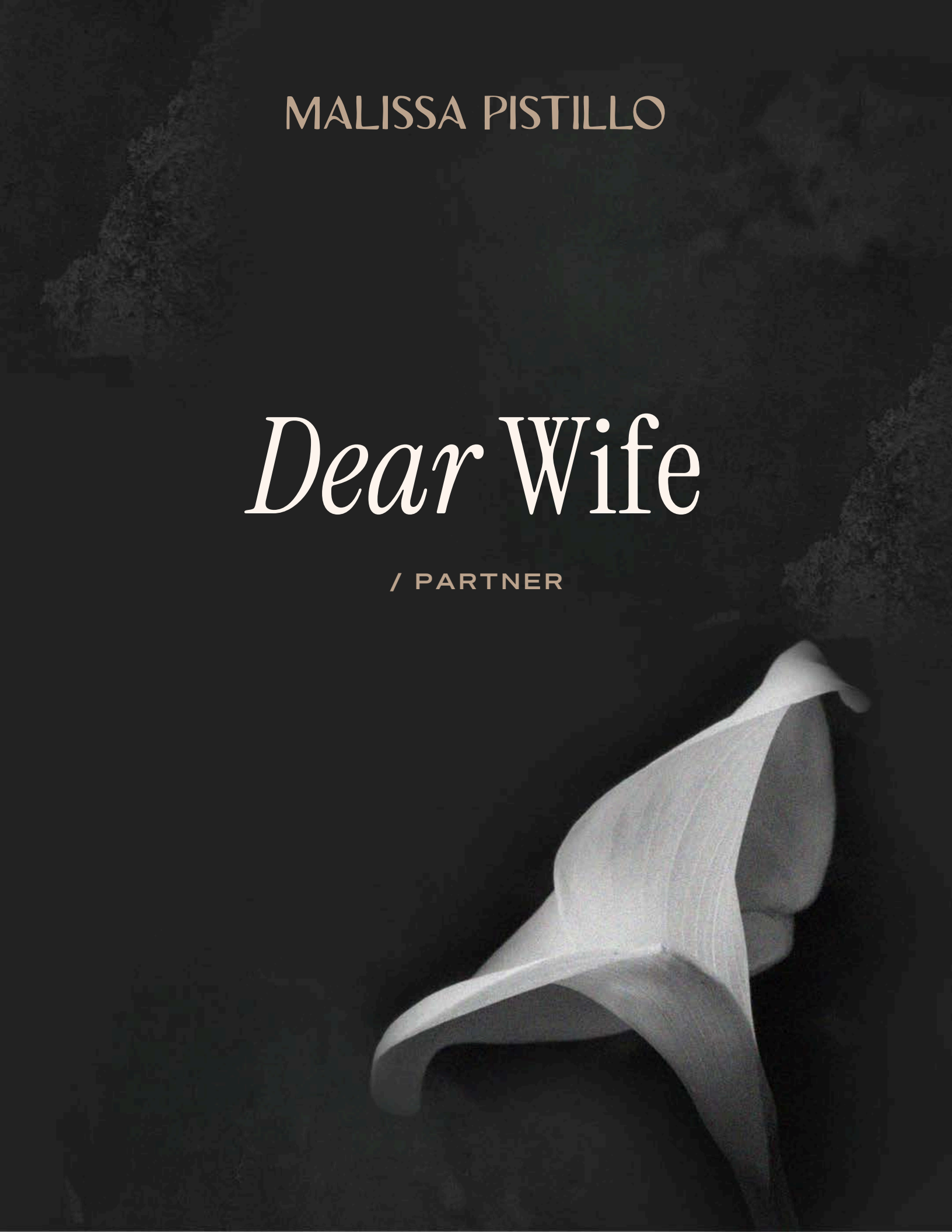
MALISSA PISTILLO

Dear Wife

/ PARTNER



Dear Wife,

/ PARTNER

I need to share something important with you, and I want to do it with honesty and love. I was prescribed psychiatric medication that I was told was safe to take daily, even long-term. What I didn't know—and what was never explained—is that these drugs can cause ***neuroadaptation***. The brain and nervous system adapt to the drug, and the body can become **dependent**. For some people, harm can come quickly, and it's too often misdiagnosed as a new mental illness, leading to more labels and more prescriptions.

