

## **That B Word: Understanding DID with Kathy of Discussing Dissociation (Episode 30 -- August 26, 2018)**

Becky: I have Kathy from Discussing Dissociation with me. How are you doing Kathy?

Kathy: Hello Becky, I'm doing good!

Becky: Great!

Kathy: I'm having a good day today.

Becky: Good, good, good. It's a Friday, so that always helps my mood anyway!

Kathy: Yes, it's a crazy Friday. I'm sitting here at the moment in Texas . . . so if you hear a little funny sound in my voice, it's because I've been having Texas allergies, as per always when I come here! So, I just [wanted to say] that right off the bat.

Becky: So how did you come to start . . . Discussing Dissociation?

Kathy: To start the blog itself -- well, that was not the first thing I did. I had started working with DID way back in the '80's and did different things in residential treatment centers, in hospitals. Then I had an out-patient office. Then in 2003 I started a website with my brother, who was all into technology, and he said "Oh you've got to go online, you've got to go online!"

At that time I thought that was kind of crazy, but also realized that people all around the world needed to be able to get information about DID because . . . it's not available everywhere.

By that time I'd been in Dallas for a number of years [working] as a specialist . . . people were moving to Dallas to work with us [Dr. Colin Ross and I] because they weren't finding specialists anywhere else. Yeah! People have moved from across the country, even from other countries to come in to work (if they had the opportunity to do that). So it presented to me the reality that there's people all over everywhere that need to learn about dissociation, and they just don't have that person in their local area.

So I started a different website in a different form -- that was a different chapter in my life. Then I decided in 2008 -- blogs were new -- and thought "Well, let's just add a blog to what's going on." It was a better way to update information and to add stuff than the actual just static website thing.

I'm not at all techie, not at all, and I was [driving] my brother nuts with "Can you fix this, can you change that?" He was just, like, ready to throw his shoes at me! So I went to a blog format. I could do a lot of that admin sort of stuff myself and so I just gradually went to that. It became more and more and more my online home, and really truly it was because I knew that people around the world needed to have that information and it just wasn't available everywhere. So that was the beginning.

Becky: So that kind of leads me into my next question -- what exactly is dissociation? Could you describe it, or kind of give us the "quick and dirty" definition?

Kathy: Do you mean dissociation, or do you mean DID? You're asking me different things.

Becky: Let's go with DID first, because I think that's probably what people are less familiar with.

Kathy: OK, so DID, Dissociative Identity Disorder, that's what the DID stands for. It does not mean "did," it's not pronounced "did," it's pronounced D-I-D. It was formerly known as multiple personality disorder

which is also called "MPD." What that is, is a very extreme form of having to survive a very extreme form of trauma.

So if a very young child, for example, is in a situation where they are being hurt severely, or there's just a lot of conflict in their life -- but for most children it's very much about a trauma base where it's just too painful and too much trouble -- then they need to separate from what's happening to them.

If you have a little child who's being traumatized and being hurt, especially in a very painful way, they might actually need to leave their body, or separate from the pain itself. But then on top of that they don't have a parent or a caregiver who is comforting them from whatever trauma they're experiencing, and that means they're on their own, and they are alone with trying to figure out what this abuse situation is . . . That's hard enough for us to figure out as adults.

How anyone ever thinks that a young child is going to be able to tolerate some extreme abuse, and just manage life is just beyond me. So what these little children end up having to do is they divide themselves, so to speak . . . especially if the pain is so bad [that they need to say] "That's not me, that's not me, that's not me, that's not me." That's one option. Or they might actually float or separate themselves from the body itself, from the body pain, when it's that extreme.

Or . . . the whole [mentality of] "If it was me I don't want to remember it," so they just kind of blocked out of their mind. But the whole point is they try to dissociate or dis-associate themselves, like separate themselves from the trauma, from the pain, from the information, from the conflict.

That may be during the daytime, especially if the little child is old enough to go to school; they still have to function in school, they have to get up in the morning, they have to go and pass their math tests, and they have to learn.

