I'm going to describe a real, current situation. There are over 400 U.S. and non-U.S. scientists, astronauts, high-ranking military personnel, defense industry specialists and others who want to testify to the U.S. Congress as witnesses. They want to testify about what they consider to be the most important topic in human history. These military and technology insiders have already been screened for credibility by a non-profit organization. These credible witnesses have made legally-sworn testimonies for that organization. The witnesses have substantial evidence not only about their topic but also about the concerted effort by the U.S. government to cover-up the evidence.

I'm assuming it probably seems worthwhile to you for Congress to hear these witnesses and examine their evidence. It's rare enough that one "whistle-blower" dares expose a scandal – let alone over 400 reliable individuals! You likely think the testimony of these hundreds should be seriously considered, regardless of what the topic is.

If you've been hiding the below sentences with your piece of paper, you will have the opportunity not only to learn what these witnesses' testimony involves. You will also have the chance to see how psychological prejudice and propaganda work. First, decide if the testimony of the 400+ witnesses sounds important enough to warrant at least a few minutes during a Congressional hearing. When you have your opinion consciously set in your mind, read the next sentence.

I'm guessing you're probably in favor of Congress' serious consideration of the testimony and evidence. Soon I'll let you know about the witnesses' topic. Be sure to notice if and how your opinion tries to change. Observe your thoughts and emotions, when you learn the topic.

These 400+ reputable people want to testify to Congress about the existence of extra-terrestrial (ET) life and ET vehicles and propulsion/energy systems. Some of these witnesses have extensively examined the ET energy systems and related evidence. They conclude the ET energy systems can provide pollution-free, low-cost energy for human vehicles and devices. Many of these witnesses want to keep space free of human weapons and militarization. The witnesses' first-hand experience verifies that the ETs who have visited our planet are peace-loving.

Now that you've read this news, notice your thoughts and emotions. Prior to knowing the testimony topic, you likely decided the witnesses' testimony was worth Congress hearing. You decided this way, partly because of the witnesses' highly-regarded occupations, their sheer number and because they've given legally-sworn testimony.

However, your opinion might now be unsteadied by thoughts and emotions. The only thing that changed is that you learned about the witness' testimony topic. You, like most people in the currently-dominant culture, have been indoctrinated by a lifetime of propaganda teaching us to dismiss ETs as silly and imaginary.⁷

A very few entertainment films (such as Steven Spielberg's) accurately portray ETs as benign. However, the majority of "monster movies" and other fiction media depict ETs as dangerous, malicious creatures requiring a violent response ("let's kick alien butt"). When a subject (such as ETs) is consistently represented in a narrow way by a culture's authority figures and media, people living in that culture believe the narrow representation.

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The people believe the meaning that has been attached to the representation. The propaganda meaning becomes "naturalized," seeming as if it's the only meaning that ever could be considered.⁸ In currently-mainstream American culture, the meaning attached to ETs is "ETs don't exist," along with a secondary meaning "if ETs do exist, they are bad."

It can be temporarily, emotionally uncomfortable for people to consider a meaning different from the "naturalized" (propaganda) one. However, it is psychologically liberating to reclaim the freedom to consciously explore possible meanings. Our personal growth benefits when we know how and why we shape or change our opinions. PTS/DI recovery is helped by getting free of burdens caused by prejudice and propaganda. As described in "Spirituality – Part 1," freedom from bigotry indicates good psychological health. It's healthy to be discerning but not prejudiced.

Certain corporations (associated with top-secret military and intelligence projects) have been complicit in the suppression of ET evidence, using ridicule and denial to "handle" ET evidence news leaks. The RAND Corporation (a politically conservative think tank) accidentally let a piece of news slip out: various government agencies speculate there are as many as 100 million intergalactic civilizations exceedingly more advanced than humans.⁹ See the endnotes and "Resources" to learn about the 400+ witnesses' testimony and other evidence.

I want to inform people (including military veterans with PTS/DI) about this news, so they won't be tricked into a war with ETs. People who make vast profits from war have begun manipulating public opinion toward space militarization and violence against ETs.¹⁰ Individuals who make outrageous profits from pollution-producing energy systems do not want the development of the pollution-free, low-cost energy systems originating from ET or human inventors.¹¹

I support the accurate depiction of the peaceful ETs with whom I've personally had contact. Millions of Americans have had encounters with ETs and/or ET vehicles. ET contact may happen outwardly (such as a sighting of an ET vehicle outdoors) or contact may happen inwardly during meditative techniques.¹² Any of us who survived trauma and has become acquainted with inter-species communication can be an especially effective voice for peace between species.

Clarifying Claims of PTS/DI Caused by "Alien Abductions"

When I was 11, a school chum (who I'll call W.) and I saw an ET vehicle land in a secluded forest. W. and I were the only humans present. The ETs lovingly, telepathically communicated with W. and me about the spiritually-evolved, peaceful future our species could create. They showed us picture-feelings of timeline possibilities for peace and about how to use the Heart (chakra energy center) to help make peace. W. and I felt hope and joy about this encounter.

When they were preparing to leave, the ETs mentally asked, "W., do you promise not to tell anyone about meeting us? If you tell, the adults you know won't believe you and will punish you for 'lying'. There are human doctors who would think you are insane and want to lock you away or medicate you. But the most important reason not to tell is because there are adults who work for your government who would hurt you trying to find out more about us."

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W. quickly promised to obey these "grown-up" ETs. But I answered in an evasive way. They telepathically sensed my insincerity. They could telepathically see my and M.'s memories of my schoolyard bragging. The ETs said, "Cindee, we can trust W. to keep her promise. But looking within your mind, we see that you still want to tell people about us, don't you?"

I tried to convince them that it would be fine if I told people, that my telling wouldn't really hurt anything, that I was a big girl and could take care of myself. Through the telepathic bond, I sensed the ETs were not convinced. In fact, they had made a decision of some sort and were flooded with feelings of sadness about it.

"Cindee and W., we care about you very much. We love you. You can feel this with your Hearts, yes?" We answered affirmatively. "We want you to be safe. We need to make sure you do not tell anyone about us. So we need to show your minds some picture-feelings about the humans who would hurt you if they know you've seen us. W., we will show your mind these picture-feelings as well as Cindee. W., we see from your and her memories that you tend to go along with her - even when you know you shouldn't and you get in trouble. It's important that if Cindee tells about us, you don't go along."

I blushed with indignation. I thought to myself, "Grown-ups are all alike – even these kind of grown-ups!" Then I mind-spoke to the ETs, "Why do you think we ever get in trouble?" They answered by sending me and W. detailed picture-feelings of our prank-filled memories.

I complained, "That's not fair. You can see into our minds better than we can see into yours!"

The ETs replied something about how, when I grew up, I'd understand that "grown-ups" had to sometimes do things to protect children that the children didn't understand.

I argued, "I thought you'd be different from the regular grown-ups. But no. You say the same things other grown-ups say - 'you'll understand when you're older' - just to make me do stuff I don't want to!"

Suddenly, the ETs telepathically began showing us picture-feelings of people who worked for the government. We watched-heard-felt the people go about spying on humans who had encountered ETs. Then we were shown the small town where W. and I lived; I recognized the streets. W. and I watched some of the government personnel investigating recent UFO sightings in our locale.

Our ETs eagerly waited for a change in my attitude about keeping the encounter secret. But I could feel, as could they, that my intense drive for attention had not yet been scared into obedience. They mentally said, "We are very sorry. But we must protect you. You will understand better about keeping our visit a secret, after we have you see-feel what the government people do to some people who talk about us."

The ETs began showing us picture-feelings of government personnel kidnapping and torturing adults who had ET encounters. An interrogated victim was strapped to a table and hooked up to wires attached to machines. The interrogators barraged the victim with questions about how the ET ship was operated, etc. Interrogators subjected the victim to painful sensations via the wires and to genital abuse. The victim's pain, despair and fear were telepathically experienced by W. and me, via the ETs communication of it.

Now I felt terribly frightened. I finally understood that the government grown-ups were people I could not outwit - smart as I thought I was. The moment I understood the danger,

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the ETs immediately stopped telepathically showing us the interrogation picture-feelings. With my sincere promise of secrecy secured, the ETs comforted us with their minds.

They sent W. and me soothing energies and reassurances of their caring. They showed us again the timelines of the beautiful peaceful future that all humans could enjoy. The ETs told W. and me that we and many other humans could help make a peaceful future a reality. After making sure we felt their love for us and could recall the pleasant aspects of the visit, they asked W. and me to leave the vehicle, which we did. The ETs, in their vehicle, departed.

A few days after the encounter, W. and I were playing together in privacy. I told her, "I'm having a hard time remembering the space people anymore. When I try to think about it, it gets fuzzy and I feel scared."

W. said, "Me too. I really want to remember it 'cause it was mostly wonderful! They were so nice." Her face expressed frustration about the memory difficulty. "I guess we feel scared, because they had to show us that scary stuff, to keep us away from the bad grown-ups." We reminisced about the encounter, determined not to completely forget such an important event. Unbeknownst to us, prior to the ET encounter, we both had PTS due to child abuse from relatives. The telepathic perception of the interrogation victims had slightly aggravated our PTS.

