

Podcast with Kathy and TAASTTA (Trauma Awareness and Support Through the Arts) -- Part 1

Dissociation as a way of coping with pain and terror

Hanna: Hello listeners, this is TAASTTA talk on wellness, and your host Hanna Kebede on a weekly program here at Fairfax Public Access, Radio Fairfax . . . Today's program is a very interesting topic on dissociation. Many of us hear about this word -- maybe we have heard it from clinicians, maybe we have heard it from therapists, or when someone was diagnosed with [a] dissociative disorder. But to many of us lay people this is a word that is very mysterious. We don't really understand what it is, how it shows up, why it's caused. In many ways it is a troubling area, that, because of the misunderstanding, we also tend to stigmatize people who might show some dissociative disorder.

So today I have a guest who is a veteran practitioner. Her name is Kathy. She's a clinical social worker who graduated as valedictorian from the University of Kansas with an MSW clinical concentration in 1986. She began working with trauma and abuse issues in 1984. At that time she lived in Canada, met Dr. Colin Ross, a leading psychiatrist in the dissociative field, and began her work with DID (which is dissociative [identity] disorder) in the mid 80's under Doctor Ross's close supervision. It has been 30 years of work specifically in the DID field ever since.

In 1992 she moved to Texas to work alongside Colin Ross in a new in-patient dissociative hospital unit, doing ten groups per week and individual therapy. Kathy also developed a large out-patient private practice. She has worked with DID survivors, their spouses, their families, their children. She began working online with dissociative clients in 2003. The blog, [Discussing Dissociation](#), started in 2008. This active blog has grown to have nearly 400 articles. Currently she lives and works in Australia. Kathy has met hundreds of multiples through the years and has worked in-patient [and] out-patient groups, spouse groups, online groups, online forums, individual couples, and family therapy -- all for dissociative clients. She learns more every year by listening to more and more dissociated folks from all over the world. It's a great area of work with lots of wonderful people, she says. For more information go to discussingdissociation.com

Hanna: Let me officially welcome you to my show.

Kathy: Hello! I'm happy to be here.

Hanna: Hello, thank you so much. I'm glad that you're making the time [to speak with us today]. You came into the field of trauma and specializing dissociative disorders because of your relationship with Doctor Colin Ross, [correct]?

Kathy: Almost -- almost! When I went to school they called it multiple personality disorder at that time, and they said there [were] 200 multiple personality disorder people in the whole world. I was intrigued by that even then. I hadn't met anybody that I knew [who had the disorder], but it just sort of stuck out in my head, like I was kind of pulled to it in those very early days.

When I was in Canada, after I graduated, I was working at a youth facility for troubled youth that had been in trouble with the law. Most of them came from the streets and really, really difficult backgrounds. There was a young girl that came in -- I had just come off of maternity leave so my caseload was clear -- there was a young girl that had just come in that had just been diagnosed by Colin Ross elsewhere. As I was coming into the place she was coming into the place at the same time -- well, I was coming back, I'd already been there a few years but I was coming back from my leave -- and so they asked me if I would work with her specifically. I was given two years to just concentrate specifically on learning about the idea of working with her.

Colin Ross and I talked every week. He came out to the facility, we went out to his facility, and so he supervised me through that early time with that girl. So that's how I got started in it and then I just never left the field because it was . . . just where I was meant to be. It was fascinating and interesting, and that was just my place. I'd worked with trauma and abuse and stuff with these teenagers for several years before that -- before I met the girl that was dissociative.

Hanna: Why did you pick social work?

Kathy: Why did I pick social work . . . Well, when I was leaving high school I was trying to decide whether I was going to be a vet and work with animals or whether [I] was going to be a psychologist and work with people. I just probably didn't have enough confidence to think I could get through vet school! But also I felt really pulled to being the "Dear Abby" type of person and I had a lot of friends, a lot of people talked to me, and I thought, okay, we'll just go the psychologist route.

