

Drudgery-and-Dreams-Podcast-Medicine, Masks, and Meltdowns

Tue, Dec 13, 2022 7:55AM 49:42

SUMMARY KEYWORDS

medication, people, meltdown, happening, word, masking, conversation, meltdowns, feel, masks, angela, podcast, drudgery, overload, support, thinking, kiddos, kiddo, situation, person

SPEAKERS

Molly Hicks, Angela Locashio



Molly Hicks 00:02

Welcome to Drudgery, Dreams, and in Between, the podcast for neurodivergent weirdos and queers who - forget about struggling to adult they're struggling to human.



Angela Locashio 00:09

At least that's what everyone's telling us.



Molly Hicks 00:11

Your Right



Angela Locashio 00:13

Per usual. But seriously, I'm Angela, people call me Mama Pistachio, bringing sense to the conversation. I help individuals and organizations cultivate skills, spaces, and confidence to advocate for themselves and each other.



Molly Hicks 00:27

And I'm Molly giving a big Fork you to Cookie-Cutter Solutions. I help busy as fuck neurodivergent entrepreneurs make shit happen by bringing stability to their businesses while helping them do what makes sense to their brain. Enough with the chitchat, let's get down to

business. What's the breaking point? With our powers combined, we navigate life through the drudgery, dreams and all that shit in between. Like, we were already having these conversations anyway. So why not record them? Right?



Angela Locashio 00:53

Alrighty, then, get ready to call bullshit on what everyone's saying we should be doing as we navigate the spectrum between what your heart wants, and the shit keeping you from it.



Molly Hicks 01:06

Good morning,



Angela Locashio 01:08

Morning.



Molly Hicks 01:10

I hope you are all who are listening, having a good whatever time of day it is. Um, this week, we're having a conversation that Angela and I have actually been having offline for a couple weeks now. And we were like, huh, podcast episode. And that is we're talking about masking and medication and meltdowns, - overloads - and just how we navigate these with and without medication. Because it's, it's quite the roller coaster of things. And this all started because personal storytime a couple of weeks ago, after years of trying to get people to listen to me. I finally saw a new psychiatrist. And she was like, a well, the neurodiversity in your family, okay. And like, there was a giant pause and big eyeballs. Okay, by the time I listed just like an eighth of the amount of people in my family, **so many eyeballs**. And then at the end of the session, she was like, and nobody told you you're bipolar. Ever? Because your diagnoses are wrong. And **I was like, OH! OH! and so I started a new medication. And so Angela has been on this journey with me as I navigate life on lithium. And I have been struggling because it's to me, it feels like I was masking more than I knew. And the medication has like ripped the mask off and been like and survive.** And although I feel great. Well, not great. I feel better or different. Um Angela, does your headphones break? I think your headphones broke. And though I feel a little bit better with the medication, the other uncomfortableness that I've been sitting in of like, who am I? How do I feel these emotions and what happens? I think Angela is having technical difficulties with her headset. It's okay now. Oh, okay. It's good. Okay. I was like, I don't I can't do this alone. Angela. Like looking at you like your headphones better work.



Angela Locashio 03:57

There's always a backup. I've always got extra headphones over here. It's all good.



Molly Hicks 04:03



Molly Hicks 04:05

I think your mics are switched again though.



Angela Locashio 04:06

No, they're not I am plugged in because my headset was dead apparently even though it was plugged in overnight.



Molly Hicks 04:13

Okay, we're just gonna move on. Um, an appropriate episode. For these things to have.



Angela Locashio 04:20

This has been everything this morning - camera's not working, Melon kicking us out, internet speeds. It is what it is.



Molly Hicks 04:27

I am proud of us for not currently having a meltdown.



Angela Locashio 04:31

Oh, you know what, about three minutes before we came on? I was about at that point. I came on pretty grouchy. The headset did this and I was like, Okay, this is just freaking comical.