A couple years later when I was thirteen and learned the guitar, I wrote a private song about the joyous aspects of the ET encounter. Now as an adult, I publicly sing and write about ET encounters, among other topics. See "Resources" for my 2007 recording of the song. My intellect and intuition assure me it is important to communicate my perspective and experiences, because of this point in human evolution (see the Native American Rainbow Prophecy below).

During the 1990s, in my reading about PTS/DI, I came across accounts of people claiming to have been traumatized by "evil aliens" during "alien abductions." I also read accounts of people who had been traumatically interrogated about ETs by human government agents. I read accounts of people who had witnessed such interrogations.

They wrote that some interrogations, drugging and torture took place in a fabricated ET-like environment. Some of these accounts mentioned human interrogators in ET costumes. The writers stated that the interrogators' purpose was to make the witnesses think they'd been traumatized by ETs. The interrogators wanted to promote public fear and hostility against ETs, to keep military and certain corporate interests in power.

For several years, I've carefully contemplated the accounts of "alien abduction" and government abuse of ET witnesses. My several personal encounters with ETs had been basically pleasant; the ETs were peaceful. I believe that ETs who have had human encounters (in the last few hundred years) have been peace-loving. My belief comes from multi-cultural studies and a sociological premise.

From a sociological perspective, any culture that develops advanced technology must also develop emotionally and spiritually, in order to survive its advanced technology stage. If social and spiritual evolution does not keep pace with a culture's technology, then the culture will destroy itself. We can see this sociological principle at work with our own species at this time. Any ET species technologically advanced enough to travel the cosmos has already learned to value peace and to live by peaceful guidelines.¹³

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I've identified memory-distorting factors affecting "alien abductions" accounts. My pre-existing PTS/DI (caused by abuse done by my parents) was slightly worsened by the ET picture-feelings of interrogation victims tortured by humans. Thanks to my life's education, I could distinguish between the ETs' traumatic multi-sensory warning to protect me and the peaceful ETs themselves.

The traumatic warning had been so vivid that someone receiving it could have mistaken the ETs as the torture-giving abusers. Other people who've had ET encounters may also have been warned by compassionate ETs communicating with vivid telepathic picture-feelings. It's understandable if these people might erroneously imagine that the ETs were abusive.

The currently-dominant culture's most prominent message regarding ETs is "ETs don't exist." For the ET witness, this cultural message is incongruent, cognitively dissonant with personal experience. To stop the psychological discomfort of cognitive dissonance, the witness may try to blank out memory of the ET encounter via dissociation.

But if ET memories come to consciousness, the ET witness may distort them to fit cultural prejudice. The cultural prejudice is "if ETs exist, they must be bad." The witness might reshape memory of the benign ET encounter into an "evil alien" cultural stereotype. The person will be even more likely to distort the benign experience into an abusive one, if she or he has fundamentalist religious beliefs. For example, if the ET witness is a fundamentalist Christian who believes that humans are the only species made in the "image of God," then the encountered ETs must have been spawns of the "devil" and abusive.

Another memory factor is psychological projection. For instance, if an ET witness cannot accept the truth that she was abused by a trusted relative, she might imagine that the ET - instead of her relative - was the one who abused her. Here's another possibility. If someone has never had an ET encounter, she or he may imagine an abusive ET encounter, in order to project human-done abuse.

Even a diversity-tolerant person may feel overwhelmed by a peaceful ET encounter, due to cultural conditioning. If the prominent anthropological psychology of the witness' culture is anti-ET or ET-naïve, the ET witness might respond to a benign encounter as if it were a trauma (due to insufficient "psychological accommodation").¹⁴ If someone who has had an ET encounter tells people about it and is then punished for "lying" or misdiagnosed as insane, the witness is likely to develop PTS/DI.

The PTS/DI of a person claiming to have been abused by ETs could actually be due to:

- * pre-existing PTS/DI caused by human- or nature-caused trauma that existed prior to the ET encounter.
- * mistaking the ETs' telepathic warning about human-done abuse for one's personally-experienced abuse.
- * mistaking an abusive encounter with humans in a humanly-fabricated ET-like setting for a real ET setting.
- * cognitively-dissonant cultural messages and/or religious beliefs.
- * projection of human-done abuse onto encountered or imagined ETs, due to an inability to accept the true abuse memory.
- * responding to the unfamiliarity of the ET encounter as if it were a trauma.

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* being punished, ostracized, and/or misdiagnosed as insane, after revealing an ET encounter.

We with PTS/DI need to be willing to periodically re-examine and clarify our memories, thoughts and emotions. In this way, we speed our recovery and avoid adding fear and prejudice to an already fear-driven, prejudice-prone populace. I have confidence that your wise use of Heart-based techniques can provide you with helpful, inspiring psychic and spiritual experiences.

ASKING LIFE'S TOUGH QUESTIONS

For people who survived trauma, we may be driven to address key issues about pain, the meaning of life, and other spiritual questions. Below, I share the story of my 1977 journey, because you might appreciate or be intrigued by the answers I received to my existential questions. For reasons peculiar to me and to that time, my intuitive guidance was to journey with the one-time help of a psychedelic substance.

Journeying with the assistance of a psychedelic is a time-honored tradition in many indigenous cultures. But I'm certainly not suggesting you do what I did. For someone else, or for me at a different point in my life, it could be very treacherous to take such risks. It can be fruitless to mimic the outward trappings of someone else's spiritual path. I encourage you to follow your own authentic, inner road, which may appear different from or similar to mine or others.

"I'm ready for my showdown with God," I declare to my metaphysical guides. It's a full moon in 1977. I'm twenty-three years old. I have memories of my near-death experience (NDE) at age 15. But the subsequent years have brought me adult-framed quandaries about pain in the world and about the existence of God. The childhood NDE visit to a Source of Unconditional Love (God) eight years ago does not quench the fires of my burning thirst for answers.

If there is a God, is God a He or She or It? Why do I feel authentic spirituality when I participate in different religions, such as Hare Krishna (Hindu) chanting, Buddhist meditation and so on? I can't wholeheartedly embrace any of these religions, due to their oppressive ideas about women and gays. The religions disagree with each other. They can't all be right, so which religion is the real path to God?

If God is all-loving, how can It allow the horrors in the world like war and child abuse? If God is all-powerful, why doesn't It change the world for the better? If It is all-knowing, if It knows how to make things better but doesn't, what kind of callous, unloving Thing is It?

I'm determined to find out the truth or die trying. I hope that if there is a God, It won't be angry at me for demanding It account for Itself and the pain in the world. I'm pretty sure there's no such thing as hell. But I'm willing to risk It sending me to hell to get answers.

I recently completed my naturopathic training and tapered off prednisone, which I'd been taking for the systemic lupus disease I had starting at age 15. That "incurable"

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disease is now "cured" because of my use of natural healing. I feel I've passed some sort of spiritual test.

My five college roommates and their two dogs left our two-bedroom apartment today for a several-days school break, leaving me in the apartment with privacy for my confrontation with God. Some days prior, metaphysical guides told me to get ready for this inner travel. I've been doing as they suggest, for their energies are indisputably loving, powerful and wise. They understand that I need to directly experience the very Source of All Answers. They guided me to do this fasting for a few days and to pray a lot.

They've informed me that to travel to the depths of divinity, I need the help of a particular sacred substance. I'm scared about it but I'll do it. My guides told me I'm supposed to take the substance alone with no humans around. That scares me too, because everything I've heard about taking substances or doing this kind of journey is you're supposed to have people with you. But I've decided to follow my guides' advice and travel unsupported by people.

My intuition says to time my taking of the substance with the full moon coinciding with unusual astrological conjunctions. There's been publicity about people all over the world meditating for peace at the time of these planetary conjunctions. Now I have to obtain the sacred substance.

My guides nudge me to ask for it from a particular man. When he hears of my plan to use it to visit God, he gives it to me for free. His generosity surprises me, since he's known as a profit-oriented recreational drug provider. I don't use recreational drugs except marijuana sometimes (at this period in my life).

At the astrologically appointed time, I lie down and take the substance. A few seconds later, my guides tell me to put a blindfold over my eyes. "You need to cover your eyes. The Light of God you're about to see is so bright It will blind you otherwise."

I debate, "But this Light won't be physical like staring into a light bulb. And with my eyes closed, they wouldn't be exposed to light anyway."

"You need the blindfold to cover your third eye as well as your physical eyelids. The blindfold is symbolic yet necessary. It also insures that you won't accidentally open your eyes and have physical sights interfere with your inner sight. Just trust us that there are reasons for the blindfold. You've trusted as this far. Let us 'do the driving,' as you say."

I tie a scarf over my eyes. I feel my way back to my sleeping pad. My guides say firmly, "You'll have three days Earth time to complete your journey. As you can now sense, the drug is loosening your preconceived notions. But it isn't interfering with your questions for God. Review your questions in your mind."

I mull them over. Then the guides say, "Your many questions come down to just three. Soon, we'll use those three questions. While you've been reviewing your questions, you've already begun traveling. During these three days, you must surrender as much as possible to our directions. This journey will give you many opportunities to get your questions answered. But if you don't surrender your ego and accept our advice at crucial points, you can get lost in various realms of reality and even physically die by not getting back to your body. Do you still want to go ahead?"