They have to act like everything is fine, "We have to be happy." They can't pretend they're sad and crying and upset from whatever assault they just went through the night before. They have to put on a happy face because a lot of times abusers will say "Don't you dare tell."

There's rules. They can't show that they've been abused. Everybody's situation is different, but a lot of times there's always some sort of "Don't tell" rule, or "If you do [tell], this will happen." So the child has to learn to keep that secret from their own selves because they can't carry it.

They don't have help, they don't understand it, they don't know what it means -- it hurts too much. So they have to separate themselves from that event and then be the little girl that goes to school and tries to pass that math test too, and then she can separate from the other little girl, [the] other [girl] over there last night, because the one over there last night certainly can't do the math test, and the one over here who has to take the math test can't be thinking about last night.

So they just start splitting themselves. Then if trauma keeps happening, and there's still no comfort, and there's still no support and there's still no safety there, then once as a child they learn how to split themselves apart, that becomes the method of choice, the method of necessity for how to cope with such extreme trauma.

They keep having to split, keep having to split, keep having to split. Every time it gets [to be] too much for any one child to carry, they have to split into another one. So that's kind of how the systems grow, the number of people [they have inside], just because they have as many as they need.

It could just be a bunch -- it could be six, it could be sixty -- it really all depends on how much extreme, horrible stuff [they had] to go through. How lonely were they, in terms of [being] alone with the trauma, alone with the information? Do they have any support anywhere, did they have any help anywhere? Because the less help they had, the more they would have to divide it within themselves to carry the load. There's nowhere else to help.

Becky: So how does that differ [to] . . . what you're describing with the splitting off? Is that what dissociation actually is?

Kathy: Dissociation is a whole continuum of things -- it's everything from sort of just forgetting, just sort of blocking things out, sort of going into a trance state, day-dreaming off into never Neverland. Those are sort of normal versions of dissociating because you're sort of not connecting to the here and now . . . you're taking yourself off somewhere else and you're just disconnected from what's happening.

Then it can get more extreme, for example, you can dissociate from your body. The more dissociative you are, the more you can actually separate from your body itself. So you may just be able to turn off pain. The more dissociated people can sort of step outside of their body. Some folks can step outside of their body and see themselves, or sometimes they do that in trauma -- they might actually float above their body in their mind and feel like they're up in the corner of the room.

That's a real common one -- that they're just floating up in the front of the room, and they're watching down at the little person down there that's getting hurt. But they don't want to be down there and getting hurt so they -- in their mind, and their soul, their spirit, whatever you want to call it -- they can float above, and so they just separate themselves. Then they can escape the trauma that way. The body actually doesn't get to escape the trauma, obviously. But in the mind, and in the rest of the body of that person -- on that level -- they can escape the trauma by separating from it.

Dissociation is everything from not being aware, driving down the highway, and saying "I don't remember stopping at that stop light" -- all of us do that, I've done that, it's a normal thing -- to full-blown, on-purpose dissociative wall to completely forget, don't want to know, absolute amnesia. It's totally blocked away, and they don't even realize that that's part of their life. It can go to that extreme.

Becky: Would you call that a psychotic episode? Or is that separate from [what] a psychotic episode would be?

Kathy: It's not psychotic. It can look psychotic at first. For example I had a client once that when I met her, she clearly was a mother of one child. But the other problem that brought her to therapy in the first place is she had just had a situation where she had woken up -- in her mind she had just woken up, kind of come to -- and she didn't know who she was. Didn't have any idea what was going on and she didn't have a clue who that kid was over there. No association, no awareness. There was this complete break of reality. She did not know who that child was.

Now it was clearly her child . . . all [of us] around her knew it was her child. A part of her certainly knew it was her child, but there had been such a strong dissociative wall between Part A and Part B [of her], that Part B didn't recognize that.

Now was she crazy? No. It could have looked like [that for] someone who just walked [into] the room at that point in time, right? Without a bigger part of the story. But with the rest of the story that part of her

wasn't particularly out of reality. They had just sort of been so contained within their internal world that they didn't know that 20 years had passed.