I got my BA in psychology first, but I was very young, see I graduated high school at 17 and then I had my bachelor's by twenty. I knew that at that point I needed to get a little more experience under my belt instead of all this book learning stuff. The social work

program I went to you could do some actual clinical work instead of more theses, more papers, and more reports. I could study a book and ace a test, that wasn't hard, but I wanted more direct practice. So I went from psychology to social work at that point just to get more hands-on stuff sooner, always with the intention of going back to get my doctorate, but [I] just got busy with work and family, and life and kids, and never did [go back], but that's how I switched into social work.

Hanna: Why does [DID] start to begin with? How does it start, and how does it show up? Take us through that road map.

Kathy: Well, it starts from trauma. There's a whole continuum of what dissociation is and people with less trauma can still dissociate and people with more extreme trauma dissociate more because the need to dissociate is greater. So they can dissociate more than just your everyday other person. In some ways dissociating is not much different than forgetting. If you're walking around the room and you set your keys down and you forgot where you set your keys and you know you just had them in your hand . . . it's the same kind of idea as that because you just had them and you know "where did I put my keys?" It's . . .

Hanna: It's a lack of awareness, the way I see [it].

Kathy: Yeah -- there's a few ways to describe it. Some people talk about dissociating as if they sort of float away, and they just sort of pull away from themselves -- like their mind goes one way, and their body [goes another way] -- they just sort of separate, [but] they don't necessarily leave their body. They just sort of pull away . . . but people that are dissociative can sometimes feel like they take a step back from their body, so that the body is its own entity out [there].

They can pull away from it and not even feel the body. I don't know how they do this, it's amazing stuff to me, but they can pull inside and separate. That's something they learn to do from a pain, because they had to. Some of it is because they need to be able to [not feel the body], especially if we talk about young children, [which is] when this starts. They have really extreme, conflicting, painful things and they need to be able to separate from it.

Like, for example, if daddy's the nice guy, but daddy's also the monster, they can't make sense of that little conflict. They love daddy and daddy takes care of them but yet -- it can be mommy or daddy, [it] can be anybody that's the monster, but especially if it's a caregiver that also hurts them -- it creates this massive conflict. So especially as a child

gets older, for example, they are getting hurt over here at this time of day or night, and then [they've] got [to] turn around and function the next day at school. They have to pretend they're not upset, they have to pretend they're just that happy little carefree girl. They have to keep this secret because maybe they were told "If you tell anybody [about this], all these horrible things will happen [to you]," or "Someone will get you," or "We'll kill mommy if you tell anybody." Really horrific threats that they feel, so they better hide all this terrible information and they pretend to be a happy person.

I don't know if you've ever tried that, but it's really hard to be happy if you're sad! It ends up creating the split between them where they could become one little girl or one little boy that goes to school during the day and doesn't remember all the stuff that happened, all the bad stuff that happened the night before, or over the weekend, so they end up having to pull themselves apart and separate themselves and say "That didn't happen to me. That happened to somebody else."

If they don't have anyone to comfort them, they don't have anyone helping them [to make] sense of the trauma, they don't have anyone saying "Oh that bad guy, he shouldn't have done that to you." If they don't have that comfort of helping a child understand that the trauma was trauma and that it wasn't an OK thing that happened to them, then little children just have to pull it apart because they're too little, they don't know how to handle it, they don't know how to do it.

Hanna: Right.

Once they learn the skill they just do it again and again and again. You need somebody new to handle this situation, now you need to pull apart and have somebody new for this situation. They just start being able to leave their body and leave their mind. Some people can float up to the ceiling and float up to the corner -- that's actually a pretty common thing where they can feel like they can float up and watch themselves from above and watch that person down there getting hurt, "Not me up here, I'm not getting hurt because I'm way up here," and so they can actually separate their mind and body. Which is a pretty amazing way to have to handle a trauma if you ask me.

