

Matt from Beyond Your Past, Episode 99 -- Discussing Dissociation and DID, with Kathy Broady, MSW

Link:

<https://www.discussingdissociation.com/2018/11/podcast-matt-from-beyond-your-past-with-kathy-from-discussing-dissociation/>

Matt: Welcome back to *Beyond Your Past!* I'm your host, Matt Pappas, certified life coach specializing in overcoming anxiety and trauma recovery. And this podcast is all about helping you move forward from what holds you back. Each week you'll hear from coaches, clinicians, and advocates who have overcome tremendous odds and are now using their journey to inspire you throughout yours. This is your place to feel validated and encouraged as you take your life back and live free from your past. Are you ready? Let's do this.

Hey, greetings my friend and thanks so much for taking some time out of your day to tune into the show, and I hope that this episode inspires and encourages you on your own journey. Big shout out if you're listening to the podcast for the very first time, welcome to the show, I hope that you enjoy it, and also consider checking out some past episodes as well. And for those of you who are regular listeners, you guys rock, you are amazing, and I always appreciate the support so much. A big thank you to my incredible sponsors inlpcenter.org, offering a world-class online neuro-linguistic programming and life coach training to people in over 70 countries. I'm honored to be able to receive my certifications from INLP Center and utilize their research and incredible training programs. And to Daily Recovery Support, interactive daily group calls in a safe atmosphere for survivors of complex trauma, equipping you with the skills and information you can use every single day in your healing journey. Learn more about this affordable resource and get signed up today at cptsdfoundation.org.

So today I'm joined by Kathy from DiscussingDissociation.com. Kathy has her Master's in social work and started her website in 2008 as a free resource for anyone wanting to learn more about dissociative disorders. Since then it's developed into a hub for dissociative trauma survivors, their loved ones, and their supportive team, including videos, blog posts, shared artwork, a podcast, educational materials and more. On the podcast today Kathy and I are discussing dissociation and in particular Dissociative Identity Disorder, or DID. Kathy shares her expertise in this field as we cover topics including losing time, and dissociative amnesia; aspects of trauma that contribute to the development of DID; tips for spouses and supportive partners and family members; how DID does not mean that you're crazy or psychotic; addressing someone with DID and talking to all of their parts or alters; and more.

If you live with DID or you have someone in your life who is a dissociative survivor, please consider sharing this podcast with them. You never know the difference it might make in someone's life.

So let's jump right into my chat with Kathy, and Discussing Dissociation, right now.

Kathy: Ok, what I do . . . Alright, my name is Kathy and I am a clinical social worker. I have been working in the field of trauma and dissociation since the mid-'80's, so that almost dates me, but I've had 30 years experience in the field. I kind of got handed a lot of trauma cases in the beginning, they just sort of kept

falling into my lap, and even my first case where I was working with a person with DID (which back then was called multiple personality disorder), that sort of fell into my lap as well. I loved it, I loved the idea of the puzzle, putting the pieces together with this beautiful young person who was a teenager, with what she was going through, and I just stuck with the field. Since then, that was the '80's, I've just done everything from individual work, group work, spouses, families of trauma survivors, I worked in a hospital and did ten groups a week for years, I've worked outpatient, I've had hundreds of clients, I've done online stuff, I've done websites, I've done forums, I've got a blog, all that stuff! Now I do phone consultations and email consultations, I mean, all kinds of stuff is happening -- just working in whatever way I can to reach the dissociative population and help teach about the dissociative issues because it's very complicated. There's always lots to teach.

Matt: Yes, indeed there is, there is so much to teach, there is so much for all of us to learn, and of course we're still learning as we go along, more and more about dissociative disorders and all the different types, and how they affect us and how they manifest themselves. So, let's kind of talk about something here -- I know you know the answer to this, and I know the answer to this, but there is still a lot of stigma around it, so when we talk about dissociative identity disorder, or DID, sometimes we hear words like "psychotic," "crazy" or "they're just faking it or looking for attention." So maybe you can address this right off the gate because I know that even in this day and age with all of the research and all of the articles that are written and everything on social media, there's still a lot surrounding DID and calling people crazy.