That's really all that happened. Because dissociative parts can be tucked inside, they can be frozen, they can be split off. That's part of the dissociation.

If someone splits off at age five, or age ten, they may or may not grow older or younger. Say if you have a part that split off at age 15, and they don't want to deal with the world, and they take themselves off like a teenager and stomp off -- they have the opportunity to just shut their inside door and go in their room and stay in there and never come out. I've met someone that's done this before, so that could happen. Then 20 years later they walk out the room again; it's like Rip Van Winkle. 20 years later life has changed a lot. But that particular part has stayed inside . . . and was allowed in that person's life to stay inside -- they didn't have to come out and check out the rest of the world. So it was like 20 years had gone. That's why they just didn't know.

So it's not really psychotic. It can look [that] because it's like, "Well, how can you not know that your own kid?" But you have to understand what that dissociative wall [is]. And once they had time to figure out what was going on, and you connect them today . . . and they start getting connected [to] whoever else is in the system -- it's not a psychotic thing, because they just need the information. It's just really, truly like sometimes they have been asleep and no one has told them. They just didn't know because they were behind that dissociative wall . . . it's not like they really lose touch with reality

Becky: It's just that reality is different for them.

Kathy: Yes, yes. You know if you've been asleep you need to know what happened while you were asleep. It's just that. It doesn't mean you're crazy because you didn't know what happened while you were asleep. It just means you didn't know while you were dissociated away. You didn't get the information.

It can sure feel crazy because all of a sudden you wake up, and you think it feels like it's 1982, and it's [actually] 2018. It feels weird! If they freeze into the body it can feel like "I feel like a five-year old and why am I in this great big adult body?" So [it feels] really crazy but it's not. I promise you it's not!

Becky: What kind of time frame does it take for your typical (if there is such a thing as a typical) DID survivor to be able to integrate everything together, [and] "get better" (for lack of a better term?)

Kathy: Well, integration is a whole other topic but in terms of getting better, if I use the word getting better, to me [that] means being stable, being functional, being able to be happy in life. It varies a lot from person to person because it varies a lot in terms of the quality of help that they can have. Quality help -- and there's a lot of qualifiers here -- if you can get quality help, if you can be safe so there's no more ongoing abuse . . .

If you're still being hurt you're still going to need those dissociative walls, you're still going to need to protect yourself, you're still going to need to not know, you're still going to be doing all the things to keep your dissociation as opposed to lower your dissociation.

So if you're not being hurt, if you're safe, you're getting help, it's still going to take a number of years just to even get your team working together, so that your inside system is friendly and functional. Everybody is split for a reason, everybody holds opposite opinions and opposite thoughts and opposite

experiences. The little girl who went to school eventually really doesn't know about the little girl that was hurt that night, and as things grow up over time the little girl who went to school doesn't want to know about what happened at night time. Do you see what I'm saying?

It gets more and more like that -- more divided. Then the little girl who got hurt in the nighttime never got to go to school, so she doesn't know anything about it. A lot of times [little] parts will come out that don't know how to read and write, because they feel like they didn't get educated. So it takes a lot of time to put the pieces back together, to connect the past with the present, and the present with the past.

So it actually takes several years. People will come in [and say:] "Well, I've been in therapy for six months! Why am I not better?" It's going to take a lot longer than six months [to] be able to see [a] noticeable improvement.

If you really work with your system, work with your team, you should be able to feel some definite improvement within six months, or within a year, or within even two years you should really [be] able to feel some improvement. Now you know that there's more to do. But if you're into years [of therapy], into [years of knowing] your system, your DID diagnosis, and you're not feeling any better, then there is something missing in your approach.

If people try to start with their memories, and they push memories (because we know it's a trauma-based disorder), but if they start too much with their memories . . . Memories will a lot of time pull up flashbacks. [They] will pull up self injury, and there's all this chaos and conflict and confusion . . . and they want to talk, they don't want to talk, they do talk and there's a backlash for talking . . . It just creates a mess.