Molly Hicks 04:43

It's an appropriate episode for this to happen like I mean that's what it is. But so any I - I gotta laugh for a few minutes because just other things. Anyway, um, for those not watching Angeles face Looks like she kind of wants to chuck the computer or the headset at the computer, due to all of the happenings this morning, just to paint the picture for you. Um, but anyway, so this medication and like involuntary D masking has been quite difficult for me. Because I'm uncovering things about myself that I didn't know, like my heightened anxiety and masking was hiding all the other neurodivergent things beneath the surface, like, I have never flapped in my life, I have shaped with little fists, and I always thought they were ticks. And I mean, I do tick, I do have Tourettes. But I was at the grocery store yesterday, and now I flap. Not that flapping is bad. I'm not opposed to flapping. It's just new. And that was something I was not anticipating. So, um, but you and I have been having a lot of conversations about like how medication can, um, stifle what we're used to as far as like an emotional spectrum. And how, yeah, more about that for you



Angela Locashio 06:20



Angela Locastino 00:20

Like, I have my own experience with medication, um taking medication for ADHD 20 plus years ago, when I initially started it, and I am a serial stop taking my medicine because I don't like how it makes me feel person. So ADHD medication, until I found the right one. And the right dosage, and the right changes in the environment to support my needs to go along with the medication. Not one or the other. But both. For me, I always said it feels like coming down from drugs, it feels like you are it feels like you're coming clean for anybody who's ever had addiction, and gone through that process and that a lot of us have coming down, you know, you go from this. Well, speed didn't work for me in the same way. But still the coming down moving from one state of being into another state of being for me, I'm high all the time. I have this high energy, this bzzzzzz go around all the time, not high like like weed high. I 'm speedy, speedy all the time. Naturally, my natural brain is speedy all the time. I actually because I am clean, I don't do any drugs or any alcohol. Because that doesn't support my needs and create the appropriate environment for me. So I am not high all the time. But naturally, I am. I'm on speed, right like this, the way that everybody describes what speed is like, that's how I feel all the time. So then when I take medication, I come down, and I get to this flat, where I'm not experiencing high emotion, or where I don't need to experience high emotion necessarily. And I don't like that feeling. Right. It's just like coming off of drugs. It's like I am used to being this energy level and having these thought processes and being able to do 500 things - until I can't right? and and then take take medication, and suddenly I feel n othing. Yes, right. The interoceptive senses our all of our sensory system plays into when we're taking medication. And people are just now really starting to understand the other three senses and starting to put some practices in place where we're having conversations about that. So I think that the that really needs to be addressed when we're taking medication and we really need to understand that and we have to address those sensory changes that we're going to have because the way our Brain is, is processing input is different. And therefore, our output is going to be different a s well.



Molly Hicks 10:11

Right. And like I was telling you and my psychiatrist, I feel like I have to relearn how to navigate the world completely, because I am not used to processing anything this way. Like, I keep getting frustrated with words, because my, it's not, I have had an allergic reaction where you have zero coherent thought to a medication, it's not fun in this is not that, but it is like my brain is trying to move at a different speed than it's used to. And so it just like, like panics and just grabs a word and throws it in there. And then I say, like, shoe when I meant cinnamon, like, you know, like, something's not that extreme, usually, but it just throws a word there. And when you have two very literal autistic people in your house with you, when your brain throws in a word that it is trying to just like shove in a like filler spot, it does not work well. Because then you're like, why are you doing that thing? And they say, Well, you said this word. And I was like, in the general sense, not in the like, literal sense. And then then then everyone either laughs or gets very angry. Does not work very well. But like, so I have like those types of things. But like grocery shopping, did not go well. Did not go well at all. But um, it's just very weird. But like you said, like, it's, I'm used to having two very polar opposite extreme emotions. And I feel like the peaks have been cut off. And so I'm still going like this, but because I was used to so much extreme between the two. Like, I can't identify emotions quite right. Because I'm used to happy being like, everybody else's ecstatic, right. And so I just feel like, apathy a lot. Although I've noticed this week, it's, it's finally starting to, like, normalize for me, but it took a long time. And I had to have, like, I'm glad I had understanding of how, how it works with medication and how it's like, you've got to play the long game, and you got to trust the process. And I like, knew

what to look for, for bad medication side effects. But I had to be in the uncomfortableness of the minor side effects to just let it kind of work its way through. And I am appreciate words, I'm glad that I have the ability and knowledge to sit through that and wait, because how I'm feeling this week is good,