Kathy: Yep, that does happen, it's not as extreme, it happens all over the place anyway. When I went to school way back when in grad school in the early '80's, there were only 200 multiple personality people in the world -- that's what they said. I've officially met all 200 by now! The truth is we think one to three percent of the population [actually has DID], which means if the world population is 7.4 billion, that's 74 million DID people in the world. That is a lot of people! So I don't think that there's that many people faking DID.

What it means, the unfortunate side . . . is that it means there has been that much trauma. That's the sad part. It's a very genuine and creative and complicated response to a very severe and complicated trauma that happens to very young children. It starts in the childhood time frame and then it expands through the years. It's a very legitimate thing. If you grow up in a calm household where you've got gentle and healthy and kind caretakers you don't need to do these extreme methods of coping in life because life isn't that extreme. You've got other strategies to use. But if you're a child left on your own with severe trauma and no real help in terms of a caregiver and a parent, you have to create these other ways of managing because you're little bitty, you've got to deal with extreme trauma, you've got to go to school the next day and so you have to split apart. That's just what they do.

So it's very real, and it's very sad that it's real, but it's also very exciting that people can have that ability to manage something so extreme. Now it can feel psychotic and crazy because of what happens when you start feeling like you're ten different people or twenty different people and all the chaos that goes with it. So it can feel crazy, like, is my name this? Am I five or am I twenty-five? I don't remember what happened yesterday. So the symptoms and the flashbacks and the mix-ups and the noise and hearing things in your head . . . all that can be misunderstood as crazy but it's actually not crazy, because if you have the context

of DID everything makes sense and it's very grounded in reality. Even if it's grounded in the past, it's still all grounded in reality. It's not like they're psychotic and coming from the moon and they're in a spaceship flying over Russia, it's not anything like that. You have to have the context of where it came from, and then it will always, always, always make perfect sense. That's very different from psychotic if you ask me.

Matt: Absolutely -- extremely different. And I know just from doing this show and my blog over the last several years that I've learned so much myself, just from people that I've interviewed, the people that I've written, my own research about what it is and what it is not, and there's so many amazing people out there who live with DID who are doing everything they can to shine light on this, to shine the truth on it, to help reduce the stigma and the shame and everything that goes around it, and all of the misconceptions.

One thing that [just] popped into my head -- and I'm going to put you on the spot a little bit, because I've literally just thought of it . . .

Kathy: (*Laughing*) That's allowed!

Matt: So we know that DID can manifest itself as a result of trauma, but not everybody who is a trauma survivor develops DID. So, is there any type of correlation to different types of trauma or circumstances that might cause someone to develop DID -- like a particular type of trauma or other things that might increase the potential of one person versus another?

Kathy: Okay, well I'm just going to go back off of my experience, as opposed to [trying] to pull off stats from any official research. In my experience, working with the dissociative population, the difference between the DID population and [the] other people out there in the world is that in my experience every dissociative survivor I have talked to has had this massive laundry list of things that have happened to them. Like numerous events, numerous times, numerous years, numerous abusers, so it's like an excess of trauma as opposed to some folks who had some trauma but maybe not as many occurrences.

But then the other piece in my opinion as well, the other piece of what makes someone have to split is not only having the trauma itself, that is either extremely painful, or extremely scary, or they've been threatened -- if you do this we'll kill your dog, if you do this we'll tell your mom, you know, it's always some very serious threat -- but the other piece to the trauma is that in most cases there's no one on the other side who can actually comfort and help and support that little bitty child in what just happened.

So even if there is a parent there, even if there's a non-offending parent -- probably in most cases for dissociative survivors both parents are offenders in one way or another -- but in other times that the parent might be completely oblivious, or they don't know, or they're sick, or they're ill, or they're away, or they work across the country, there's just no one there that can really, really, really help the child, address the trauma and say "Hey what that creepy guy just did to you wasn't OK. It's not your fault, you're not bad." There's no one there to help them, there's no one there to say "I'm sorry you were hurt, I'm sorry that this happened to you," and so that the child is left completely on their own to deal with this massive event that doesn't even make sense to adults.