If they happen to be working with a therapist who would say "Yeah, trauma-based disorder -- we need to work on that on the trauma," but they haven't actually done any other system work, and gotten to know their people, they're going to be making more [of a] mess for the person because they don't have the system work. They don't have that internal teamwork to handle all this bad news about trauma, and it just makes a mess.

If they're flip flopping the approach, and doing that way, then it's going to take longer because it's like putting the cart before the horse. It sounds like it's the right way but it's not. They have to know who their people are, [and become] friends with them in order to handle the information.

Becky: You use the word "system" -- you mean the people that are inside the person? I'm sorry, I'm not exactly sure what terms to use.

Kathy: Yes, that's exactly what I'm talking about. As the person splits through the years of time they end up having a system of people. They have two or three that go to school, some at this age, this age, [and] this age.

For someone to be DID they've had extreme trauma . . . there's usually multiple abusers, and there are years of abuse. There's a giant lack of caretaking. There's ongoing abandonment and there's ongoing neglect. So there's usually tons of stuff that is creating problems for the child, so they split, and split, and split, and split, and split, time after time, after time . . . By the time they're twelve or thirteen or fifteen -- whatever years old -- they've most likely got a dozen or two different parts.

It's not uncommon to have a whole lot more than that . . . depending on the situation, because if there's not enough outside care, like a genuine caregiver, or someone who really helps them with the trauma[they will continue to split]. Even if they live in a nice home, [and] everything looks nice on the outside, [if] no one's really helping them with the trauma, then there's still on it by themselves. They don't have the help, they don't have the support, they don't have anyone teaching them, so they just had to keep splitting. It ends up being groups of people in their inside world, so that's why I call it a system.

Becky: That's really interesting . . . I've taken in so much that I'm not exactly sure what to ask next! Where do you start if you're a person with DID and you want to get help? Where do you start to even look for that?

Kathy: Well, you go to [discussingdissociation.com](http://discussingdissociation.com)! I do get a number of people that do start there relatively early in their healing because it is hard to find a therapist that works with dissociative disorders on a more in-depth basis.

I have to say it's more of a specialty than people realize, than even the profession realizes. There's a lot of people who work with trauma, there's a lot of people that work with sexual abuse, but to work with DID -- it is by far more of a specialized approach.

Like I was saying earlier -- very well meaning therapists could get it completely backwards and not mean to cause any harm, but they can still be taking the wrong approach.

That's not as helpful as somebody who really truly knows "OK, that works, this doesn't, let's do this first," and then that. Those kinds of things. Going to a good trauma therapist . . . is usually a pretty good start anyway.

There's a lot of material available to read nowadays -- back when I first started you could only get books, and then even then it was limited . . . Thank goodness the internet allows for lots of different options [now]! People can learn a lot about how to take care of themselves, how to take care of their system, how to work with their people, how to get to know other people -- and they can do a lot on their own.

Frankly, the more motivated someone is to get to know their system and to pay attention to what they need within themselves, then the better they will do in terms of their healing anyway. You can never ever get all your healing done in a therapist office -- ever, ever, ever -- so you have to be your own [help]. You have to do your own work, so the more you can learn that [the better].

The starting place is really getting to know [your system]. Once you realize you're split you have to get to know your people -- you have to know who they are, who is in there, why [they are who they are]! I mean, not the why in the huge memories, but maybe . . . "that one helped deal with dad," or "OK, that one over there sort of helped with mom," and "these ones over here went to school." You have a sense of who they were -- you might [start with] their names and their ages. I

It's just like when you walk into a classroom, or when you walk into an office filled with people. You don't walk in there and go up to somebody and say "Hey, what's your biggest secret?" You don't do that! You walk in, and you kind of check it out. You look around, and you might sort of say hello to one or two people over here. You might just say "Hello, how are you doing? What are you doing over here?" It's the same kind of social skills that you have in the outside world. You use those same social skills with the inside world as you're meeting your different people -- you just gradually talk to them, and find out

more about who knows [what], why they do [what they do,] and you ask them simple questions. “Hey, do you like coffee or tea?” [Then again,] a lot of the parts inside will be traumatized parts, so maybe they've never even had anything to eat (because maybe in their experience they never got to eat). [In that case you could say] “Hey, would you like a sandwich?” You start offering them normal things, and then you let your conversations go into deeper stuff as you get to know them as people. They really will feel . . . as if they were their own person.