My Heart's desire overrides my fear. "Yes. I might never get the apartment to myself again and I've already prepared by fasting and praying. And the astrology and global peace meditation are happening right now. And I've got to have answers. I can't stand not

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knowing anymore. Yes, please guide me. And I really will let you do the driving. I've trusted some of you before, when I was a kid. I trust you now. I don't want a drug 'trip'; I want to ask God questions."

It abruptly occurs to me how the premise of this whole journey will be ridiculous if there isn't any God to confront with my questions. I ask, "Is there a God?"

With compassionate amusement, the guides assert, "Yes, there is a destination to this journey. But let go your ideas of God. Call It the Source, unless you're encountering specific deities that we will lead you to. Let go of your intellect. Go with direct experience; you can analyze it with your intellect later. Now, experientially perceive this level of the Source, this level of reality that you are already in. Inhale... now exhale and perceive."

My awareness notices how the molecules of my body, of everything material are shining (even through my blindfolded eyes). I'm perceiving, via senses I have no words for. All matter is singing, emanating as Love. Everything is made of Love. Time is now almost irrelevant. Since the previous exhale, I'm receiving eons worth of details about the structure of the material world. The more I let go of egotism, the more hidden meanings are revealed.

My guides keep track of my body's need for an inhalation - but I am not to inhale yet. "You've perceived this level of reality's powers and vulnerabilities. To ensure the safety of this realm, before you may travel on and inhale, you must answer three questions. The first question is 'What is love?'"

I seek the answer from the Love of which the matter is made. The Love shows me that the way to truly understand matter is to embrace the Love. One to several guides (they often join into a group-consciousness) explain, "At each reality level or realm you visit, the first question will be 'What is Love?' The answer is 'Love is the only answer; Love is the only key.' If you drop egotism, each realm will show you how any question can be best answered by Love. The key to any mystery, regardless of what it is, is Love. Once you perceive the Love, Love shows you specific forms and energies that answer any question and is the key to any mystery.

"Cindee, on this level of reality: what is Love? Your feelings and comprehension must accompany your words. The words alone will not be enough to allow you to return to your body and inhale."

With my Heart, I imbibe the answer and so can sincerely reply with feeling, "Love is the only answer. Love is the only key."

The guides say, "The second question is 'What is truth?'"

With my Heart, assisted by guides known and unknown, I perceive more about the inhabitants of the Love-glistening material realm. I perceive more about the inhabitants' supervising souls. Regardless of what a particular person does during a lifetime, eventually the soul aspect of the person arrives at the Source of Unconditional Love. It may take many lifetimes. But no matter the twists and turns of a particular soul's incarnations, the soul's journey comes home to its own Heart (seat of Unconditional Love) and to the Heart of it all (the Source of Unconditional Love).

This truth is communicated to me in multi-sensory ways. But I struggle with it. "You mean that even somebody like Hitler gets Unconditional Love?!" I then avoid righteous indignation. "Maybe it's a form of egotism." Since the guides have said egotism hampers

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my progress, I let it go, in order to find out ‘what is truth.’ After all, I’m here to get answers – even answers I might not like.

I see the reincarnation patterns, the akashic records of countless souls. I purposely look up the records of certain souls whose incarnations inflicted heinous cruelty. I follow their evolutionary trails.

Just like the guides said, each soul’s journey arrives at the same home base: the Heart. Their own Hearts evolve; the acts they perform each successive lifetime are increasingly loving. By the time they arrive at the Heart, they themselves are loveable. I feel relief about their transformation but also dismay. “Their paths all lead to the Heart... but at what a cost!”

I now research souls whose incarnations adhered to a variety of religions. I see to my surprise that no one religion is the quickest or most direct path; there’s no religious winner. The paths of all religions (contrary as they are to each other) arrive at the Heart. I spot slow learners and fast learners within every religion. The incarnations who emphasized direct experience of the sacred (instead of intellectual learning) evolve the quickest and easiest – regardless of the religion.

Sensing my completion of introductory research and aware of my body’s acute need to inhale, my guides repeat, “What is truth?”

I answer with depth of comprehension, “All paths lead to the Heart.”

The guides say, “The third and last question is ‘Who are you?’”

I review my own lifetimes but in an overly-academic manner. One of the guides interrupts my intellectual meanderings, “There is a state of consciousness that any being can attain. It is a state where you are the most beloved servant of the Source. In order to get that close to the Source and enter that innermost circle of It, you must be truly humble.” The guide empathetically sends me wistful reverie of its own past experience at the innermost circle and as the Source’s most humble and beloved servant.

The telepathic taste showed me how exquisite being the beloved would be. I ask, “How could you bear to leave? Didn’t you just want to stay that close to the Source forever?”

“I can go there again whenever I and the Source wish it.” The guide continues the lecture. “In that state, you are simultaneously Thy most humble and beloved servant. If your egotism starts accumulating, you lose proximity to the Source. It’s not safe for the Source to have someone so close to It, so privy to Its secrets who isn’t truly humble. Now, learn to feel, simultaneously, humility and being beloved.”

I seek direct experience with my Heart and intuition. I teeter often between egotism and humility, unfamiliar with how to be humble without sinking into a feeling of unworthiness. After a period of practice though, I’m able to sustain the combination: humble and beloved at the same time! Who I am (identity) is that of relationship - a tremendously treasured Source helper.

I egotistically test to see if I can be the Source Itself instead of the humble, beloved servant. But then, I accept I’m not ready. I’d be overwhelmed with the responsibility of being 100% Source. I release egotism, embracing the relationship of humble beloved servant.

The guides repeat, “Who are you?”

I rejoice, “I am Thy most humble and beloved servant.”

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My body gratefully inhales. The burning thirst of existential questions is beginning to be partially quenched. After that deep inhalation, I exhale. I'm transported into a level of reality that overlaps the material realm.

The guides elaborate, "After each exhale, you will visit another level, another realm. You must experience the answers to the same three questions at each level, before you may leave it. You must directly experience how the answers to the three questions are the same, no matter the realm.

"Make the most of your 'time' at each realm, so your physical body isn't damaged by the long periods between breaths. Focus on the answers to the three questions. Don't get distracted by phenomena. Each realm will bring you closer to the Source in Its purest state. Each level will more deeply answer your questions.

"We're dedicated to protecting realms and making sure those who are allowed access are humble enough to be trustworthy. We're not dedicated to your ego becoming more knowledgeable and powerful. We're dedicated to your real identity as Source and as servant to the Source. We'll advise you."

Over the course of three days and its inhales and exhales, I visit innumerable realms. At each level of reality, I observe its physics, forms, inhabitants and deity/deities. I notice Love operating in every realm, even those with the most bizarre phenomena. At each level of reality, I practice skills so I can answer the three questions, leave the realm and inhale again.

Occasionally, my guides help me maneuver my blindfolded body to the bathroom to urinate. They help me get to the kitchen to slurp water from the faucet, to eat a spoonful of yogurt or peanut butter. Sunrises come and go...

I have now traveled breath by breath, realm by realm, to get to this innermost circle of the Source. In various realms, the Source is embodied as deities with degrees of maleness or femaleness. But here at this state of innermost Source consciousness, It doesn't bother with gender or any form. I have finally arrived at the Source, to confront It on this "showdown with God."

I'm tempted to forego confrontation for blissful immersion in the Source's Love. The Source is nothing but Love. I know past all doubt that the Source is indeed all-loving. It would be easy to dissolve before It in utter adoration. I manage to keep my fact-finding focus. With humility and belovedness I ask, with the fervor of my humanity and the integrity of my soul, "Why do You let there be pain in the world?"

I await... and await some more. A stray thought stemming from my early childhood in Catholic Sunday school passes by, "Will It kill my body for daring to confront It?"

The Source replies by dissolving the last vestiges of separation between me and It. I experience myself as Source. The Source I am is made of the Source-consciousness of all beings and all things. I as Source review my history.

"I as Source had no existence and the crushing loneliness and stagnation was unbearable." I as Source cringe at the memory of that most ultimate isolation and despair. "I wished to continually grow, to constantly learn from Myself. So I created levels of realities. I separated into entities that could exist in the realms of those realities. By encapsulating Myself, I could take on form.

"But these realms and forms also came with properties that cause pain. Even the most etheric forms of Myself experience some degree of pain, by virtue of having form. When

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a particular soul through its reincarnated forms evolved, it would eventually realize it was Me and rejoin Me. The spiritual enlightenment freed some souls (parts of Myself) from the system of pain inherent in form. But a soul's personal enlightenment did not solve the underlying problem.

"I could no longer bear the fact that this way of learning (by incarnating) was causing forms pain. I considered making all realms vanish, so I could avoid causing pain to forms. But if I did that, all I'd be left with is the loneliness and stagnation of the solitary non-state. That would cause Me pain. Since I am everything, if I dwell in lonely, stagnant non-existence, I would be causing everything pain.