When we're assaulted and offended as adults it's hard enough for us to deal with it, but if you're a child, by yourself, and then you have to rely on the very same people that hurt you -- they're the ones that feed you

or take you to school or buy your clothes -- you have to rely on them so you have to have a relationship with them, you can't get away. So that to me is part of what splits them. There's no escape and there's no help for the trauma. So, there's all these components as opposed to someone who may have been hurt when they visited grandpa, but they're not necessarily hurt when they go home. It can be a little more of an isolated event, they can know that they're OK here, they're safe here, but they weren't over there. But with the dissociative child they just don't have that safe spot -- they just don't have it anywhere. So they just have to create it in their mind, and that's where they have to either split themselves or push that trauma away from their minds so they don't think about it. They need that separation *somewhere* because they don't have it anywhere else.

Matt: I'm so glad that we're talking about this because of all the podcasts that I've done, I don't think I've ever asked that question, so I'm so glad you're able to shine some light on it. It's something that I thought about asking before and for one reason or another just never came up, but thank you for sharing because I just learned a few things myself. I appreciate that, thank you.

Kathy: Oh, good!

Matt: So I know one of the things that I have talked with people about who have asked me about DID because I have some content on as well . . . Is it a good idea or not a good idea to try and talk to the different personalities of someone with DID, or should you only try and talk to, quote on quote, "the real person"? I say this in the most kind way because so often when you're talking to somebody who has DID, whether you're educated about it or not, you may have the best intentions, you're not exactly sure how to address them, how to talk, what to say, what not to say. So maybe if you can share a little bit [of] insight in the best way to just communicate with someone.

Kathy: That's a great question because I get asked that all the time. I have my approach, and my approach is [you] absolutely talk to all the people. They've come up and said hello to me, so I'm going to say hello back, right? I'm not going to say, "Hey, well, I can't talk to you because you're not Sally at the front and I only know Sally, so therefore, go away, I'm only going to talk to Sally." Now I do know . . . I do know that there are certain approaches where people will say you could only talk to the host person and not anyone else. I just don't go with that, I don't go with that at all. I will sometimes talk through the front person and say hello to the others inside that way, but I will always, always, always, always, always speak to anyone and everyone in the system.

As far as "who's the real person?" Well -- who *is* "the real person"? The real person is *everybody* because they're not any of them fake. They're all real, and who is real is the sum of who everyone is. Now there are different parts that have different roles, that might use the legal name or the body name, whatever you want to call it. They know to answer that. They know the outside world knows them as that name, but they might have their own very real name on the inside. To me, every part is very, very real in who they are. It's like the mind, because the mind got [separated] . . . because of the extreme trauma place where they were created in the first place, they became frozen and stuck in that place, in that time, that age that way of thinking -- the mind just literally gets separated and divided into these different places and people and events and times. And it's as real to that person who they are, that [if] they think they're five years old, they

are five years old. They can't understand why they're so tall. Sometimes they don't even think they're that tall. So you have to connect to where that person is, with where they really are. That's really where they are! They're different ages and stages and you just have to go with who you've got. Who is real is everybody! They're all real, and somebody will just have the front role.

Matt: That's such a great way to lay it out there. It's so easy to understand that way because you're right, they're all real. They're all that person. So, trying to single one out or try to figure out who you're talking to can be very hurtful, it can be very confusing. It just creates a lot of undue pressure on both of you so just address them [all], as they're all real. They're all the same person . . . I love it, that's great!

Kathy: Plus it can get really mixed up too, because sometimes you can have a distinct "one" somebody there, like a certain somebody. Sometimes you have a kind of a mix, you have maybe a few people sort of there, or at least present . . . Think of a classroom of kids, of people, you've got maybe the one that's talking the most in the class, and then you've got the quiet ones and the shy ones in the back, but they're still there, they're still real even if they're not as vocal or as noisy. That's just how it is.