Angela Locashio 12:55

like, and I will say, you know, I always say that community and in our environment, is what provides us with our ability versus disability. Correct. And you are surrounded by neurodivergent people who support each other. And who are very accepting, that's very true, which provides a space for you to be able to sit in the uncomfortable. Yes. Right. Because you can be like, on Marco Angela. And we can have a conversation. And and things can be normalized. Whereas a lot of people don't. I mean, I know that I did not. And I know that a lot of people now today, do not have that same space. And this is why neurodiversity on tick tock is such a huge thing, because that is the one space where people feel like they have community and acceptance, right? Yeah. So it really is important to have that group of people and to have a community where you can explore yourself. And all of the various aspects of you, that sometimes happen with medication, you know, when I do a sensory when I do a sensory profile of somebody, and I'm working with them, I like to do one, if they take medication, I like to do one and say, Okay, let's think about how, if you can, how are you without medication? What is your experience without medication? Answer it from that space. What is your experience with the medication? Answer it from that space? Because that gives us two very different results. And allows us to really look at the things in the environment that support this person. So they're not completely dependent on medication. Yeah. Not because medication is bad. Both of us take medication. It's not that it's a bad thing. But again, we do want to address address those environmental concerns as well, to provide the best possible outcome for any person, I mean, if that medication doesn't work, if for some reason you have this medication that works really well, and then all of a sudden it doesn't, and your environment isn't providing any supports whatsoever, you're in a hell of a lot worse situation than you would be if you've got some of those environmental supports in place.



Molly Hicks 15:30

Right. And that was something like, my kiddo, ADHD, autistic, also medication. And recently, it just stopped working. Like, we hadn't changed dosage, we hadn't changed the environment, everything was still all the things that we knew to be helping. And we were trying to adjust to these new behaviors that we're seeing. And eventually, I was like, Okay, I call, they told me last time, I waited too long, and I didn't have to, you know, let all of us struggle, especially blame kiddos through that. And so I was like, um, is what's happening. And the provider was like, Oh, we see that with this medication, when there's such a low dose, that it's just time to knock it up, but a thing and you have the good environment and affirming, like house and all of these things. Like we just need to knock it up a notch. And I was like, Well, that's easy. It was just something easy that we could do. And I feel like it's hard when the kiddos are little, and like as a parent, who is also neurodivergent. Obviously, we've talked about it enough that you would know that about me. But it's hard because there's still some of that parent guilt that I struggle with, with regards





Angela Locashio 16:50

you had major parent guilt when it came time for medication,



Molly Hicks 16:54

right? Because it was like, did we do everything? And did we do all these things. And even though like the providers were like you waited longer than most parents would ever wait with the behaviors that you were seeing? It was still like, but we didn't feel like we were doing hardly anything like we mean, we were obviously accommodating and affirming and doing all of those things. But it still felt like so insignificant. Like there should have been more that we just felt like, how could this be enough?



Angela Locashio 17:24

And let me just say it felt insignificant to you? Yes. But most people looking in would not think that at all. Because you have enough knowledge and enough support with people around you. You really did and do all the things.



Molly Hicks 17:44

Yes, that has been made painfully aware by the 300 people that have told us that. But like, and I did say, well, and just to parents who are listening to this believe me, you know, at therapy. A couple of weeks ago, the doctor said, How's medicine going and they and I turned to the provider and I said I wish that more parents knew all the things or had the opportunities to learn all the things. Because this is so significant. And I was able to see the changes that were happening and how receptive my kiddo was to what was happening. And that wouldn't have happened if we hadn't have done early intervention it too. Right? And it's like, I see my kiddo who had early intervention. And I see other kiddos who are later diagnosed, but now the same age is blank, and are just getting diagnosed. And it obviously they're two different kids with two different behaviors and two different things. But it's still so significant the difference that early intervention had because when we have we're moving into meltdowns, when we have meltdowns or overloads we're able to look at them in a different light. And just that alone with the neurodivergent kiddos, I feel like is super significant. That was my segue. I don't know how I got there.



Angela Locashio 19:37

Okay, so before we actually get into that area, yeah, let's address accessibility because you are in a space where you can access early intervention, as well as have the informed perspective to be able to ask for interventions And a lot of people don't have that. And they don't have that because of stigma.



Molly Hicks 20:06

Yes. And so I knew, I want to clarify part of that. I am extremely privileged in the

neurodivergent sense, because I came from a family of neurodivergent people with people who were teachers, and speech pathologists, and doctors and nurses. And so all of that, and single parents, parents whose one parent was far, so I got to see so many different ways that and interventions and different things. That also gave me just the right amount of information that makes me super privileged and knowing all of the things that I know.