"I currently do not know of a way to have realms of existence and incarnations without pain. For the incarnated forms to provide growth and learning, I must allow each being free will. If they didn't have free will – for instance, if I forced them to always behave lovingly - then I would already know everything they would do and I would learn nothing. Without free will, there would be stagnation of horrible intensity. By having free will, beings can surprise Me and I (which is all of us) can learn."

Then, I as Cindee ease out from Source-consciousness into my separate entity awareness. I express my rage at the Source (now perceived as other rather than as myself). I rage about the pain that I and countless other beings have endured.

How does the Source react? It responds with more Unconditional Love. Even when I threaten to hate It for all eternity, It simply continues being Unconditional Love.

My personal awareness now moves from being separate from the Source to being partially at-one with It. My rage at the Source immediately arrives at me as Cindee. I am, after all, part of the Source. I separate from the Source and, as my own Cindee entity, I stop hurling rage.

The Source yearningly inquires, "Do you know of a way to have form and free will but not have pain?"

I am stymied. I as Cindee don't know a way. I then shift from Cindee-entity to being aware of myself as Source. But I as Source don't know a way either.

My compassion grows, for neither I as Cindee nor I as part of the collective Source know how to make a system free of pain in which to incarnate and learn. Right then, I as Source try out (as Source had done many times before) a few models of such realities and make some prototype realms. But they don't work out. No free will, no pain = no realm. Grieving, I as Cindee separate from the Source, wishing I could do better.

The Source shows me the merest fraction of Its grief. It has grief because It causes pain and does not yet know how to do better. The fact that It does feel grief and wants to do better reassures me about the Source's nature and increases my compassion for It even more.

Knowing that my body needs to inhale, I get on with my questions. I tell the Source, "So you're all-loving. But you're not all-knowing; otherwise you'd know how to make realms and forms without pain. Are you all-powerful? If you knew of a way to do it, could you?"

"Yes. Would you help me learn a better way of incarnating, a better way of learning free of pain?"

"Of course I would! You're so profoundly Love. And hence lovable. A new way of learning would help everyone, including my own soul." But I feel anxious, thinking I

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have to come up with a new way of learning for the Source. My body's heart begins to race, using up the oxygen from the previous inhale ages ago.

The guides warn, "Cindee, you alone don't have to think of a new way. You're misinterpreting this!" The guides get permission from the collective Source for me to inhale during this prolonged interview. I vaguely hear in the background my body gasping air.

I refocus my concentration. "Dearest Source, I don't know how I could help you learn a better way. If you Yourself don't know, how can I?"

The Source links my awareness with Its own. I as Source recall how, when I created realms and forms, I also created mystery. Through my Source-sight, I see numerous opportunities within future timelines. "I have created places in time where I can surprise Myself, where you Cindee and all other beings will make quantum leaps together. All will make a new way of learning."

Source separates me out again and instructs, "Visualize the infinity sign, the one that looks like a figure 8 on its side. In math, there is 'to the power of' little number to the upper right of a number. Visualize infinity to the power of infinity - the big infinity symbol with a little infinity figure to the upper right of it."

I strain but get a sense of the experience. The Source commends, "Good! That feeling is you as Source. Now, do the same thing with eternity. Eternity to the power of eternity is..."

I stumble, unable to keep up. "I can't think how to make a new way of learning."

The Source clarifies, "The best way for you to think about this new way of learning is actually not to think. Don't try to think the new way; feel the new way, with your Heart. Follow the Unconditional Love feeling no matter what realm you're in or what you're doing. 'With Love, all things are possible.' Check with your soul and Heart whether this statement is accurate."

I travel to many levels of realities and check with my expanded consciousness. I see numerous examples, observing Love miracles that defy the physics of various realities. I return to the innermost circle and tell the Source, "Yes, it is true. Love makes all things possible."

The Source confirms, "Love makes all things possible - even those things that aren't possible for the Source of Love to do. Love will make a new system of learning, of incarnating without pain. Love will provide an alternative to the old non-existence barren loneliness and an alternative to the status quo of the current pain-based system. I have seen this to be true." The Source tries to show me how It can be all-knowing and not yet know a better way of learning.

But I can no longer handle this degree of Source contact. I daydream, glancing at a quantum leap "window" along a future timeline where I'm writing a book, attempting to describe this journey.

The deva-like spirit of the sacred substance I took three days ago announces, "My physical aspect has begun fading. It has been my honor to serve you."

I thank the sentient intelligence, vaguely recalling I have a body. As I begin my wobbly return to my body and mundane material reality, I decide, "It's okay the Source isn't all-knowing. I also accept that It's all-knowing but somehow still doesn't know a better way

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to learn. I can practice forgiving It for not knowing how to do any better. At least It's all-loving."

I tease, "It's all-loving and stupid. But Its stupidity is far smarter than me!" More seriously, I conclude, "I'd rather have an all-loving deity than an all-knowing one who knowingly, willingly lets pain happen."

I begin to cry, acknowledging my disappointment and tear ducts. "Oh, I wish the Source did know how to live free of pain!" Via my frayed chakras, the sorrows of the world seep into my awareness. I grieve not only for me but for all beings and for the Source Itself.

My guides intervene. "Your body is too strained. Such despair does not help the Source learn faster. Besides, there is a better way of learning coming. We have seen it."

I sob, "You have?"

"Of course! We're part of the Source too." I laugh aloud and my ears are jolted by the sound. "We guides and you don't have to know how to have a better way of learning. We can feel our way to it. We've seen timelines where there are opportunities for quantum leaps in consciousness - not just in one person's consciousness but in the collective Source's consciousness.

"In fact, each moment is an opportunity for quantum leaps. Each moment is an infinity. Here, we'll show you how that is. We've got time before the drug lessens too much..." And so my awareness zooms off to more galactic adventure.

Body-time is heading into the end of the third day of travel. I sense the knowledge I have received start to fade from my conscious mind. The knowledge is taking up residence in my personal unconscious and the collective unconscious. I feel a little sad at first, no longer fully conscious of every detail of the journey.

But I also feel comfort and self-esteem. For I remember the three questions and answers necessary for travel through the guardian gateways of the bazillion realities. Love is the only answer; love is the only key. All paths lead to the Heart. I am (and anyone can be) Thy most humble and beloved servant.

I hear a jingle noise at the apartment door. The roommate I'd told about taking this journey is opening the door. She softly speaks to me. I take my blindfold off. After a few minutes of squinting from the daylight, I sit down on a kitchen chair made of Love-particles, drink a glass of liquid Love (water), and eat Love-made yogurt and peanut butter.

THE NATIVE AMERICAN RAINBOW PROPHECY

The Lakota (Oglala "Sioux") tribe tells a sacred story about the deity White Buffalo Calf Woman. A long time ago, there were some Lakota people who were not treating each other with respect and peace. Out of the clouds appeared White Buffalo Calf Woman. She brought the gift of the peace pipe and taught them about peace.

She said, "Someday in the future, our Mother Earth will be having a lot of trouble. Some people will not be living in peace. To help you have hope, watch for the birth of a white buffalo calf. Not an albino but a white buffalo. The white buffalo calf will be a sign of hope, a sign that I and peace are returning." Then White Buffalo Calf Woman transformed into a white buffalo and disappeared.

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Some people (including me) believe that now is the time of which White Buffalo Calf Woman spoke. Black Elk, the Lakota leader, predicted in the late 1800s that within seven generations, White Buffalo Calf Woman would restore world harmony.¹⁵ But the biological problem is that, since before Black Elk's time when there were millions of bison (commonly called buffalo) - there have been and still are far fewer buffalo. So with fewer buffalo, the odds of having a white buffalo born are far lower.

The odds of a white buffalo being born nowadays are in the range of 6 billion to 1 against.¹⁶ Yet there have been ten white buffalo born in the last twelve years (1994-2006). The current Lakota Chief, Arvol Looking Horse, has expressed his happiness, describing how the birth of each white buffalo is another announcement of White Buffalo Woman's message of hope.¹⁷ Mystery happens, even against overwhelming odds. Cultures in addition to the Lakota have "rainbow prophecies" of a peaceful future: when the peoples of all colors (races) will be reunited and live harmoniously with the environment.¹⁸

We can prevent future trauma by helping make society more peaceful. People who volunteer for worthwhile causes are 63% more likely to have long lives. When we help others, we produce pain-relieving, mood-boosting endorphins.¹⁹ You might consider volunteering with groups such as those listed in "Resources."

It has been my profound pleasure to accompany you through this book. Will you meet me at the world's peaceful future that you help co-create? I've heard that someone there has already saved you a seat.