What I also wasn't told is that these drugs can cause **neurological injury**—changing mind, body, and spirit in ways no one warned me about. I never expected this, and I wouldn't wish it on anyone, but it's the path I have to walk now.

One of the hardest effects is something called **akathisia**. It's documented across psychiatric drugs, but many clinicians aren't trained to recognize it. It's not just restlessness—it's an inner torment that can alter consciousness, flooding me with dark, racing thoughts. It is closely linked to suicidality and is often misunderstood. Please know: those thoughts are not really me. They are a byproduct of drug-induced injury to my nervous system.

I may also be living with **Protracted Withdrawal Syndrome (PWS)**. Both the FDA and the American Society of Addiction Medicine (ASAM, 2025) now formally recognize PWS as a serious condition. Symptoms can last months or even years after a drug is out of my system because the nervous system is struggling to heal. This can include anxiety, insomnia, cognitive problems, sensory disturbances, akathisia, and more. **In the case of benzodiazepines, this injury is often referred to as Benzodiazepine-Induced Neurological Dysfunction (BIND)**. Professor Heather Ashton described it as a form of drug-induced brain injury, and newer research suggests brain receptors are disrupted and need time—sometimes a long time—to re-balance.

Symptoms show up differently. Some people have **“windows and waves”**; others have **symptoms 24/7**, which can feel unbearable. If I have windows, know they’re on a spectrum—a window might be five minutes or a day and often means “less,” not “gone.” When a window happens, please acknowledge it and ask what I want—celebrate, keep it quiet, try one tiny gentle thing, or rest. A good moment doesn’t mean I’m all better, and activity can trigger a wave; the kindest thing is to honor my choice, keep expectations low, stay flexible, and not take it personally if I need to stop or go quiet.

It’s also important to understand that **dependence is not addiction**. Dependence is a biological adaptation to repeated exposure. Addiction involves craving and compulsive seeking. I didn’t choose this, I didn’t abuse my prescription, and I’m not addicted—I am dependent. Many people say dependence can feel even worse, because withdrawal itself can cause lasting neurological injury and unbearable suffering. Sadly, the confusion between dependence and addiction often creates stigma instead of compassion.

That’s why many experts recommend **hyperbolic tapering**—very small, individualized reductions (often 5–10%, sometimes 2%) spaced weeks apart and slower at the lowest doses—to reduce injury risk. Despite this, harm still happens: roughly **1 in 6** people on benzodiazepines and **1 in 10** on antidepressants may be injured in this way.

I want to talk about **us**, because this hits our marriage, too. Withdrawal can tank—or suddenly spike—my libido. Some days my system is overloaded by touch, noise, or light. I may have trouble getting or staying hard, finishing, or feeling much sensation—sometimes I feel numb down there—even when I want to be close. That isn’t a rejection of you or a measure of my love. It’s biology and injury, not a lack of attraction or commitment. I still want connection—just slower, quieter, lower-pressure—and my capacity may change day to day.

I also want you to know how this affects my sense of masculinity. The parts of me that want to protect, provide, solve problems, initiate intimacy, and always be strong often feel hijacked by symptoms. On hard days, I can feel ashamed that I can’t carry as much, think as clearly, or perform sexually the way I want. If I go quiet or seem distant, please read it as pain—not disinterest. It helps to hear that your love and respect for me aren’t tied to income, productivity, or sexual performance—that I’m still your person even when I’m slower, softer, or need help.