Angela Locashio 20:52

But also having insurance. Yeah, right. Being a being able to pay to go to a therapist, being able to pay for a daycare, or a preschool that had access to educators who were informed as well. And a lot of people don't



Molly Hicks 21:14

Yes, the school system, yeah, the school



Angela Locashio 21:15

yeah, a lot of people don't have that, right. And it shouldn't matter, like socio economic status shouldn't matter. No, the color of your skin shouldn't matter, your gender shouldn't matter. But it does all of these things play into accessibility. And because there is so much stigma, around anything that is outside of the societal quote, unquote, I hate this word, norm. But that's what it is. It's the societal norm, anything that falls outside of that and doesn't follow the regular script that make peep - most people - comfortable. And I would even argue with most people on that one. Because that stigma is there, the conversations are not being had to support the people who do not have access to some of the same things that you have had, and that your family has had and that my child had access to. Right, good. So that makes a big difference. Even talking about medication. You know, yes, here's this thing, we can do this early intervention, and we can do this medication. And then you get people who, they go to the doctor, and it's like, here, we're going to do this medication. And that's it. And oh, by the way, you can't afford XY and Z. So this is the only one medication that you can have. So even though it doesn't work, you're going to be stuck on this one or none. Because you can't afford this \$700 A month medication. Yeah, that your insurance refuses to pay for because they're the experts and get to decide,



Molly Hicks 23:04

Oh, yes. Ironically, got a letter the other day that told me that I should not have my kid on this medication, because it should not be because there's an alternative medication that possibly could be given. And I'm like, Hey, insurance company, how the hell would you know you've never met me, kid? But yes, I get what you're saying. And yes, no, I, I realize every time I tell a story, that I am always speaking from my privileged experience, whatever those privileges are in that scenario. But I would like to say, I hope that when you are collecting information, because that's all you have, is searching from social media, I hope that you take the things that we say, and use them to advocate for yourself, and like at least have a starting point or a kickoff point. I'm just sorry, I thought my shirt was on backwards. It was distracting me. I just

hope. We created this podcast so that we could share our wealth of information in these given areas, either from our experiences or from our specialties that we know things. And in some ways, use our we would like you to use our privileges like we can go get the information that you need.



Angela Locashio 24:31

Yeah, absolutely. Yeah, providing a platform, providing that platform so that people do have access to information. Because information is definitely not something that should be held close and sheltered and not shared. **What's the point of having information if you're not willing to share it with others?** So that's, that's why we're here. But every time accessibility or As a social justice, anything comes up, you know, I'm gonna bring it up. No. Because it makes me happy.



Molly Hicks 25:09

Um, yes. Um, so meltdowns, and we were talking the other day because we were Jeremy Andrew Davis Correct?



Angela Locashio 25:23

Jeremy Andrew Davis? Yeah, we like, right. Let's, let's say that right up front, like we enjoy the shit out of out of the posts that are created.



Molly Hicks 25:37

Yes.



Angela Locashio 25:38

It doesn't mean we have to agree with everything, even if we enjoy them and respect the messages that come across.



Molly Hicks 25:45

Yes, this just sparked a conversation between the two of us that we were like, Oh, we totally need to have this on the podcast. So it was the tick tock, which I don't have pulled up about **meltdown, how we should stop using the word "meltdown" and start using "overload."** And I said, I get where he's going. But me and my words. I experienced an overload. **Absolute absolutely true. All of these things happen - too many noises, people keep touching me - and I get overloaded. That is what happens. But after the overload comes the meltdown, right, because then all of my abilities melt away. And I am no longer able to make decisions. Not able to move. All I can do is just kind of not think because my brain stops, and I am just melting**

away. So my caveat to this was, I feel like it's both. I feel like yes, the accurate description of what is happening to us is the overload, which is then followed by a meltdown of ability. And so it shouldn't I would just have that conversation. And so yeah, anyway.



Angela Locashio 27:09

Yeah. Okay. So it's so funny, because right before we got on, I was like, Oh, I'm snarky today, because we were talking about it a little bit. And I said, and this is going to be another episode at some time. I just know it is. But I said, I am so fucking tired of the arguing and the bickering and the bitching. And the shoulding about words?



Molly Hicks 27:36

Yes.



Angela Locashio 27:40

Because I can't keep up.



Molly Hicks 27:43

Right.