From "all of me" to "all of you,"
Cindee

- ¹ Jacqueline Mayrand, unpublished master's thesis "Tending Our Grief: Healing the Self-Nature Split" (2007, Pacifica Graduate Institute, Carpinteria, CA). I participated in her "Listening to Our Grief" eco-psychology thesis project. Jacqueline cites R. J. Lifton (1993) The Protean Self: Human Resilience in an Age of Fragmentation (New York: Basic Books) and Lifton's use of typically-individualized dissociation terms in a collective, societal context (thesis p.18-19). She cites J. Hillman (1995) "A Psyche the Size of the Earth," in T. Roszak, M.E. Gomes and A.D. Kanner (eds) Ecopsychology: Restoring The Earth, Healing The Mind (pp.xvii-xxiii, San Francisco: Sierra Club). I find the Hillman concepts (thesis p. 11-12) a psychologically-termed description of telepathic-empathic perceptions of the Earth's suffering.
- ² "Great Outdoors" by Jay Walljasper (p.20-21, Ode magazine Dec. 2005).
- ³ Messengers of Light: The Angel's Guide to Spiritual Growth by Terry Lynn Taylor describes Findhorn resident Dorothy Maclean's book (To Hear the Angels Sing, pub. Lorian Press, 1987).
- ⁴ For instance, the Tslagi (Cherokee) Native American tribe has a tradition of elementals called Yunwi Tsunsi (p.22, Growing Up Native American by Patricia Riley, Bill Adler and Ines Hernandez, pub. HarperCollins, 1995).
- ⁵ "Sleep Disturbances in Fibromyalgia: A Practical Guide to Assessing and Improving the Sleep Quality of Fibromyalgia Patients" by Carol A. Landis (p.48-52, Practical Pain Management, March 2007).
- ⁶ "My Kingdom For A Good Night's Sleep" by Kathy Longley (Fibromyalgia Online email newsletter, March 19, 2007, Vol. 7 No. 3).
- ⁷ Lakota and other Native American elders have gathered on a regular basis for conferences and ceremonies about the "Star Nations" (ETs), Star Knowledge Gathering 1998 brochure, Circle of Knowledge Institute, Inc., Rev. John-Clarke McDougall, 9 Lebanon Arc, Las Cruces, NM 88005-3749, www.star-knowledge.net.
- ⁸ Stuart Hall, an expert on culture studies ("Against The Grain," KPFA radio, May 8, 2007).
- ⁹ "Life in the Stars" by Martin Keller p. 50, Utne Reader Nov-Dec 2006); "Close Encounters: The Flower House" by Jim Sheeler (Boulder Planet, June 23, 19999, Vol. III Issue 51).
- ¹⁰ online article "Exopolitics or Xenopolitics?" by Steven M. Greer, M.D. Available from The Disclosure Project, www.disclosureproject.org (website accessed 5-17-07). See "Resources."
- ¹¹ Dr. Greer's company "Space Energy Access Systems www.seaspower.com (website accessed 5-17-07) See "Resources."
- ¹² The Center for the Study of Extraterrestrial Intelligence, a nonprofit scientific research and education organization has references and resources. One "close encounter" (CE) type, CE-5, is conscious, voluntary and proactive human-initiated or cooperative ET contact. Website www.cseti.org (accessed 5-18-07). See "Resources."
- ¹³ Nobel Peace Prize multi-nominee scientist Ervin Laszlo describes the importance of humans learning (via meditative and intuitive senses) from ETs about how to survive technological crisis. He estimates ET life may be one billion or more years older than earthly life (p.36, 98-99, Science and the Akashic Field updated second edition by Ervin Laszlo, Inner Traditions, 2007).
- ¹⁴ "The Transformative Experience: A Choice Point" (Frontiers News from the IONS Research Dept., No.16, Sept-Nov 2007, www.noetic.org).
- ¹⁵ "White Buffalo Calf Woman" (p.21, Visions of the Goddess by Courtney Milne, text by Sherrill Miller, pub. Penguin Group, 1998).
- ¹⁶ According to the National Buffalo Association (news on www.nativeamericans.com/MiracleTheWhiteBuffalo.htm; accessed 5-23-07).
- ¹⁷ www.spiritual-endeavors.org/native (accessed 5-22-07) quotes Chief Arvol Looking Horse. Also see photo and news item "Bullish For Peace" (p.14, Ode magazine, Jan/Feb issue,; cites "Indigo" magazine for indigenous people).
- ¹⁸ "The Gifts from the Four Directions" by Ilarion (Larry) Mercurieff (p.44-45, Yes! magazine, Spring 2004). Ilarion is of the Aleut, coordinator of the Bering Sea Council of Elders (contact him at Imercurieff@netscape.net or 1610 Woo Boulevard, Anchorage, AK 99515).
- ¹⁹ "The Good Don't Die Young" p.14, Ode magazine May 2007.

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Resources

Disclaimer: Even if I (Cindee Grace) list something as a resource or an endnote, I do not necessarily agree with everything about it or know the people involved. Discern a resource carefully! A resource is listed for the earliest chapter relating to it. For further resources, go to your public or college library. For out-of-print books/audio products, contact your local used book/CD store or www.AbeBooks.com.

CHAPTER: “NUTRITION”

SUPPLEMENT/FOOD INFORMATION

Council for Responsible Nutrition www.crnusa.org. 1828 L St. NW, Suite 900
Washington DC 20036-5114 phone 202-776-7929.

www.PureCaps.com has an extensive online Health Library.

MAIL ORDER/INTERNET SUPPLEMENT COMPANIES

Puritan’s Pride, 1233 Montauk Highway, PO Box 9001, Oakdale, NY 11769-9001
phone 1-800-645-1030, www.puritan.com

Vitamin Shoppe 2101 91st St., North Bergen, NJ 07047 phone 1-800-223-1216,
www.VitaminShoppe.com

DHEA and/or 7-Keto are available to the public from:

www.SchiffVitamins.com. Also Puritan’s Pride and Vitamin Shoppe (above).

7-Keto manufacturer (to find 7-keto sellers):

Humanetics Corp. 12200 Middleset Road Suite 500, Eden Prairie, MN 55344 phone
952-937-7660

7-Keto available to health professionals:

Pure Encapsulations phone 1-800-753-2277 www.PureCaps.com

Douglas Laboratories, phone 1-888-245-4440 www.douglaslabs.com

FOOD ISSUES (genetic engineering, etc.)

Center for Food Safety 660 Pennsylvania Ave. SE, #302, Washington, DC 20003.
phone: 202-547-9359, www.centerforfoodsafety.org

The Pew Trust www.pewtrust.org. 1025 F St. N.W., 9th floor, Washington, D.C. 20004-
1409; phone 215-575-9050.

NATURAL FOOD SOURCES

Local phone directory business listings under Grain Dealers, Health Food Stores.

Visit www.theorganicpages.com.

mail-order/internet natural/organic food businesses:

Country Life Natural Foods PO Box 489 Pullman, MI 49450 1-800-456-7694, 616-
236-5011.

Purity Foods, Inc. 2871 West Jolly Road, Okemos, MI 48864 517-351-9231
www.purityfoods.com

Gold Mine Natural Food Co. 7805 Arjons Drive, San Diego, CA 92126 1-800-475-
FOOD, 858-537-9830 www.goldminenaturalfood.com

hempseed: www.industrialhemp.net; www.nutiva.com. Nutiva, PO Box 716, Sebastoplo,
CA 95473, phone 1-800-993-8440.

flaxseed: Flax Council of Canada www.flaxcouncil.ca. 465-167 Lombard Ave., Winnipeg
MB R3B 0T6, phone 204-982-2115

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soy and soy recipes: www.soybean.org United Soybean Board, 16640 Chesterfield Grove Road, Suite 130 Chesterfield, MO 63005-1422.

natural food preparation:

A product I highly recommend is the Vita-Mix kitchen machine. It’s the same size as a blender. It grinds flour from whole grain, makes nut butter from whole nuts, liquefies or purees raw vegetables and fruits, makes frozen treats such as ice cream, kneads bread, and more! For people who cannot thoroughly chew solid food, the Vita-Mix “whole juice” is a way to drink nutrient-rich foods. I find that the whole juice does not create as much intestinal gas as the solid food (raw or even cooked) would. Vita-Mix, 8615 Usher Road, Cleveland, Ohio 44138-2103 phone 1-800-848-2649. www.vitamix.com.

vegetarian, other dietary topics:

The Oregon State University “Linus Pauling Institute” website
<http://lpi.oregonstate.edu/index.html>. 571 Weniger Hall, Corvallis, OR 97331-6512, phone 541-737-5075

The Vegetarian Resource Group www.vrg.org.

The American Dietetic Association (www.eatright.org) 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995.

The Physicians Committee for Responsible Medicine, www.pcrm.org, 5100 Wisconsin Ave. NW, Suite 400, Washington, DC 20016 phone 202-686-2210.

Books:

The Doctors Book of Home Remedies by the editors of Prevention Health Books, published by Bantam Dell. Practical, easy-to-understand advice on everyday health concerns, from acne to weight problems.

The Natural Pharmacy: revised and expanded edition (Healthnotes, Inc.) by Schuyler W. Lininger, Jr. DC and/or other editors.

Health foods stores sell magazines such as Prevention and Vegetarian Times. Free magazines include “Delicious Living.” www.deliciouslivingmag.com. 1401 Pearl St. Boulder, CO 80302, phone 303-939-8440.

Locally-grown food:

www.e-cooperatives.com (farmers, farmers’ markets and food cooperatives) National Farmers Union, 5619 DTC Parkway, Suite 300, Greenwood Village, CO 80111-3136 phone: 1-800-347-1961, 303-337-5500. Also www.nfu.org.