Becky: It's really like meeting a bunch of strangers for the first time.

Kathy: Yes it really is . . . These two or three people over here, they [may] know each other, but they don't know those two or three over there. A lot of times these three or four will know about one person, and then that one person knows about those three or four over there . . . It can kind of network out . . . [but] not everybody knows about everybody because the whole purpose of splitting apart in the first place was to divide all that information, and all that trauma, because it was too much for the one person to carry. So it had to be divided, and then amnesic walls had to be put there because that was the whole point in the first place -- [it was] too much in the first place.

They won't all know each other, but . . . most times, somebody will know somebody, who will know somebody [else], who will know somebody else] . . .

Becky: That's really interesting. I hadn't even considered the fact that there could be some parts or some people who essentially have never experienced anything except for trauma.

Kathy: Yes, yes, yes -- and even when you are working with someone with DID you will always, always, always find parts like that because those ones got tucked away, got shoved away. Because that person still had to go out there and function in the rest of the world. They had to go to school, they had to go to work, they had to still maintain life most times. Those parts with the most severe abuse, [with] the most pain or trauma, they had to be tucked away, and then pushed as far back as possible so that other people could go bravely through the day, and go get their A on that math test . . . Those two worlds don't connect.

The ones who deal with the trauma end up -- it's really seriously like they get pushed into these little jail cells of trauma, and maybe even on the inside they still feel like they're in that room, or in that place, and they don't ever get to leave it. Possibly they didn't get to leave it because they fell asleep -- like in their actual lifetime experience, they may have fallen asleep, or they may have dissociated and switched to somebody else.

If their actual memory [is that] they didn't get to leave the room, or they don't remember leaving the room, they think they're still in the room because again, time can get frozen for them. They feel like they still are there because they never got to get out, so that's part of the healing too . . . Not the beginning steps! This is not the beginning, but eventually you find the little ones who are frozen into those kinds of trauma places, and you bring them forward to the here and now, and show them sunshine, and you show them green grass, and you show them flowers, and birds, and puppy dogs, and things that are pleasant. [You] introduce them to pizza and ice cream -- all the good stuff, [because] they haven't had any of the good stuff.

They've only had that trauma, so they need to learn about the present day, the here [and] now, while the ones who've been so focused on the outside world [now] have to hear about the trauma memories.

[In this way] you get the back and forth of the both of them. The traumatized parts learn about the present day, and the present day people learn about the trauma.

Becky: So it's like an attempt to inform all the parts about each other, and what they've all gone through.

Kathy: Yes! The memories still will stay to whomever they belong to, but it's kind of like "Oh, OK, well that's her memory, but the rest of us can at least know about it now." No one else has to actually take it over, it still belongs to [the original owner], but it just doesn't have to be a secret anymore.

It's just like if you're in a good relationship, or a good family, or a good set of friends -- everybody is still who they are, but there's no toxic secrets, and there's no backstabbing, and there's no hidden secrets that cause problems between them. There is open communication. Everybody has to be who they [are,] but there's openness about what happened, and who knows what, and who's going to do what. It's an effective team and that's what you want with your people.

Becky: That's really interesting. So is it unfair to say that one of them -- one of the people inside -- would be the "real person"?

Kathy: That's a good question -- I get asked that a lot! The real person is everybody.

It differs a little bit from person to person because everybody sort of makes their own system the way they make it. It's not like everybody has to do it exactly the same way -- it's not like anyone taught these two-year olds how to split. They're just doing it how it needs to for them. The real person is the collective whole of everybody -- that's where the real person is. The team as a whole is who they are as a person.