Angela Locashio 27:45

And I don't always agree. And we don't as a community, we don't always agree. Right? There are some things that of course, we agree on. But then there are things like meltdown. And what's the other one, there was just an O and neurotypical. I think this was just like yesterday on LinkedIn that I saw, like, let's get word, let's get rid of the word neurotypical. Because, you know, for X, reason, and let's change it to this. And with meltdowns, it's the same. But you and I agree that meltdown is the appropriate term. And by the way, by the way, he addressed this and said, it's different when an autistic person says that they're having a meltdown. And they use the word for themselves, right, versus having somebody who is not autistic, see an autistic person in overload. And say that they are having a meltdown, and put that label on them when that may not be true. Or they see a child having a tantrum versus a meltdown, which are two completely different things. And they use those terms. synonymously. And then they get these preconceived notions of what it means to be correct. neurodivergent or autistic, or ADHD, or whatever. And that's where the issue comes in. And that's why words become important.



Molly Hicks 29:26

Yes, well, and you know, me and like, where there was that censoring. Women should not say just or, yeah, apologize or whatever it else, man, the word just have a relationship. It's kind of like the word Fuck, right? I have friends who have learned other languages, and even in

Russian, which is the language that I studied. There's an emphasis word that you would add on to something to show emphasis. This, we don't have that English does not have a specified sound that we make to provide emphasis. So we've made it up. We've gone around and done this. We use Fuck yeah, follow. Fuck can be anything and all grammatical forms and all grammatical forms. But for me, if I am saying to you, we just did that. If I said we did that, okay, but that does not imply the same nuance to the sentence, as I just did that I just did that means what the Fuck is wrong with you? I totally did that three seconds ago while you were doing it. If I was like, Well, I did that. Okay, I did it yesterday, or I did it last week is not the same. So please stop telling me to remove the word just from my language because I'm a woman and have a vagina that doesn't help me.



Angela Locashio 30:56

Right? Yeah, but that's, that's another thing, right? Like, we could have entire meltdowns about the use of words, and how one person because their brain works this way processes that word, like this. And then this person over here whose brain works like this, processes that word like this. And then people are gonna bitch and complain, I guess the point for me, and then we can get back to meltdowns. The point for me is, Fuck me. Can we just say, we don't all have the same belief in this? Right? Let's look at the intention behind it. Let's stop for just a minute, before I have a trauma response to a word. And I know that there are some cases where that is accurate. But anytime we have that, if that is a consistent pattern for us. We need to address that for ourselves. And ask ourselves, how are we going to address that, so that it does not cause us so much emotional turmoil? And yes, it would be nice if this person over here, were aware and not using this word that I don't like. But in some cases, that's not going to happen. And words like melt down. That's one of those cases, this is not a word that everybody agrees should not be used. Right, right. There are some words where everybody agrees that word is offensive, and harmful. And because it's offensive and harmful, legitimately has historical reason to not do this. That's different than meltdown. So some of us are going to be pissed when somebody uses the word meltdown. And some of us are going to be like, Yeah, that's exactly what the Fuck is happening. Right? It doesn't mean that we don't need to address what is happening to cause the meltdown.



Molly Hicks 33:02

Yeah. And I feel like a good example that is like a non neurodivergent specific thing is, like the word fine. When I say I'm fine, I literally mean, there is not happiness, there is not sadness. I am just in this middle ground. And we do not need to continue the conversation on how I'm feeling at this given moment. And we can move on in the conversation. I am fine. It is not like some sarcastic play off. But I have met people who are I'm like, Oh, I'm fine. They lose their shit. Because they think I am somehow trying to notify them that



Angela Locashio 33:41

being passive aggressive,



Molly Hicks 33:43

yes, that I'm either like trying to pass it off and be, you know, an asshole, or I am legitimately giving some type of signal that I have not okay and need to be saved. Yeah. So like, I feel like some of these words are similar to the word fine where we grew up, where the things that we've experienced have indicated that that word is not okay, or that word is okay. Or that word is whatever. And I feel like I always start a new relationship when I'm starting a new relationship with a client or person. If I start to say for the first time, Oh, I'm fine. Oh, and I mean that in a very realistic, I am okay, and everything's fine. And I explained my definition. Right, just to make sure that they understand my definition. Yeah. Because when



Angela Locashio 34:36

we constantly all the time, have to put our time, effort and energy into thinking about every single word that comes out of our mouth, which I have been accused of doing so many times. And yes, I do spend a lot of time effort and energy on that. It can become exhausting. It can lead to overload, which causes what? Meltdowns!