Hanna: It's a continuum, a spectrum -- people can dissociate to the point where they just kind of shut down or are in denial of certain things. Then on the other extreme it could be like you said, they find themselves floating up on the ceiling watching themselves down there like that. The extreme, but --

Kathy: The extreme is they actually start believing they're somebody else. Whoever that was that got hurt, that's not even them. For the DID people . . . they develop certain identities. They might separate themselves off once at age five, something happened at age five, [and] that little part of them may grow, or may not grow. That little part might always stay five [years old]. It's like it actually gets frozen in that chunk of time . . . and that's the time that they got hurt, or what have you. Then another little person might get frozen, or separate off at age six, [which] would [then] stay six, so they end up feeling like they're very different people.

So let's say if you end up with a group of 10 or 20 or more -- because once you learn how to split into people you do it as many times as you need to, anytime something is traumatic it becomes the coping skill of choice. The insiders can grow with the body, with the body age, they can get older, but they don't always. A lot of times they will stay a certain time, and to them it's always 1975 . . . it's not the current day; it's whatever day, whatever year it was when they split themselves off at that age.

So that's the more extreme [case], where they really separate themselves from each other and from the body itself. The little ones inside don't feel like they belong to the body. The body is this big, giant adult body and it doesn't make sense to them because they still view themselves as a five year old.

Hanna: What you just illustrated, what you just talked about sounds like the more extreme cases. In other words, on average a person could go through a traumatic experience, say like a child who suddenly discovered that his parents got divorced and so the whole family kind of fell apart. Either the mother or the father left -- all the life that that child knew as being normal and all the security the child knew as having a family, siblings, mom and dad, and all of that kind of disappeared.

So now, at that age, you could say that that child created a certain other part that could say "no my family is still together, or mom and dad are still the same, or they love me -- or maybe there's another part that then says, "Oh, they split up because of me so I am a bad child," [and] this is how different parts are created.

I understand that we have learned now from the work of doctor Richard Schwarz that each person is supposed to have many different parts, and that these different parts have their own fixed position on issues, that they have their own values, and so on. In everyday life, how does not the extreme case of dissociation -- we'll, come to that where you know they even give names to the different parts in themselves and they might even assume different sexual identity or different age groups and so on --

Kathy: Absolutely. Absolutely all [of] that happens.

Hanna: Right, but on the closer end of the spectrum, before we go far out, what I'm trying to do is get an understanding [of how] in everyday life, how say for instance in family situations or among friends, people could be able to identify when somebody dissociates, and be able to kind of help them come back to being grounded and to be present? Because I think in very simplistic ways, without being clinical about it, dissociation is a way of not being aware of what the core self is doing or wanting to do. It's a form of being able to, as you said, cope with stress or discomfort. It is a way of being able to cope with stress or discomfort, not in real time -- not the person that I am today, but the child that I was maybe 30 years ago. So it is really the child that's responding with that coping choice, not the adult, not the grown up, 17 year old, 18 year old, or 40 year old.

Kathy: Part of what I was talking about -- it starts in childhood, but adults can certainly still do it. But in terms of learning that true ability to dissociate, it starts in childhood. It's not a whole lot different than a lot of little kids will have an imaginary friend, and that's a normal stage where the three, or four, or five-year olds just play with their imaginary friend and that imaginary friend is very real to them. It's sort of that kind of concept as a lot of times one of [them] already started to dissociate something and imagine something and create something outside of themselves, separate from themselves. It's sort of like that, but once you learn, once you develop the skill in childhood, then you can then split into these different parts later on no matter what. But all of us can dissociate on a normal level. All of us can drive down the highway and forget we're driving and then go "Oh my goodness did I even stop at that red light a few minutes ago?" Haven't we all done that, just sort of checked out?

Hanna: Yes, right.

That's not necessarily stressful, but maybe you're feeling stressed at the time and you just sort of get lost in your mind and you sort of separate yourself from what you're actually doing. So that's an easy example of what we all do.

Then it can get more and more extreme where they don't want to know about that divorce, about their family. They don't want to hear that that happened. They don't want it, they don't want it, don't even talk to me [about it]. It's this kind of thing where they make that block. They're creating a block or a wall, like they don't want to know that

information, and they don't want to have it, they find a way to make that block to stop it from coming near them, because it is too painful or too upsetting.