You have to get to know everyone -- but sometimes there will be two, or three, or four, or five listening at the same time, and if you say "Well, who are you?" they might not know who they are because they're a combination of everybody present. So they are lots of people. Sometimes it gets very, very distinct, they're only one and they can switch very distinctly to another only one. So it's a combination of lots of things.

But it's like if you take a chocolate bar -- most people like chocolate so let's say that -- and you've got one big Hershey's chocolate bar, and if you drop it on the floor or the table, it breaks into two. Well which piece is the real chocolate? What if you crack it again and it breaks apart into four pieces of chocolate.... well which one is the real chocolate? They're all the real chocolate. If you hit it again, and hit it again, it has more and more trauma, right? If you hit it again and hit it again, it breaks apart into more and more and more pieces . . . but every piece is still as real as the other piece. They're all the same in terms of that.

Matt: That is *the* best analogy I've ever heard. I love it . . . that's so great!

Kathy: You need everybody to still have the whole of who the real person is. You need everybody. So every piece, whether it is a big piece or a little piece, every single piece of that person is real and every single part matters.

Matt: Could not agree more, I love it. Something else I want to cover, something that fascinates me, partly because I have lived with this and still do, is when we talk about losing time or dissociative amnesia. Knowing that there are parts of my childhood that I don't remember -- some of it are small gaps, some of it are larger gaps.

Over time since I started working with a therapist about the trauma some of those memories have come back. Some of those gaps are filled in but there are many that haven't and they never [will be].

So maybe you can talk a little bit about DID, amnesia or losing time, and how common that is, what it is, all that good stuff?

Kathy: Okay, well it's really common, it's part of one of the diagnostic things. The phrase "losing time" has always kind of felt funny to me because it's not like time goes away and there's this time warp and there's no "Oh gosh! That whole year didn't exist."

Well it did exist, and it did happen! Maybe you've lost the recall of that time frame. The way I think about losing time is that that means you switched -- for someone that's DID, I don't know enough about your personal [situation] to answer that . . . In terms of someone who we know is DID, if they haven't got any recall of all of third grade, for example, they have no idea, they can't tell you *anything* about it . . . well chances are somebody else inside was the person who was there and present for third grade, and they hold the memories. So for that period of time, the time, the memory got stored in *their* filing cabinet, so *they* hold it. If you're over there in *this* room, you have your own filing cabinet, but you can't get to *that* one, because that belongs to them, and they're in that room with the door shut. So you don't even know it's there. So the time isn't lost -- it just went from "this person was in charge" and then "that person was in charge." To fill in the missing time you have to find out who was there for whatever was happening.

Obviously we don't all remember absolutely everything in our lives -- none of us do, I certainly don't! -- but in the end I'll tell you what, the dissociative people who have all these memory issues -- they can't remember this, can't remember that -- but in the end, by the time you talk to your system and you've gotten to know the stories of what everybody says, their life story (because their life story is that piece of the chronological puzzle). . . you get all the different pieces of all the different stories . . . dissociative people in the end have a far better, a way massively huge better memory than us normal, regular singletons who have very old brains!

So, ultimately your DID person will remember more because they've been able to contain it in all these different parts. It's just a matter of finding out *who* has that information, and who you [can] talk to, who knows that, and then that fills in the time gap. It does feel like missing time because if one person is there and then they kind of wake up and it's five hours later and they have no idea what happened in between, that happens absolutely at that amnesiac wall, I call it that "damnesia" because it seems to get in the way all the time.

The more the person goes "OK so I've been away for the last five hours...who's been here? Who was out, what did you all do? Where did you go? What did we do, were we just asleep? Were we watching TV? Oh, I can see someone made a peanut butter sandwich in the kitchen." They have to sort of know who inside, then check within their system to see who was present during those five hours. Because the five hours happened, they literally happened, so it's just a matter of who was present and who was not. Does that make sense?