Molly Hicks 35:07

Meltdowns! And I struggle on the receiving end of this. I struggle with people who do not clarify their words. Where I'm like, okay, but I need more. And they're like, but I just told you, I was like, I don't understand that. Oh, that's



Angela Locashio 35:26

that bottom up thing that we talked about last week. I know all the details. So I can see the big picture here.



Molly Hicks 35:34

Like I struggle. And this is kind of funny, because I've had to, we joke that I can read people's minds. Because I analyze every fucking moment of everybody's movements. What was that show? That it wasn't criminal minds were like micro emotion movements were like analyzed or what? Oh. Anyway, it was some type of criminal justice show where the guy analyzed micro expressions, and I learned so much through that show. And it helped me understand people more. Anyway, so somehow, I magically know what people are thinking. And I don't even know how I do it. But like, my, my partner can never surprise me. Like, that. doesn't say anything. I won't have known that they've done something. But I'm like, Oh, you have pre ordered this one thing that happens in this random existence. And then I get in trouble because I ruin the surprise. But there's no way I could have even possibly known. I'm just magic like that. And now that I've told that story, I totally derailed myself, and I have no idea why I was telling it. I have no idea why



Angela Locashio 37:01

you were telling it either. Back, but it's a good.



Molly Hicks 37:11

Read people. Oh, so when I don't understand people, people get very confused, because they're like, but you can read minds. And I'm like, No, see, I hyper analyzed every moment that you have existed in the past 20 minutes to know what you were thinking. And you stopped giving me signals? And I have no clue what's happening. Yeah. So I need you to clarify. Well, you should just know what I'm thinking. Because you always know what I'm thinking, fucking clarify. Like, I need, I need you to lay it out. I



Angela Locashio 37:41

know what you're thinking because I asked good questions, and I pay attention. But now all of that stuff went away. And because that stuff went away, and I no longer have the appropriate context. Yeah, I need that context to be provided. Thank you very much.



Molly Hicks 37:55

So then, if I don't get it down, because I have no fucking clue what's happening,



Angela Locashio 38:01

right, you're no longer able to communicate?



Molly Hicks 38:03

No, and it drives me up a wall. Like, it's one of the reasons I really want to teach my kiddo another means of communication, like either downloading an app to the tablet, so that there's like an what does the AAC app? Alternate communication?



Angela Locashio 38:22

I don't remember what's called I don't know, I don't know what,



Molly Hicks 38:25

where they get to click the pictures and it talks.



Angela Locashio 38:28

Yeah, I don't I do not know the specific name of the app that you are



Molly Hicks 38:32

looking for. Okay. So like, either downloading that or having them learn specific signs that we can like, any form of ASL would be great. Because I want bleen I want the my kiddo to be able to communicate needs, if possible, even when they're non speaking, even when they're non-speaking. And it's I rent like Blaine. My kiddo didn't actually verbally communicate much until like, almost three, but had so many signs we were able to get a lot of things communicated. And Blaine was really good about showing us how to communicate. And I, I almost feel like speaking has caused it so that in those moments when Blaine isn't able to speak, we've lost communication, which might sound funny to some families, but it's very hard. When that skill is lost, like I've started to sign a lot of the things that we used to sign just so that if we are in a meltdown or like that, that non speaking situation, we can still communicate because right, I need to help you I need to help facilitate whatever my kiddo needs. And I can't do that. If I, if I can't connect with them and get that information. Not that I'm sitting there like, trying to force them to tell me something I don't they don't want to tell me but like, usually it's food related that we have a meltdown, because I have provided something that is not in the sensory profile of the day. Right? I am not laughing because it's funny that they have a sensory profile, more of the sense of I what, usually what I thought was on the safe foods list is not on the safe foods list for that day, and we're starting from scratch, and then we're not speaking And then I have to come up with the list. And then I'm aggravating more than helping just in order to help. And it's a whole entire situation that ends in both of us having a meltdown.