Hanna: Yeah, I mean one of the more easily understood ways that we dissociate is when there is either deep shame or a deep sense of feeling bad about oneself. It's created at a very early age from a lot of abuse -- whether it is emotional, physical, [or] sexual abuse. Then the tendency to create a part of ourselves that becomes exiled. It's a part of us that we don't want to know, go away. that's not me, so that one way that we [personally] distance ourselves from that. We don't want to be that person. But are there other ways other than shame, are there other ways that we dissociate? I guess extreme pain like you know, in cases where people are tortured, I would imagine.

Kathy: Oh yeah. Pain, pain for sure is one of the big ones. Besides the way the body reacts with all the chemicals, and I can't even begin to explain all that. People can separate from their bodies, for sure, and that's a type of dissociation where they can have all kinds of pain and they don't feel it -- even in a traumatic moment people could not remember how it felt to get hurt. That kind of thing -- they can separate from that, which is certainly a type of dissociation along those lines.

Hanna: So, this is, in a way, a natural response mechanism that God has given us.

Kathy: Absolutely. It's just that people only need to use it to an extreme when they've been put into something that's extreme. If you've grown up in a nice, safe, beautiful environment and everybody's been comforting and protective of you and you've had all your needs met, then you're not going to be very dissociative. You don't need to separate from anything. When you've grown up in abuse and trauma, neglect and fear, and trauma, terror, and pain, that's when you need to separate. So, it is definitely God-given. That's how I view it for sure. And it's only developed to that extreme because they've been put through the most extreme things. I can't dissociate like my clients can, because I was very fortunate [to] have a solid childhood. So, I don't have those skills. But boy, I can sure see why my folks needed them, because they didn't have anyone there to help them.

[Musical intermission]

Hanna: Given what we are talking about, that it is a form of being able to respond to a dangerous situation or a situation where we feel really cornered or we are in pain . . . then it's a natural given tendency . . . then why do diagnoses like psychotic disorder or

bipolar disorder, why do these things exist? What are they saying about the people who are suffering from this?

Kathy: Well for the dissociative, a lot of times folks really hate the word disorder anyway, because it's just such a stigmatizing word, to use the word disorder. Some people will call it their 'dissociative identity gift' because they've learned to understand that their ability to dissociate was actually a gift, that they actually could leave the situation.

I think they call it a disorder because while it's at the moment of the trauma, when you need to separate from your body and not feel that the excruciating assault that you're having, or while in the midst of the pain itself, you need to separate. You need to leave. It becomes a disorder later in life because all that stuff comes back in. Just because you could leave it at the moment doesn't actually mean that it got resolved, or got settled, or things are a peace, right? The flashbacks are still there, the body pains are still there, the body memories are still there. And then if you start splitting off a bunch of people in your head it starts making a lot of chaos and a lot of noise inside and it ends up potentially creating real problems in your life. Because you just sort of sacked everything away, because you could only deal with so much at a time as it was happening, but it all just catches back up.

The dissociative walls start crumbling after a while and then things start peeking back through and memory starts flooding through. Then, especially if someone is dissociative in the sense that they go back to the time where it happened, then it all feels very really again. They might be 35-years old remembering something when they were five and it just feels just as real at that moment as when it happened. So it becomes a problem because it starts messing with the now, the present-day time. So your life now gets all messy and "disordered." But people with DID can certainly heal, they can be functional. I've had clients that are highly functional, Harvard graduates, like really qualified people, yes.

Hanna: Absolutely. As we were talking I was thinking of Robin Williams, for instance, [a] brilliant comedian and actor. I think when he did all these impersonations at the flick [of] a finger, changed into some other character and then in an instant he would change into a very different character from that one. I think that is a form of dissociation, it is a form of being able to go to places where you can assume different personas and assume different characters. So I know they can be brilliant, and they can accomplish a great deal. But for every-day people who are coping with family, who might be going through some troubled times, or who might have children who are in difficult situations, I

think dissociation is something that becomes frightening for many people because they don't know how to reach the person.