But you will have someone who is most often the front person, the front post, [etcetera]. Whoever deals with the main outside life. Maybe they go by the legal name, maybe they go by the legal name, but that's not really their name, but they know to answer to the legal name . . .

You know that if your driver's license says your name is Sharon, you need to go by the name Sharon, but you know you're not Sharon, because really you're Susie. No one can know that you go around calling yourself Susie, [however]. So the world may think that it's someone named Sharon, but it's whoever inside is just the most qualified to be dealing with the outside life at that time.

The real person got split up many times, and sometimes even if there is one part that stays the front part, they might end up feeling like they are a shell, or a mask, or "I'm just the face in the front." And then it's whoever it is that comes up behind them that helps do the things, because the person at the front, many splits got taken off, and they don't have a whole lot left to just them. Which is a difficult thing for them to come to grips with -- when they realize that they've been shattered like that.

The real person is just the whole of them. They're all real, they're all real. The DID people ask me "Am I real?" Absolutely! Every one of you are real -- every single one of you are real.

So who's the actual original birth person? Well, some people will know and sometimes it's still that little baby, because they split off, they split off. They left the baby untouched. Sometimes somebody will try to own that spot, that's fine. So it just varies. But the whole of who is real is the whole of them. That's my answer to that.

Becky: Wow. Right. You mentioned your website [Discussing Dissociation](#). [Do] you want to talk some more about that and [what] people can find there?

Kathy: The website is obviously free to the whole world because it's online, and it's a website! At the moment there's almost 400 articles [on the site] because it's been on since 2008. There's lots and lots and lots and lots of free information [there] . . .

I want everyone to know that there's so much to read. Some of it's going to be too hard for you to read, some of it you already know, [and] some of it is going to be like "Oh, you've already said that [in] another place." But you have to say these things 50 different ways, 50 different times, and eventually it's in [your mind].

One of the first articles I wrote was 50 issues in your DID treatment plan. There's just that many things -- there's just that much to do! So there's a lot to write about, lots to learn about it, but the blog itself has a bunch of articles. There's a little search bar where you can search certain things. There's a whole bunch of drop-down tabs because I've got 43 different categories (just because that's how many we could fit at the time when we made that thing!). So there's 43 different categories that sort of help you find different specific categories of blog articles.

There's also a "contact me" form where that gets emailed [to us]. My email team will help too. If you can't find a certain topic sometimes they can find it -- if they can't find it, they ask me. Maybe I've written about it, maybe I've not, or [maybe] that's a great idea [and] I really should write about that. I just haven't written about everything!

There's one area I want to point out as well, in particular -- there's a section drop-down tab for DID system work. Then it drops down tabs for therapeutic homework. Click that for certain articles that have little tasks, or ideas for people to do on their own. You know, take this, and take this with your people, and go talk to them, or go figure this out, or ask yourself this question, or ask yourself that question, because I know you can't get everything done in your therapist's office.

And you may not have a therapist or an office to go to. So these are ideas that people can use for their own healing. On top of the blog, just the information there, there's also videos, there's a YouTube channel of lots of videos, there's a whole lot of whole busy groups [that are there] commenting. I have over 8,500 comments at the moment, and [the number] grows everyday! There's a support group of people that come and go, and ask questions, and they read things. To me those comments are the real experts!

I [myself] am not dissociative. I've learned about it because I've been doing this for 30 years. But the real experts are the people who have lived it. Even if you don't understand what I've written about in the article, if you read the comments from the other survivors you will find people that relate, that are saying it like, "Oh my gosh, that's what I experienced!" And you'll find someone in those comments that [can] relate to your problem, whatever you're experiencing. So that's free as well. Feel free to comment [yourself] -- you don't have to use your name. It [does] ask for a name and an email, but your name can be "Joe Schmo," it can be whatever it wants to be. In fact, I would prefer it to not be your actual name -- so just pick a nickname or something that fits for you and you can comment! So that's a little bit of privacy.