This season may last months, even years. I wish I could promise a timeline. What I can promise is effort and honesty. I will keep going with everything I have—even on days, or longer stretches, when I feel like walking off—and I will do everything I can to stay. With your support, I believe we can come out of this stronger—like couples who face cancer or other chronic illnesses and grow deeper roots. Our version of that fight is withdrawal and possible PWS. I can't do it alone. I need your steadiness, your patience, and your presence..

What helps—day to day:

- Tell me I will heal, with conviction.
- Tell me it's *not okay* what I'm going through, and it's okay to feel angry, to yell, and to cry. Please never tell me to stop crying—just hold me or hold space through it.
- Tell me I am the strongest person you have ever met.
- Tell me that there is meaning and purpose in this experience, even if I don't see it now—that I will understand when I make it through to the other side.
- Remind me that some people heal rapidly or even have miraculous turnarounds, and that this could be possible for me too.
- Tell me my only job is to *keep a pulse* and make it to the next day.
- Remind me again and again: this isn't truly me—it's the injury, not my essence.
- Tell me that my spirit, my soul, my true self is still here, untouched, waiting for me to heal into it again.
- Tell me that healing happens slowly, but it does happen, and every day my nervous system is working to repair itself.
- Tell me you believe in me and that I will get my life back.

And Wife / Partner, just as important—**please avoid saying the things below**; in the middle of injury and withdrawal they can feel invalidating and make symptoms worse:

- “You’re lazy.” / “Suck it up.” / “Pull yourself together.”
- “It’s all in your head.” / “You’re being dramatic.”
- “Push harder.” / “Power through.” / “Just go to the gym.”
- “There’s no such thing as antidepressant or benzo withdrawal or injury.”
- “I need you to do more” when I’m symptomatic.
- “Stop crying.” / “Calm down.”
- “You should be over this by now” or comparisons to others.
- “If you really wanted to get better, you would.”
- “Just take whatever the doctor gives you” or “this is your fault.”
- “You look fine.” / “Everyone feels like this.” / “Others have it worse.”
- “We don’t need to tell anyone about this.” / “You’re ruining things for the family.”
- “This is who you are now.”

About sex and closeness—only if I'm truly capable in that moment:

- Quick check-in every time. If I'm not there, we table it—no pressure, no guilt.
- Keep it simple: hand-holding, a long hug, a shoulder/back rub.
- Low-stimulus time together: lights low, quiet walk, a show, or just sitting close.
- If I say pause or stop, we stop—no questions asked. We'll regroup later.

Thank you for loving me in this. Thank you for choosing "us" in the hardest chapter. With your support, I believe in our future—and in us becoming even stronger on the other side.

With all my love,

Your Husband / partner

Key References & Resources

1. Benzodiazepine Information Coalition — www.benzoinfo.com
2. Antidepressant Coalition — www.antidepressantcoalition.org
3. Horowitz, M., & Taylor, D. (2024). *The Maudsley Deprescribing Guidelines: Antidepressants, Benzodiazepines, Gabapentinoids and Z-drugs*. Amazon (print): https://www.amazon.com/Maudsley-Guidelines-prescribing-Prescribing/dp/111982298X
4. Heather Ashton (2002). *The Ashton Manual* — Classic resource on benzodiazepine withdrawal. https://www.benzo.org.uk/manual/ (free PDF reprint: https://www.benzoinfo.com/ashtonmanual/).
5. BIND Study (2022–2023) — Research on *Benzodiazepine-Induced Neurological Dysfunction (BIND)*, highlighting lasting withdrawal injury. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0285584
6. Hengartner, M. P., Schulthess, L., Sørensen, A., & Framer, A. (2020). Protracted withdrawal syndrome after stopping antidepressants: A descriptive quantitative analysis of consumer narratives from a large internet forum. *Therapeutic Advances in Psychopharmacology*, 10, 2045125320980573. https://doi.org/10.1177/2045125320980573
7. Advocate — sharing lived experience, education, and resources: The Face of Malpractice (TikTok: https://www.tiktok.com/@thefaceofmalpractice) and Malissa Pistillo (malissapistillo.com).

ACCESS LIVE TEXT OF LETTER