Kathy: It's frightening. And really one of the main things with it is it helps at the moment but it's going to catch up later. So those little children who are separated from their parents and they pull within themselves, and kind of leave the world, because there it's too scary or it hurts too much, even if it's their heart . . . even if they're not even being physically hurt, but they're terrified, they don't know if they're going to see anybody, again . . . are there needs to be met or not yet, so they need to separate themselves. And it will help them carry through that if they can just distance their feelings and numb that, numb the pain, it's kind of like numbing to make it less aware. But later it is going to come back because it doesn't go away. At some point they have to come back and address how difficult that was. It just creeps back into their life, because it's still there, that truth of how horrible it was. It just turns around and comes back later. So the more that you can address the trauma as it's happening, it doesn't have to be pushed away. But it must be addressed appropriately. And I can't imagine that those little kids being separated from their parents and just shoved off, they're not getting their emotional needs met.

Hanna: There's no concern about their emotional needs really, I don't think. They probably are trying to just make sure that they are fed and they have clothing and that they sleep and that's about it. What I'm driving at is at the later stage, as you said, the problem doesn't resolve itself because the person was able to distance themselves from that pain. It's still there, it's almost as if you put it in a box and put the box in a room and closed the room, and now you have the key. So there, in the back of your mind there's always that thought -- do I go to that room? I have the key, shall I go to that room, should I open that box? Ultimately one day you must go. If you don't go, it's still going to keep haunting you.

Kathy: That's right; that's exactly it. It's like if you're cleaning your house and you shove everything in the backroom and you just keep shoving everything in the backroom, soon you know that backroom is going to get full. It's going to overflow again. You're not going to be able to open the door.

Hanna: Obviously for children who are experiencing trauma and pain right now, in whatever form it comes, there is also anger. It's not just pain, but you're angry, you're angry this is happening too. Especially when you're a child you can't really reason it out -- you know when we're grownups, okay, we can say "Well, this is life" or we can find ways of being able to make it acceptable, even when it's really, really hard to accept.

But as a child things are very clear. They're either good or bad, they're either this way or that way, and if they can't find a way of making it okay then I think children get really angry, like "Why is this happening?" "I don't understand it!" And if there is no way of expressing that anger, if there is no way of being able to address that emotion at that time, that's when it becomes a problem later on because that absolutely starts to come out in the wrong places. They might [get] angry at somebody that they're supposed to work for, or they might get angry at somebody who's trying to give them support. It actually turns against them instead of for them, that anger .

Kathy: And it leads to addictions. Because if they can't push it away themselves, a lot of times that's when they'll turn to drugs, or they'll turn to alcohol, and will turn to something else that helps them block their pain, because if they can't dissociate it enough, and it keeps creeping back, then they'll use something. So you have a lot of people that are dissociative having pain issues that end up with chemical addiction issues. The food addictions, that's a big thing . . . they'll be 600 pounds before they know it, because every time they're hurting they'll run to whatever their drug of choice is, or a sex addiction, or gambling, to any of the addictions. A lot of that is about [the fact that] they're still trying to create that dissociative wall. They're still trying to make it where they can be away from it. They don't want that stuff to come near them, and they can sort of feel it, that that back room is opening, and it is haunting them, but they're still not quite even sure what it is, or they just don't like it. They just know it hurts or they're angry about it -- all the feelings that we're talking about. The shame, the abandonment, all that stuff, they don't want to feel that. So then they end up using the other things to keep that wall stronger.

Of course that creates other devastation in life, where if you get too involved, whether it's drugs and alcohol, or food, or any of the addictions. Self-injury is a big one where if they cut their arm and numb their body, and [experience] the brain chemicals that help you numb things that will help end up trying to numb the pain. They try to turn it into a physical pain instead of an emotional pain by trying to maintain the dissociation. I know there is this distance, they're using other strategies to keep the pain away, but they need a lot of support to turn that around where they can actually address whatever the pain was in the first place, like whatever the injuries were, or whatever their wounds were, there's got to be a lot of support for that because that's really scary to come back and look at and face.