So there's that. The DID group members, I call them "group members" because it starts feeling like our little community, and little family. Enough people comment enough times over and over there that feels like we know each other. We've got lots of things going on [at Discussing Dissociation!]

I just released a little thing called "The Saddest Little Bear Story Pack." It was made specifically for people that are new to DID, or they're new to their system, where they don't they don't know how to meet their people. Maybe they have therapeutic help, maybe they don't.

Or, if they're a therapist, maybe they don't know how to help their people with DID, so it can be used either which way. But it's a series of six videos that add up to over 90 minutes of video, where I'm teaching about different things. Then there's a bunch of different activities -- I get a lot of new people that come through there and go "How or what do I do with my DID?" So that's what I recommend -- doing the [Saddest] Little Bear Story Pack, because that will help you with those beginning ideas.

Of course, we do phone consultations or email consultations if you want to talk to me, or Laura as well. Laura is the person who does email consultations and she is brilliant! She writes as well. We know what DID is, [so] most likely we can answer your questions, like any specialist, we can dig through the fluff and go boom! Right straight to what it is.

My latest project -- which I'll just mention quickly, because it actually hasn't happened yet! -- but I am working with my web-tech girl as we speak, to build an official forum. Hopefully by the end of this year [2018], I [will] have that out.

These things take . . . forever! Don't even get me started complaining about how long these things take.

Hopefully we'll get that up and it'll be an official forum where people can sign in and have even more privacy than a public blog, or certainly more privacy than a Facebook group.

Becky: That sounds great! Is there anything else that we didn't touch on that you wanted to talk about?

Kathy: I know this topic really well. I could talk and talk as you can see! I can tell you all kinds of things -- the main thing is don't give up! Anybody that's dissociative don't give up, because there is help out there, there is hope. As much as it feels really, really difficult and painful and it hurts . . . Oh my gosh this is a really painful disorder, because there's so much trauma to deal with. But you can heal from that, and you have as much opportunity, and choice, and freedom to have your life become beautiful, and happy, and healthy, and satisfying, and peaceful.

All the good things -- you can have [those] too, so don't give up. The whole point in trauma is to get your healing, and then actually truly enjoy your life. That's my wish, and my hope, and my prayer for everyone.

Becky: Well that's a great way to end! Did you want to let it be the way they can find you on social media as well?

Kathy: Yes, I'm on all the social media [platforms,] pretty much [all of them,] except I'm not as active on all of them.

I have a Facebook page, just look under "Discussing Dissociation." My Pinterest is done -- there's a lot of stuff we put on Pinterest -- there's Twitter stuff. You don't find me doing a lot of talking, but I make sure

I announce things that come out on the blog, so you get a lot of announcements on Twitter, and Facebook, and stuff like that.

I will talk a little bit on there, but you know . . . there's just only so much I can do! I get pulled in many directions. Instagram -- that's just so waiting for me to do anything with it.

Of course we've got the YouTube videos, about the 20 YouTube videos. The story packs are adding more videos, but[you] won't find those on YouTub , they'll have to come through the product itself. Feel free to join in, come check this out, and come say hello. If you email us, my client care team will most certainly get back to you, and then we can see what we can do to help from there!

Becky: OK -- thank you so much for talking to me today. It was really informative and enlightening and I really appreciate you taking the time.

Kathy: You're very welcome. I think it's good to just get information out there because there's so many hurting people. You know what, Becky? We think that the dissociative people can be one to three percent of the population . . . I don't have the numbers in front of me, so we're now relying on my memory . . . if I did one to three percent of the world's population, that ends up being 74 million dissociative people on the earth. That's a lot of people! So there's a bunch of folks out there that need some help and some support, [and] the more we spread the word out there, that there is help available (because that's really the biggest thing, is there's so many people that don't know there's help available), [the more people can get that help.]

[And you are also] doing a great service [Becky]. Thank you for what you're doing as well!

Becky: Well thank you, thank you very much! I appreciate that. Again, thanks for being on the podcast and I hope that we can do this again sometime.

Kathy: Thank you very much, that would be great!