Local farmers’ markets: www.localharvest.org.

Pick your own fresh produce for a great discount: www.pickyourown.org.

Food grown within 100 miles: www.100milediet.org.

A “local economy” helps the environment. www.livingeconomies.org/marketplace.
 Worker and environment friendly North American cooperatives <http://dcp.usworker.coop>.

CHAPTER: “BILATERAL BODY-MIND-SPIRIT WEAVING”

PTS:

www.psychinnovations.com/sitetrau.htm

www.ncptsd.org/publications/pilots. Produced by Fred Lerner, National Center for PTSD, VA Medical Center (116D), White River Junction, VT 05009 phone 802-296-5132; fredlerner@dartmouth.edu.

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BOOKS:

Do-It-Yourself Eye Movement Technique for Emotional Healing by Fred Friedberg, Ph.D. (New Harbinger publisher 1-800-748-6273)

Invisible Heroes: Survivors of Trauma and How They Heal by Belleruth Naparstek (Bantam, 2004)

Sounding The Inner Landscape: Music As Medicine by Kay Gardner (Cadeceus Publications PO Box 27, Stonington, ME 04681 or Ladyslipper phone 1-800-634-6044)

Book and audio CD Pain Relief Without Drugs by Jan Sadler (U.S. publisher Healing Arts Press at website www.HealingArtsPress.com). Her voice is pleasant and friendly. Online, confidential support group for people dealing with pain: www.painsupport.co.uk

MINDFULNESS:

Contact local hospitals and yoga studios. Free online guided meditations www.audiodharma.org. Includes talks for chronic pain by Ines Freedman and many other speakers and topics.

Free online talks and information about local meditations groups: www.imcw.org. Emotional Healing Through Mindfulness Meditation by Barbara Miller Fishman, Ph.D. (Inner Traditions, 2002) includes a CD of meditations.

Shinzen Young: CD with book “Break Through Pain,” audio cassette “Break Through Difficult Emotions.” Sounds True PO Box 8010 Boulder, CO 80306 phone 1-800-333-9185 www.soundstrue.com or from The Vipassana Support Institute 4070 Albright Ave. Los Angeles, CA 90066 email: VSI@grte.net Website: www.shinzenyoung.org. The cassette of “Break Through Pain” has Shinzen’s “Working With Space” technique but the later CD does not.

“Radical Acceptance” two-CD set of guided meditations by Tara Brach, clinical psychologist. A fine selection of mindfulness techniques. meditate@imcw.org.

CHAPTER: “HERBS, SLEEP, HOMEOPATHY, AND AROMATHERAPY”

Also see resources listed for the nutrition chapter.

Clinical Studies Looking For Test Subjects: Tests may be for natural remedies, natural methods (acupuncture. etc.), pharmaceutical drugs, medical devices or procedures. <http://clinicaltrials.gov>

Online searchable listing of over 4,100 industry and government-sponsored ongoing clinical trials. Listed by therapeutic area (e.g., “arthritis”) and geographical region. www.centerwatch.com.

Herb Glossaries, Terms Articles:

“Michael Moore’s Medical Herbal Glossary.” Online photos, articles, and herb terminology. www.swsbm.com/HOMEPAGE/HomePage.html

Dr. James Duke’s Phytochemical and Ethnobotanical Database: www.ars-grin.gov/duke:

David Hoffman’s Western Herbal Materia Medica www.healthy.net/clinic/therapy/herbal/herbic/herbs/index.asp

International Bibliographic Information on Dietary Supplements database of published, international, scientific literature on dietary supplements: http://ods.od.nih.gov/Health_Information/IBIDS.aspx.

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PubMed database summaries in several languages www.ncbi.nlm.nih.gov/PubMed.

Categorized links to information on medicinal herbs and herbalism in the clinical setting from the journal, Medical Herbalism. www.medherb.com .

“Michael Tierra’s Planetary Herbology” Online articles, herb education correspondence and in-person courses. www.planetherbs.com

“Medical Herbalism” A full-text clinical newsletter for the herbal practitioner. <http://medherb.com/MHHOME.SHTML>. Also Medical Herbalism www.Medherb.com.

For printed publications, as well as online information about herbs, contact:

American Herbal Pharmacopoeia™, PO Box 5159, Santa Cruz, CA 95063.

American Botanical Council, PO Box 144345, Austin, TX 78714-4345 phone 512-926-4900, website www.herbalgram.org.

Free online library about medicinal and hallucinogenic plants, legal plants that can be used in lieu of illegal plants. www.erowid.org.

Education & Training:

American Herbalism Guild, 141 Nob Hill Road, Cheshire, CT 06410 ph: 203-272-6731 www.americanherbalistsguild.com

Southwest School of Botanical Medicine, PO Box 4565 Bisbee, AZ 85603 phone 520-432-5855 www.swsbm.com.

Wise Woman Apprenticeship Programs, Susun Weed, PO 64, Woodstock, NY 12498, www.susunweed.com

Adverse Effects:

European Scientific Cooperative On Phytotherapy herb-drug reactions www.escop.com.

FDA: Poisonous Plant Database <http://vm.cfsan.fda.gov~djw/readme.html>.

Helpful or harmful herbs in pregnancy www.gardenguides.com/herbs/preg.htm.

Legal Information:

www.herbs.org/current/topnews.html “Herb World News Online.”

<http://sunsite.unc.edu/herbs/controv.html> “Controversial Herbs and Natural Products.”

Kava “Kava: Is It Safe?” www.healthy.net (HealthWorld).

Marijuana

Americans for Safe Access, 1322 Webster St., Suite 208, Oakland, CA 94612 phone 1-888-929-4367, 510-251-1856, info@safeaccessnow.org www.SafeAccessNow.org.

Drug Policy Alliance 925 15th Street NW, 2nd Floor, Washington, DC 20005, phone (202) 216-0035, www.drugpolicy.org.

Homeopathy:

www.Homeopathyhome.com; www.abchomeopathy.com; www.homeopathic.com.

Bach Flower Remedies:

Nelson Bach USA, 100 Research Drive, Wilmington, MA 01887, phone 508-988-3833 or 1-800-334-0843. www.nelsonbach.com.

Bach Flower Therapy: Theory and Practice by Mechthild Scheffer (Healing Arts Press 1998). Some Christian “salvation” language but I (a non-Christian) still found it useful.

New Bach Flower Therapies: Healing the Emotional and Spiritual Causes of Illness by Dietmar Kramer (Healing Arts Press 1995) combines homeopathy with Western astrology.

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Aromatherapy:

the Auracacia brand, Frontier Natural Products Co-op, PO Box 299, 3021 78th St.,
 Norway, IA 52318, toll-free phone: 800-669-3275.

BOOKS

St. John’s Wort: The Herbal Way to Feeling Good by Norman Rosenthal, M.D.
 (HarperPaperbacks, 1998).

Herb Products

Lichtwer Pharma (Kira® St. John’s Wort) www.abkit.com, Kira® orders 1-800-226-
 6227.

Sage Mountain Herb Products, 61247 Route 415, Avoca, NY 14809 phone 607-566-
 2701 www.sagemtnherbproducts.com; info@sagemtnherbproducts.com.

Eclectic Institute “fresh freeze-dried” herbs. 36350 SE Industrial Way, Sandy OR
 97055, phone 503-668-4120 www.eclecticherb.com

Ginger chewing gum: Sea-Band International, 15 Vernon Ave., Unit 6, Newport, RI
 02840-0991 phone 1-888-855-2739, 401-841-5900, www.sea-band.com.

DGL (deglycyrrhizinated licorice root extract) Natural Factors www.naturalfactors.com.

CHAPTER: “BBMSW FOR DEEPER EMOTIONAL HEALING”

12-STEP SUPPORT GROUPS (also contact local mental health center):

Alcoholics Anonymous PO Box 459 New York NY 10163 phone 212-870-3400
 www.alcoholicsanonymous.org.

Al-Anon (for family and friends of alcoholics)
 1600 Corporate Landing Parkway Virginia Beach, VA 23454-5617 phone 757-563-1600
 www.al-anon.alateen.org.

Narcotics Anonymous PO Box 9999 Van Nuys, CA 91409 phone 818-773-9999
 www.na.org.

Codependents Anonymous PO Box 33577 Phoenix, AZ 85067-3577 phone 602-277-
 7991 www.coda.org.

Incest Survivors Anonymous PO Box 17245 Long Beach, CA 90807 phone 562-428-
 5599

Survivors of Incest Anonymous PO Box 190 Benson, MD 21018 phone 410-893-3322
 www.siaawso.org.

BOOKS:

Radical Acceptance by Tara Brach, Ph.D. (Bantam, 2003).

Healing Through The Shadow Of Loss by Deborah Morris Coryell (Healing Arts Press,
 2004).

Common Shock by Kaethe Weingarten, Ph.D. (Dutton, 2003).

You Have the Power by Frances Moore Lappé and Jeffrey Perkins (JPTarcher/Penguin,
 2004).

The Global Brain Awakens by Peter Russell phone 1-800-U-GO-GLOBAL.