[Musical intermission]

Hanna: For those who are not open to the idea of seeking therapy, or you may not have access to therapy, there are lots and lots of people who don't have access to therapy, family members and close friends ultimately begin to fall away and they don't have access to them, what do you consider in a scenario like that? There are many people in this situation.

Kathy: There's several things that folks can do on their own. That's the number one reason why I started my blog in the first place, because I knew there were people all over the world that wouldn't have access to a dissociative specialist. So I thought if I put it out there on the Internet -- because the Internet is more places in the world than I could ever be -- and so that was the beginning part of the blog in the first place.

There's a lot more resources, free resources, that are available and people can do that. But then the tricky part is figuring out how to figure out what the quality material versus the not as much quality material [is]. But there is certainly that. There's a lot of things people can do for themselves, even if it's writing and doing art. All the arts are so important, whether it's painting, sculpting, dance, or yoga . . . There's so much trauma in their body so doing any of the body arts, that's so important for them to reclaim their body back, to get themselves in the body again, to reconnect themselves. Whether it's the arts, like drawing, painting, writing, the creative journaling, all that stuff. A lot of it is about expression of the pain, and expression of their feelings, and then being able to develop the ability to sit with your feelings. Lots of times they've dissociated away [from] those intense emotions. Every trauma survivor thinks that they did it -- it's their fault, they did something to cause it. They have to work on their thinking, to what is their responsibility versus what actually belongs to the offender person. If you take on the responsibility [of the] offender that's never going to help you to heal. You have to find the line with what you're to blame for. Usually they're not to blame for a whole lot of it -- especially [when] you're a child, it's never your fault. So it's learning these things.

Hanna: Can you use an example of dissociation, in terms of triggers? I think it would be much easier for people to understand if we use an example.

Kathy: I know a girl who was sexually assaulted by her father. It was a regular occurrence out on the family boat. He would take the family boat out into the water where there was no one around to help and she could be noisy, no one could hear, she was isolated away. And of course he would threaten her. This would happen over and over again. But in the middle of the assault she would stare at a fire extinguisher that was in the boat. Then she would sort of concentrate her mind on the fire extinguisher. She would try to put herself in the fire extinguisher, she was trying to get away from

what was happening on the outside. This happened year after year. When she finally put it together in her brain “This is what I did when this was happening, I would go into the fire extinguisher,” all her rage at her father and at the abuse and the situation would go into the fire extinguisher. So when she saw the fire extinguisher that’s when she would be mad. She couldn’t hit him, but she wanted to hit the fire extinguisher instead. So that’s an example of a trigger. She could just walk down any street, anywhere in town, and see a fire extinguisher and be mad, be upset. You link two things together that remind you very much of whatever happened and the trigger item becomes the container of all the emotions.

Hanna: Could it also be a word?

Kathy: Yeah it can be a phrase, it can easily be words because, let's say if somebody says a certain thing to them when they're hurting them, or before they're hurting them, or they know they're in trouble when they say “Now look here Missy” and they know they're in trouble because that's what the abuser said was “Look here Missy.” Then anytime they hear that phrase it automatically just flings them into that sort of traumatized spot where they're in trouble and they're going to be hurt, and they're going to be attacked, or some sort of offense is going to happen. It can be colors. It can be whatever reminds them of whatever got associated with the trauma. Whatever it is -- it can be a phrase, it could be a certain set of glasses, or “Well, that guy always wore these kind of shoes.” If they concentrated on the shoes enough to know that those are the shoes he wore right before he assaulted [them], then those shoes are the trigger point. Does that make sense?

Hanna: Yeah, yeah it does. You know how in trauma we have [these] response types like the fight, flight, freeze? So say for a person who went through a traumatic experience and their response was to freeze and now they have learned to sort of leave the body, kind of numb their mind and dissociate, distance themselves like “I don't feel anything, I'm numb.” So in a person who is sort of coping with that as their default coping method, any minor discomfort, any minor pain, anything that is going to take them to that level where they feel I can't handle it, they're going to kind of freeze, right?