Matt: It absolutely makes a ton of sense. It's a great way to explain it and I think it probably clears up a lot of misconceptions for a lot of people. For me in particular, I was never diagnosed with DID, I'm in that kind of catch-all DDNOS, where I have several different types of disorders, but there's not one that's more pronounced than the other one. I'm glad that you were able to explain it that way because it does help a lot.

Something else I wanted to talk about too is there are many people who listen to this podcast who are spouses, friends, siblings, or family members of someone who has DID. Whenever you look for resources

for trauma victims there are things out there. There are books and videos and courses and therapists and all these things, but there always seems to be fewer things for the person who lives with somebody with DID or lives with somebody with trauma, a friend or partner or caregiver.

Do you have any advice or insight that you can give them that might be able help them in their relationship with someone who lives with DID?

Kathy: One of the groups I did . . . starting in the '90's was a spouse group. My previous forum had a spouse section. My new forum that's coming out is probably going to also have the spouse section for spouses, partners, friends and family, because it's as difficult for the spouse and partner (we're talking about the non-offending people) [to understand DID].

It's important for them to understand what DID is, and what the trauma is. It's so complicated. It's complicated for the survivor themselves. It's complicated for the mental health professionals to understand it. What about the person [who lives with someone who is dealing with this]? It's really complicated for them too.

They need a lot of help in terms of just, number one, understanding what the diagnosis is, in understanding what is normal -- like "When my partner does this, are they lying to me or have they just switched?" "Is that lying or are they just amnesiac?" One, it can really destroy your relationship if someone is just lying to you. That's going to break all kinds of trust. But if you can understand certain elements of this behavior that you're seeing -- that actually is your partner switching, that [they are] now somebody else who has a different opinion, and yes Susie over here wanted to go outside and walk in the park and now Sally over here refuses to go to the park. As you know who you're with, that kind of contradictory information can make more sense and . . . you don't have to personalize it as the spouse. You don't have to feel like "What are you doing now? You're lying to me. You can't make up your mind." It just creates so much friction in a relationship if the spouse doesn't also get a chance to understand who they're living with. That's one of the main things.

For a spouse it's also important that they accept the whole person. This is really challenging because every DID person I've ever met has some pretty dark ones in there and the splitting of the person was based on extremes -- extreme emotions, in extreme situations. There's going to always be some in there that are really extremely angry or upset. It makes it really difficult in the home. But with the spouse, they're going to see that person, probably more than the therapist does, so that it's still important to somehow accept the whole of the system and somehow make connections in relationships and friendships with everybody. As hard as that is -- because it's hard -- it's still really crucial because if the system isn't accepted by their spouse, then they're going to always act out and they're going to have reactions and problems. It's just going to continue, so that's a big thing.

It goes back to what I was saying earlier about meeting and getting to know the different parts one by one, because if this one likes ice cream and this one likes pizza, this one likes to read books, and that one wants to have the TV down really low and quiet in a dark room, and that one likes to be out in the bright sunshine . . . the more you can know each individual person, you know what they want, you know where they're going to go, what they're going to do, and as it it flippy flops -- because on the outside we're seeing the

person just flip flop, flip flop, change and change -- then it will make sense if you think, "Now I'm with this person, then now I'm with . . . Susie, and now I'm with Shawn, and now I'm with Stacy." As it switches, if you know who they are as the spouse then you can keep up and it doesn't feel so crazy . . . in the sense that "Why is this person just being so moody?"

Matt: You have so many resources on your website, discussingdissociation.com. There is a link up on the top menu called Supportive Helpers, and there's articles there for friends of multiples, supportive spouses, therapists . . . all kinds of amazing stuff on your website which I'll link in the show notes because I myself frequent your website. I'm looking at the art and the articles, and everything that you're doing here, and all the comments everybody is leaving on your website that offers so much and so many resources for so many.

One of the last things I wanted to talk about was, perhaps you can share a few of the main keys for healing when you live with DID, for the person who lives with DID, and the ways that the family can support them?