The Tao of Physics by Fritjof Capra (Shambhala, 2000)

The Dancing Wu Li Masters: An Overview of the New Physics by Gary Zukov
 (HarperCollins Publishers, 2001).

Science and the Akashic Field by Ervin Laszlo (2007, Inner Traditions).

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VIDEO:

“Fractals: The Colors of Infinity” phone 1-800-257-5126, 609-671-1000
 www.films.org.

CHAPTER: “BREATH, EXERCISE, AND A GREAT HICCUP CURE”

Music by Cindee Grace: www.humboldtmusic.com/cindeegrace. Email me from the website. Or for flyers about my music CDs, send self-addressed stamped envelope to: PO Box 6865 Eureka, CA 95502. Note: I am not in private practice and cannot reply to individuals’ questions about healing. Check whether my other website www.cindeegrace.org is ready (dedicated to healing topics, my speaking schedule, etc.).

My CD “Wild Again” includes some songs about surviving trauma. Reviewers wrote: “Wild Again will mean a great deal to women... cherishing personal and planetary healing, recovering the joy of life.” “Grace’s earth/goddess-based spirituality and healing humor shine throughout, offering us compassion and understanding!” “Cindee has a gorgeous singing voice... a versatile musician.”

“Songs of the Goddess” includes me and women musicians in a pop-rock band. Merlin Stone (esteemed Goddess scholar) features my song “Aphrodite” in Return of the Goddess (Canadian Broadcasting Corp.) series. Reviewers: “pure good humor and very upbeat; her rhythms set toes to tapping and her lyrics lighten the heart.” “Hope” is my latest CD, which includes songs about peace, hope, and nature.

“Sacred Pleasure” (by Shawna Carol and a “Goddess Chant” chorus) songs especially for women who survived sexual trauma. Ladyslipper, Inc. PO Box 3124 Durham, NC 27715; website www.ladyslipper.org, phone 1-800-634-6044.

Air, Breath:

“Air Cleaners: Some Do Little Cleaning” www.arb.ca.gov/research/indoor/cr-10-2005.pdf or contact California Air Resources Board phone 1-800-242-4450, email helpline@arb.ca.gov.

Nozvent® nostril expanders: Vitamin Shoppe 2101 91st St., North Bergen, NJ 07047 phone 1-800-223-1216, www.VitaminShoppe.com.

“Breath Pleasure” track of Shinzen Young’s CD “Pain Relief” and CD “Break Through Pain” (above).

Treat yourself to the CD “Breathe to Beat the Blues: Manage Your Mood with Your Breath” by Amy Weintraub (www.yogafordepression.com; info@amyweintraub.com; PO Box 64934, Tucson, AZ 85728-4934, phone 520-324-0840). She has helped herself and many others heal depression with yoga breath practices and postures. Her voice and enthusiasm are inspiring! Also use her book Yoga For Depression (Broadway Books, 2004).

Stretching, Exercise:

Stretching books by “Bo” Robert A. Anderson. At booksellers or Stretching, Inc. PO Box 767, Palmer Lake, CO 80133 phone 1-800-333-1307, www.stretching.com.

Your local union or occupational health agency may have injury prevention information (stretching, protective gear, etc.). Parks and Recreation Departments may have exercise classes. Your local Sierra Club, Audubon Society or other environmental organization offer free guided walks.

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Adjucicizer: inexpensive, well-designed, resistance-band exercise system, comes with exercise book for all major muscle groups www.dmsystems.com, phone 1-800-254-5438, 1316 Sherman Ave., Evanston, IL 60201.

Warm Water Exercise: Local hospitals or Easter Seals pools. For U.S. Easter Seals, 230 West Monroe St. Suite 1800, Chicago IL 60606, toll-free phone 1-800-221-6827, toll 312-726-6200, www.easterseals.com. For Canada: The Easter Seal Society 1185 Eglinton Avenue East, Suite 706, Toronto, ON M3C 3C6 Phone: (416) 421-8377, Toll-free: 1-800-668-6252, E-mail: info@easterseals.org. www.easterseals.org.

Vision Therapy:

Doctors of Optometry might know vision therapists (“behavioral/developmental optometrists”). Also check: www.visionsofjoy.org, Esther “Joy” van der Werk, c/o T. Michaels, PO Box 1748, Yucca Valley, CA 92286, phone 1-845-489-5704; www.visioneducators.org, info@visioneducators.org.

Optometrist Network (www.optometrists.org, 93 Bedford St., Suite 5D, New York, NY 10014), specify you want eye exercise.

Restoring Your Eyesight: A Taoist Approach by Doug Marsh (Healing Arts Press, 2007) mostly about the Bates’ method and how it relates to the Asian philosophy of Taoism.

Biofeedback; Incontinence:

Applied Psychophysiology and Biofeedback organization: www.aapb.org, 10200 W. 44th Ave. #304, Wheat Ridge CO 80033, phone 303-442-8436, AAPB@resourcenter.org.

Natural Contours sells a “kegel exerciser,” designed for vaginal insertion called the “Energie.” According to the brochure, it weighs 14 ounces; one end is 1¾ inches across and the other end is 1 inch across. Show the brochure to your ob-gyn doctor, to see if the kegel exerciser is suitable for you. Natural Contours, toll-free phone 1-800-456-5683, 402 Millstone Drive, Hillsborough NC 27278, www.natural-contours.com.

CHAPTERS: “HOLISTIC SELF-HYPNOSIS AND MORE – PART 1” and “PART 2”
 NEWS:

Check local public broadcasting radio station for Free Speech Radio News (www.fsrn.org) and Democracy Now (www.democracynow.org).

“Yes! Building a Just and Sustainable World” magazine. Positive Futures Network, 284 Madrona Way NE, Suite 116, Bainbridge Island, WA 98110-2870; phone 1-800-937-4451, 206-842-0216, www.yesmagazine.org.

Positive News phone 607-351-7944 email: posnews@lightlink.com website www.positivenewsus.org.

NOISE MASKING:

“White noise” CDs www.whitenoise.com. White noise devices at major electronic stores such as Radio Shack’s “Lifewise”(model 63-1521) “Aromatherapy Sleep Machine.”

GUIDED IMAGERY RECORDINGS:

Belleruth Naprastek’s www.healthjourneys.com, phone 1-800-800-8661.

Mary Marzo’s www.goddesshealing.com, phone 416-424-2086.

MUSIC FOR SELF/HYPNOSIS,IMAGERY,MEDITATION BACKGROUND:

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“Mountain Meadow Meditation,” “Healing Sanctuary,” “Ocean Dreams” at Soundings of The Planet PO Box 4472 Bellingham, WA98227 phone 1-800-93-PEACE
 www.soundings.com.

Harp music by Lisa Lynne: www.lisalynne.com email: harpgirl@aol.com.

Steven Halpern “Ocean Suite,” “Sound Chi,” “Music For Sound Healing,” “Inner Peace,” “The Sacred Chord” www.innerpeacemusic.com phone 1-800-909-0707 PO Box 2644 San Anselmo, CA 94979.

“Celtic Meditation Music” by Aine Minogue (Sounds True, PO Box 8010 Boulder CO 80306, ph 1-800-333-9185, www.soundstrue.com.

“Ultimate OM” by Jonathan Goldman www.healingsounds.com, phone 1-800-384-3732.

CHAPTER: “ACUPRESSURE, MASSAGE AND INTIMACY”

BOOKS:

The Reflexology Atlas by Bernard C. Kolster, M.D. and Astrid Waskowiak, M.D. (Healing Arts Press, 2005). A pictorial at-home instruction resource.

Fibromyalgia & Chronic Myofascial Pain by Devin Starlanyl and Mary Ellen Copeland (New Harbinger Publications; ask for latest edition).

Acupressure: Clinical Applications in Musculoskeletal Conditions and Acupressure & Reflextherapy in the Treatment of Medical Conditions by John R. Cross (Butterworth-Heinemann). Beyond beginner-level acupressure.

A Manual of Acupuncture flash card set (by Peter Deadman and Mazin Al-Khafi with Kevin Baker) for the intermediate or advanced acupressurist (who does not use needles) or an acupuncturist. From oriental medical supplies businesses (below) or contact Journal of Chinese Medicine Publications, 22 Cromwell Road, Hove, East Sussex, BN3 3EB, England www.jcm.co.uk.

Acupressure books, charts, and other related products: OMS Medical Supplies www.omsmedical.com OMS Medical Supplies, 1950 Washington St., Braintree, MA 02184, phone 1-800-323-1839.

MASSAGE TOOLS:

A T-bar is a handheld tool with a protruding tip. A T-bar provides much firmer pressure than a fingertip. Handcrafted T-bars by Neuromuscular Solutions (www.nmtbar.com) phone 1-877-393-7834, PO Box 6022 Avon CO 81620.

Theracane ® has angles and knobs so you can massage your own back! Versatile for self-massage anywhere on one’s body. www.theracane.com, PO Box 9220 Denver, CO 80209.

The Body Cushion ® is a contoured pillow system. You can lay on it face-up, lying on your side or face-down. It can be placed on the floor, a massage table, a bed or other flat surface. Optional sections for large-breasted or pregnant women. www.bodysupport.com, toll-free phone 1-800-448-2400.