So in situations like that, is it more difficult to discern what a trigger is for a person who has that kind of response as opposed to somebody who might be triggered by an object? Something visible, or something like a siren. You could hear a siren and go into a panic attack because you associate that siren with something terrible that happened to you, or your family, or your community. But [for] a person who is sort of just holding it

all in, it's not visible, it's not discernible to anybody outside of that person. It becomes very difficult to really know what triggers them, right?

Kathy: It is, but they also need to sort out what the patterns are. Maybe it's related to abandonment, or something, like when people leave them, or when they feel alone. They will sort of know when they get hurt, when they need to distance. So some of it is just sort of becoming just that little bit aware of when do they need to disassociate more? Because at that point [in] time that's when something's happened, so they have to try to figure out what that was. It's just like patterns of being hurt. A lot of it is just sorting through the history, and as they talk, figuring out, or even just [thinking] about, or [writing] about it. Just finding those really tender points where the pain lies because that's where the triggers are going to be. So if it's abandonment, someone walking out of the room and shutting the door, that's why that hurts because maybe they were abandoned so many times. It can be an emotional thing that's a trigger. That's harder to see.

[Musical intermission]

Hanna: The conundrum that I'm trying to really untangle is for people who are totally unaware [of their triggers], and at a place where you can't even get them to write a journal, you can't get them to draw, you can't, there's no motivation. All they feel is either rage and depression or just alternate emotions. Where is the entry point for a person like that? If they were to hear this program, where could they begin? How could they become more aware of when they begin to distance themselves from themselves?

Kathy: The range of the depression -- obviously these are big, powerful emotional states that are . . . like lids on top of crock pots, full of bubbling emotion, right? The depression just sort of sits on it and keeps it there. And the rage, it just starts bubbling every which way. So a lot of times when people show up like that with me I'll just keep asking "Why?" You have to find clever words and figure out "What makes that hurt?" and "Why are you hurting there?" and "What do you feel, when can you feel?" You have to try to listen to the person and listen really carefully to what they're saying to pick up the little clues to where the pain is. Then when I hear where the pain is, or if they can understand at all where their pain is, and then take another couple little steps there. Well, what happened there, or when did that first start, or what do you remember about when you felt [like this], when was the last time you felt happy? If you just swing it the other way. Or what do you remember about when you felt scared? Just try to wiggle it a little bit because that frozen stuff, that's not comfortable. That's not comfortable at all. So it's just like digging in there and finding a little bit where there's an opening. And for

the rage, the rage is always covering some pain. There's no doubt there's pain underneath that -- pain and fear and all that. There's others, there's other feelings, other emotions, and there's other bits. Because why was, why is someone raging? They're not raging because they're just raging. There's a reason why they're raging. There's something else behind that. So sometimes it's like asking "Well, when did that happen before? When was the first time? If you were mad about this incident here, who did that? Did your mom do that? Did your brother do that? When did you see that in your childhood? I'm trying to try to help them to track it back to where maybe some of that pain started. So yes that's right, my dad did that, blah blah blah -- and as soon as you can sort of find that little crack in it where they can figure out that "Oh, what I'm doing now does relate to what happened to me," and then that sort of opens the door.

I just tend to ask a million questions! When I talk to people I just ask a lot of questions. "What happened here? What happened here? What does this remind you of?" Sometimes I'll just ask them "Well, what comes to mind? Just let it come out, and what is surfacing? Don't edit, don't edit, just tell me what is it that you're hearing, or what is it that [you're] feeling, and you can sometimes get places that way if they will allow it. They kind of have to allow it.

Hanna: Say I have rage. Then I asked myself -- "Why [am] I enraged? Why did I react like this? Where did that rage come [from]?" That is a fundamental aspect of my emotion that I need to understand. But then another part of me might come and say "Well, I'm just angry because someone just looked at me in such a way" or "I'm just angry because they just told me 'Why don't I go get a job?'" So I've reduced it to a very simple one-time incident. It completely covers the ongoing problem that I have. Do you see what I'm saying?