Kathy: Let me just say one more thing about the spouses -- the spouses, if they find it stressful, they must have their own support as well. That's one of the key things. It's not always about your survivor partner over there. As a spouse this is a heavy load. It truly is a heavy load. So if you're struggling with it and you need someone to help you with understanding and you probably just need to debrief, spouse groups and spouse forums can be really helpful and essential because you're on the front lines of it. So it's also important for spouses to take care of themselves. I have to highlight that!

Main keys for healing . . . One of the very most important things, probably one of the first articles I even wrote on the blog was about safety. Because dissociation is all about dissociating away from trouble, away from the conflict, away from intense feelings, and so if the person is still experiencing harm or danger or pain, violence, [or] abuse of any sort then their dissociative walls are going to stay in place. They need them, they're going to stay thick and so everything that the person has learned to do to comply with trauma, because dissociation isn't about getting away from trauma, really because they couldn't actually leave the trauma, so they just had to separate from it and then comply with what was happening, somebody had to go along with it, right? If they're not safe in the current day then all those complying with abuse strategies are still going to be in place. One of the main things is being away from any kind of ongoing violence. If your system is involved in current day abuse that's going to be a very complicated problem to solve and it will take some time. But go right there and work on that, that's one the very first and most important things to work on.

That leads right into the next thing I would say -- for DID folks they have to work on their system work. It means you have to get to know who your people are, you have to know who is who, who talks to who, who does what, who has what skills, who remembers what, who can do this, who has this strength, who can help with that, who can help with *that*, because as you work with your team then you can solve problems way easier. But if you're one part of the system and you're trying to solve all the problems then you've handicapped yourself because you're not using all the resources of all the people you've got inside. So you must actually get to know who your people are.

See, a lot of times, because it's a trauma disorder, people think, "Oh, you've got to work on your trauma first," and I say the opposite of that. Obviously you can't completely negate or ignore all the trauma, but if you don't know your system, if you don't know your people, if you don't have a relationship with them, if you don't have that effective teamwork and communication and cooperation going on inside, as soon as you start going into memory work you're going to trigger folks and it's going to set this off and it's going to set off suicidal thoughts and self-harm thoughts. It's going to be way too much, it's going to be all too much emotion, all this chaos boom-boom-boom-boom-boom, everywhere. So starting with memory work is just disastrous because, again, you've got that whole response to trauma, because that's what they've learned, they haven't actually learned how to do something different. So working with the system first and building system connections, building friendships and relationships, then as the internal team, then they can hold that information, they can contain it. They can have compassion and sympathy for little Sally over there who went through something terrible, because now they know who Sally is. It's not just the strange random flashback, it's become something that actually makes sense to them.

The other thing I would just add to the whole concept of healing, is it's really important to also get grounded in the here and now because some of this stuff gets frozen off into certain times way back when. It feels like 1972 or 1987 or anything but now. So the more the system can see or know that it's right now as opposed to back then, that will help -- because hopefully right now is safe. It goes back to that other point, right? If they can connect to right now then they can get their needs met now. They can have new positive experiences now. (*Barking in the background*) They can do something that's fun or enjoyable or healthy. They can finally get those needs met that were never met when they were five (*more barking*). The flip side of a five year old never getting their needs met when they were a five year old, nowadays, when your five year old comes out they can get their needs met as a five year old again. You almost get a second chance to do that.

Matt: So what's your dog's name? You have to tell us, because we've been hearing him or her

Kathy: Well that one is Joe-Joe! Or Joe-Bob, or Joe-Dirt, or Dirty-Dirt because he runs around and plays in the dirt all the time (*Laughing*). He's just determined to be involved in every conversation. He's got pictures on the blog, and he's actually pictured in my . . . I have a Saddest Little Bear Story Pack and the dogs are part of the story . . . His name is not Joe in the story, but he is actually featured in there as one of the characters in the storyline.

Matt: We love dogs here on the podcast -- it always adds a nice little unique element to the show, so I love it, it's great.

Kathy: Well he's supposed to be outside! He's outside in the yard, but he's like, hey I'm supposed to be in there with you, what do you mean I'm out here in the yard?

Matt: Well you know the next time I have you on the show you can have him right there beside you, and he can throw in his two cents!