Sea-Band for pressing Pericardium 6 (P6). P6 helps nausea. If you have impaired circulation in your fingers, I suggest you not use the Sea-Band ®. Otherwise, find P6 as instructed in my book, and then consider the Sea-Band ® as an adjunct. Sea-Band International, 15 Vernon Ave., Unit 6, Newport, RI 02840-0991 phone 1-888-855-2739,

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401-841-5900, www.sea-band.com. In England: Sea-Band UK, Church Walk, Hinckley, Leics. LE10 1DW England, tel. 01455 251007.

MASSAGE THERAPISTS:

Local phone book business listings under “massage.” Discern between legitimate massage therapists and prostitution “massage parlors,” by the ad wording and phone interview.

American Massage Therapy Association, www.amtamassage.org, 500 Davis St. Suite 900, Evanston, IL 60201-4695, phone 1-877-905-2700, phone 847-864-0123.

American Organization for Bodywork Therapies promotes Asian bodywork. www.aobta.org, AOBTA, 1010 Haddonfield-Berlin Road Suite 408, Voorhees, NJ 08043-3514, phone 856-782-1653.

BOOKS, MAGAZINES:

Magazine “Teaching Tolerance” www.tolerance.org, resources for working on anti-prejudice issues. The Southern Poverty Law Center, 400 Washington Ave., Montgomery, AL 36104, phone: (334) 956-8200.

For those who survived child sexual abuse or for their partners, there are various books. One is The Courage to Heal co-authored by Ellen Bass (HarperCollins 1994, www.ellenbass.com). In a bookstore’s self-help section, some books address the special concerns of men, gays, and other populations. Before buying a book, scan the covers, chapter titles and index under “satanic,” “Christian,” and “exorcism,” to see if the book is religiously-bigoted, racist or incompatible with a holistic self-care approach.

PHONE, IN-PERSON COUNSELING:

Battered Women’s Justice Project 1-800-903-0111 www.bwjp.org.

National Center for Victims of crime, National Crime Victim Helpline 1-FYI-CALL, www.nvc.org.

National Domestic Violence Hotline 1-800-799-SAFE (language translators available) www.ndvh.org.

National Organization for Victim Assistance 1-800-TRY-NOVA.

Rape, Abuse and Incest National Network 1-800-656-HOPE www.rainn.org.

CHAPTERS: “SPIRITUALITY – PART 1” and “PART 2”

Fascinating audio interviews with great spiritual thinkers on public radio or online www.newdimensions.org. New Dimensions Radio PO Box 569, Ukiah, CA 95482, phone 1-800-935-TAPE or 707-468-5215.

The intersection between scientific evolutionary theory and Christian creation theory, visit www.thegreatstory.org, www.evolutionarychristianity.org.

DIVERSITY-TOLERANT DENOMINATIONS:

Religious Society of Friends (Quakers) www.quaker.org. There are people within Christian-founded Quakerism who consider themselves atheists, pagans (www.quakerpagan.org), etc.

The Unitarian Universalist faith www.uua.org, 25 Beacon St., Boston, MA 02108 phone 617-742-2100.

Buddhism (zen or vipassana styles) offers a non-religious yet spiritual path. See Buddhist resources listed elsewhere in “Resources.”

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PUBLICATIONS:

For spiritual development or psychic self-protection, explore writings by Starhawk (www.starhawk.org), Hallie Inglehart (her later name is Hallie Inglehart Austen), and Vickie Noble. Pre-screen books in the bookstore’s occult or New Age or sections, for compatibility with a holistic self-care approach.

“What Canst Thou Say? Friends, Mystical Experience, and Contemplative Practice” magazine by Religious Society of Friends (Quakers) members. Writings of mostly Christians having psychic and spiritual experiences. Number 32 Nov.2001 theme is “Kundalini Energy.” Back issues are available. What Canst Thou Say? c/o Richard Himmer 1035 Hereford Drive, Blue Bell, PA 19422-1925.

The Heart of the Goddess: Art, Myth and Meditations of the World’s Sacred Feminine by Hallie Iglehart Austen (Wingbow Press, 1990) includes do-it-yourself meditation to sense each goddess’s qualities as your own. Stunningly beautiful color illustrations.

RESEARCH:

The American Society of Psychical Research www.aspr.com, 5 West 73rd St., New York, NY 10023 phone 212-799-5050.

The Institute of Noetic Sciences (www.noetic.org) 101 San Antonio Road, Petaluma, CA 94952, phone 707-775-3500.

NEAR-DEATH:

International Association for Near-Death Studies offers resources, support groups. www.iands.org. PO Box 502, East Windsor Hill, CT 06028 phone 860-882-1211.

DIVINATION:

My favorite Tarot deck is the Motherpeace deck. It include racial diversity, positive male images and an environmentally-friendly, peaceful future. Motherpeace: A Way to the Goddess through Myth, Art, and Tarot by Vicki Noble (Harper and Row, 1983) is the book. The deck is available at bookstores, occult stores or www.motherpeace.com. The Motherpeace deck and other Tarot decks are manufactured by U.S. Games Systems (www.usgamesinc.com) phone 1-800-544-2637, 179 Ludlow St., Stamford, CT 06902.

The Kuan Yin prophecy divination system: Kuan Yin: Myths and Prophecies of the Chinese Goddess of Compassion by Martin Palmer and Jay Ramsey with Man-Ho Kwok (Thorsons, 1995).

SUPPORT:

Center for Psychological and Spiritual Health (also known as the Spiritual Emergence Network) offers services, publications, referrals and information to those going through spiritual emergencies: www.cph.org.

BOOKS:

The Alchemy of Illness by Kat Duff (Bell Tower, imprint of Harmony Books, 1993) is the true story of a woman’s spiritual journey through severe illness and the contributions made by those rendered physically inactive. This book informs one about the archetype of the “wounded healer.”

Riding The Windhorse: Spiritual Intelligence and the Growth of the Self by Kathleen D. Noble (Hampton Press, 2001) clear suggestions about how to proceed through spiritual emergence and discern the difference between mental illness and spiritual growth.

EXTRA-TERRESTRIALS:

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The Disclosure Project has over 400 reputable witnesses willing to testify to Congress about their personal experience with ETs, with ET technology and about the U.S. government cover-up of ET evidence. Testimonies on videos, books, online articles. www.disclosureproject.org. PO Box 265, Crozet, VA 22932; inquiries, orders: PO Box 4556, Largo MD 20775 ph: 301-249-3915, info@disclosureproject.org.

Center for the Study of Extraterrestrial Intelligence offers public trainings in developing skills to communicate with ETs. www.cseti.org. Debbie Foch, Coordinator, PO Box 4556, Largo, MD 20775, phone: 301-249-0727, email: coordinator@cseti.org.

Space Energy Access Systems, Inc. identifies and tests energy systems (related to ET as well as human inventions). www.seaspower.com. PO Box 265, Crozet, VA 22932-0265, fax: 540-456-8303.

Richard Boylan, Ph.D. online article “Fake ‘Alien Abductions’ Conducted by Shadow Government Para-Military Operatives (MILABS)” is pertinent regarding PTS/DI allegedly caused by “alien abduction.” www.drboylan.com. Email: drboylan@sbcglobal.net. PO Box 1009, Diamond Springs, CA 95619, phone 530-621-2674.

Standing Elk (Lakota Native American) has been involved in “Star Knowledge Gathering” conferences (open to people of all races). www.star-knowledge.net. Email standingelk1111@hotmail.com. Phone 605-384-5200.

ELEMENTALS:

The Complete Book of the Flower Fairies by Cicely Mary Barker (Penguin Group, 1996) Wondrous poems and botanically-accurate artwork transport the imagination into the elemental realm of European anglo tradition.

Special music by Cindee Grace: My song “Elemental Joy” (about nature elementals) and “Distant Cousins” (about one of my ET experiences) are among the songs on my third music CD “Hope.” See above for contact information.

CO-CREATING A PEACEFUL WORLD:

Hope in the Dark by Rebecca Solnit (Nation Books, 2004). Historical examples of positive unexpected events.

Women’s International League for Peace and Freedom, chapters worldwide. 1213 Race St., Philadelphia, PA 19107-1691 phone 212-563-7110.

Veteran’s For Peace: for men and women who served during wartime or peacetime in the U.S. military. www.veteransforpeace.org. 216 South Meramec Ave., St. Louis, MO 63105 phone: 314-725-6005.

Disabled American Veterans: www.dav.org. PO Box 14301 Cincinnati, OH 45250-0301. Toll-free phone 1-877-I-AM-A-VET (877-426-2838).

United for Peace and Justice is a coalition of over 1300 local and national groups throughout the U.S. www.unitedforpeace.org. Mail: PO Box 607, Times Square Station, New York, NY 10108, phone 212-868-5545.

“Roots and Shoots” guided by primatologist Jane Goodall. Offers children and adults in almost 100 countries programs to help the environment. www.rootsandshoots.org, The Jane Goodall Institute, 4245 North Fairfax Drive, Suite 600, Arlington, VA 22203. phone 1-800-592-JANE.