Kathy: So in every situation the person saying a message that gets interpreted in the mind as, "Well, I'm bad. They're mad at me because I'm bad, or I'm failing, or I'm not doing this, or I'm not doing that." Then you work on that concept. Is that actually what the problem is? Because if you don't believe that you're bad and failing, then you're not necessarily going to get angry at that kind of message. But if you believe that, then you might react to it in a different way.

Hanna: But what if the person is just reacting to the fact like I said, if I think of "Oh I'm mad because they told me to go get a job," or "I'm mad because they told me some random thing that they told me now," and yet I'm enraged, overall I'm enraged towards anybody, and yet I don't see it, I can't see it because I keep looking at only that particular incident that just triggered me. So I look at all the pieces, but I can't see the

whole picture. How could I find out what the initial reason for my rage could be? How do I get back there?

Kathy: If someone is really reacting to an incident to that level it's obviously picking a wound that's bigger than just that five-minute exchange. So what is the wound about? Why do they get so mad about whether they've got a job or not? What is the underlying message that means to them? What is the underlying feeling? Is that it? Did that trigger their shame? Did it trigger their fear? Did it trigger their self esteem? What is it that the question "you need to get a job,"[triggers], what is that hitting in that other person if they're going to get enraged about it? Had they already applied 100 places and frankly they just didn't get a job, even though they've applied 100 times? Is it their frustration? There's got to be something more to that because if they're reacting that big, what's it about? Does that make sense?

Hanna: It could be a sense of abandonment, instead of telling me what to do, why don't you do something for me instead? It could be any number of things. But you're right, they have to keep asking the question. They have to keep looking at what's behind each answer that they give to themselves. Even if I were to say "Okay, I got mad because they told me to get a job because it's none of their business," it couldn't end there . . . why don't I think it's [any] of your business? I have to keep asking until I get to the point where is it about shame, like you said? Is it about being hurt in some way?

Kathy: It gets back to what it is in the person that it means to them. Because Joe Blow on the street can say whatever to me, but if it doesn't hit a tender spot of mine that I just can brush it off. But if he hits a tender spot of mine then I'm going to react bigger. So it digs down into well, why does that actually bother you? What is it about that statement? What does that mean to your heart? What does it mean to your soul? What does it mean to you for someone to say to you "Why don't you have a job?" What is it in those words that infuriates you? What is that about?

It's a lot of like going fishing and you're looking, and you're turning over rocks, and you're trying to figure out what it is, because it's going to be different for different people. What is it that [that] means? Maybe ultimately that means that they're such a failure as a person, or that they can't provide for their family, or that means they're bad, or it means something that they already believe about themselves, but they don't want it to be true, but it is true. A lot of times it gets around down into something like "Well, I believe I'm a failure and I don't want anyone pointing it out to me that I'm a failure." So then you work on, "Well, how do we turn that around so that you're not a failure?" It's about healing [you're] own wounds, so that when other people say something to you on

the outside, you're not just hurting everywhere where they can hurt you, and you're able to just withstand that and you've got your own integrity in place. So other people's words can just bounce off you and it doesn't become a problem.

I did this along with my trauma survivors who still have to face their abusers because their abusers will say certain things to them. So they have to learn how to defend themselves from those kinds of verbal or emotional attacks. Just because Mean Guy over there said "Oh, you're too fat," doesn't mean the person is too fat. Who is he to say that to them? That kind of situation, where they have to build their own personal integrity, their personal strength around the attacks of others so that it doesn't hurt them, it doesn't penetrate their heart. So then they don't have to explode because they're not taking on the wound. They're letting it bounce off their backs like a duck instead of letting it actually get into their soul and destroy them. And realizing "Hey, if that person said that mean thing, and that belongs to them, I don't have to absorb their bad comment, their mean words. I don't have to absorb those mean words as true for me. I can protect myself from that mean comment and say 'You keep that, I'm not having that, that's not coming into my space.'" So it's teaching that. It's also teaching about getting away from people that are mean and abusive in the first place, because why maintain a relationship with someone that's just going to keep hurting you? But that's a whole other can of worms there!