Kathy: Then you would really hear him!

Matt: This has been awesome, Kathy. Thank you so much. Everything you've shared has been amazing. I want to make sure that we respect your time and give you a chance to share more about your blog, and what people can find there, where to find you on social media .

Kathy: My blog! I am almost to have my ten year anniversary. In December I will have been there ten years. I'm not quite sure what I'm going to do about that, but I'm going to come up with some sort of plan. The blog is huge because over the years it's just grown. There are 400 articles, there is a very active group that participates there -- we've got about 9,500 comments. By the time I get there tomorrow there will be 9,600 comments! It just grows all the time and that's beautiful because as far as I'm concerned the comments from the DID population -- those are your real experts. They're responding back to the articles and then back and forth to each other almost in a mock-forum type of situation. So that's great if you want to learn about DID and what the whole dissociative population thinks. I've got the "101 Ways to See DID" free report. If you're not sure about your diagnosis or if you think you might be dissociative, or if you think you might have DID but you're not sure, then get that free report. It's not an official diagnostic tool but it shows 101 plus things that are very, very common in DID life. You probably won't have all 101 of them (there's actually more than 101 in there), but if you find yourself going "Oh I've had this, I've done this, ooh, I've done this, and this," and you start checking off that list, it's very likely you're dissociative. The more you relate to it, the more dissociative you are.

Obviously at the blog I do phone consultations, that's happened for quite some time. I've got another lady that also does professional email consultations. I do more the phone and she does more the email. She's highly skilled, *highly skilled*, in this area as well so that's another really good resource. I've just mentioned the Story Pack -- that's for a lot of people who are newly diagnosed or trying to understand who their people are in their system. There's going to be a series of stories. The first one is out and I'm working on the second one now, so it's on its way. The other thing I'm about to release hopefully in October, because we know October is a pretty difficult month for a lot of trauma survivors, so hopefully I'm going to have the brand new DID Discussing Dissociation Community Forum. I'm working with my computer girl right now and we'll see how quickly I can get it all out there and off the floor for everyone to get to. Everything from trauma stuff and hopefully the spouse stuff and I've been getting some requests for therapist stuff so we'll see if I can get to that. One step at a time here! And of course we all know the social media . . . Facebook, Twitter, it's DiscussingDID, I get a lot of views on Pinterest, I'm on Instagram a tiny bit. I can't keep up with all this stuff! We've got videos on the YouTube channel. There's plenty, if you can't find us (*laughing*) . . . you should be able to find us.!

Matt: If you just google Discussing Dissociation you will find it, it's all over the place as you said. The blog, the social media, the free resources, all the articles, the comments . . . it's amazing, definitely check it out. I'll link it there in the show notes.

Kathy this has been awesome! I can't wait to bring you back and dive into some of these topics more in depth but it was great to have you on the show for the first time and I'm glad that we were able to get it all scheduled.

Kathy: It's great fun to speak about it, even though I talk all sort of silly, it's good to have a voice because you know I've written so many words. So I'm glad to have a voice because I can say it differently than I can write it. If you could see my hands all over the place I'm making all kinds of motions as well! Thank you for having me. I really appreciate it, and absolutely, I would love to talk to you more about anything further -- I could go on for days!

Matt: Thanks for listening to Beyond Your Past, part of the mental health News Radio network. Information shared on this podcast is intended for educational and informational purposes only, and is not a substitute for, or supersedes professional medical help mental health counseling. Thank you again to my sponsors inlpcenter.org and Daily Recovery Support. I hope you'll consider checking them out as they've joined forces to help keep the lights on here at the podcast and help Beyond Your Past reach as many as possible with a message of hope. If you'd like to learn more about working with me as your coach, or if you're curious about what life coaching is and how it might be right for you, then head on over to beyondyourpast.com and claim your free one hour session, where we can talk about the struggles in your life, and the areas of anxiety, and trauma recovery and see if coaching might be a great fit for you. Thanks again for listening and I do hope that you'll subscribe to the podcast, leave a review, and share with all your friends. See you next time!