Angela Locashio 40:58

Right, right. So so let's talk about masking for just a second. Yes. Because here's again, where we might have a little bit different take than some people when it comes to masking. And I know that there will be another episode completely to this, because we're not going to talk about this for more than, say, five minutes, right? Okay, **so there are people within our community, as well as outside of our community, who say, drop all the masks, just drop them. Fuck everybody else, and drop the masks. And I thought that maybe I was the only one who felt this way. So I started asking some people. And they're an equal amount of us who say, No. Dropping all of the masks is not in our best interest. So here we are, again, we've got different beliefs within our community of how things should be handled for me, and I cannot speak for anybody else. For me, saying that I am always going to drop my masks. And I am never going to pick them up. And Fuck that. I'm no no masks, and you can accept me without my masks and deal with it. And that's on you. And it's not on me. I cannot do that. Because I am affected in those situations. And you know, how I came into the whole coaching thing, right? Like, let's look at roleplay and d&d and the things that we do in these games that help support us to be able to do all the things that we want to do, and how we can use that and transfer those skills of being a great role player into our daily life. Right? Well, it wasn't until I started studying and understanding this whole masking and blah, blah, blah, that I've literally been telling people. If you are in a situation that is really difficult for you put on a role and play the role because it will help you get to the end of that situation. And you will come out less tired, less fatigued on the other end. And it's consensual, I actually did a podcast on royally screwed where we talked about this and and he asked me, he said, Isn't that inauthentic? And I said, Absolutely not. **If it is purposeful from an informed perspective, and I am consenting to doing this because it works****

for me and help support me in that situation. That is part of who I am. It is not a pretend thing and it is not outside of my authenticity or my integrity to do that. It is creating an environment for myself that I can work with it that's masking



Molly Hicks 44:37

Yes. And I think that the like for me. I involuntarily learned to mask due to situations I was exposed to Oh, yeah. And I am well I can only speak for myself. And I am currently trying to well, a they were removed for me with the medication but I am still trying to sift through what skills like, like yesterday at the grocery store, I really tried masking and getting through the grocery store, like, like a normal human, that did not work. And because every time I would put it on, it felt like it would just fall off. Like, I just couldn't. So I'm currently trying to figure out like, in certain situations, how can I perform put on a role that works for me, because the ones that I used to have don't, but that is the process like I would not be able to necessarily go into some like formal scenario where I am not a person that is known. And just like change the whole thing. Like, there are certain things I at that I can know that I have the ability to mask enough in. Like I even with my Tourette's I have learned, which I've spoken with other people Tourette's This is not like a unique to me thing. We can minimize the tics into something else for a while, or some of us can, I



Angela Locashio 46:21

should say, right, you can divert some energy to specifically address that. Yeah, yes.



Molly Hicks 46:27

I mean, we are going to be ticking like hell, once we get out of that scenario, before a small amount of time, we can divert that energy. And so it's not everybody that can do that. And not everybody can mask or like go to a board meeting and not do.



Angela Locashio 46:43

Right, whatever. And I am not, that's, that's the thing, that's the thing that I think is missing from the conversation, is it's not an either, or there's this whole middle ground that we can look at, and going to the grocery store, you weren't able to spend some energy in, pulling in your super woman, whatever, you know, roll that that could go and do that. And, and by the way, it's never something that's so outside of who you actually are, right? Right, the piece, right? Like everything is still there, there's just you're just pulling energy from something, right, you're pulling energy from this character that you've created, or, you know, and that's really, to me, that's really what masking is, is. It's a different character that you're in with different characteristics and different traits that help you get through a situation. And I mean, I do not want anybody coming and saying that's dissociative identity disorder, it most definitely is not, there is a difference. And we can drop some links in to help you understand the difference between masking and DID, because it is not the same. As and I don't want anybody diagnosing

me and telling me that that's, that's something that's going on for me because it's not. And that's not fair to people with DID. To say that what I am talking about is that it is not the same. Can you tell? I've had that conversation before



Molly Hicks 48:22

I can. I just looked at the clock. So we this episode went so fast that I just could not keep like I can't believe we already we knew that was gonna happen. We had three topics. I know. But it was one of those things were FYI. Behind the scenes. We knew if we talked about one we would talk about the other which would lead to the third and we couldn't not do it that way. So yes, so i Yes, this turned out great. So anyway, yes.



Angela Locashio 48:55

Okay, any last thoughts? Okay, I have a feeling we will continue this conversation in a future episode. So stay tuned. Thanks for listening to drudgery dreams and in between a weekly live broadcast a weekly live podcast coming to you every Tuesday at 9am Central 7am Pacific. Subscribe now, wherever podcasts are found. If you'd like to support the podcast, be sure to leave a rating and review and share with your friends. To catch all the latest from us. Visit us at [drudgery and dreams.com](http://drudgeryanddreams.com) and follow us on your favorite social media platforms at drudgery and dreams. Thanks again. See you next time.