

Reclaiming Your Identity After Trauma

David Van Nuys interviews Michele Rosenthal



The following is an excerpt from a David Van Nuys interview with Michele Rosenthal, a trauma survivor who struggled with posttraumatic stress disorder (PTSD) for over 25 years before launching a successful “healing rampage,” and is now free of PTSD symptoms. She is an award-winning PTSD blogger, founder of HealMyPTSD.com, popular keynote speaker, post-trauma coach, host of Changing Direction radio, and award-nominated author of *Before the World Intruded: Conquering the Past and Creating the Future* and *Your Life After Trauma: Powerful Practices to Reclaim Your Identity*. Michele is a former faculty member of the Clinical Development Institute for Timberline Knolls Residential Treatment Center.

Dr. Dave: Perhaps you can tell us about the trauma that befell you at a very young age?

Michele Rosenthal: Absolutely, and you know, David, it’s because I speak and write about it so much that I never mind being asked, because I think the power of telling our stories lies in being able to own the past and transcend it. So, I’m absolutely happy to share.

In 1981, I was a thirteen-year-old kid being raised in the most wonderful family: two parents who absolutely adored me and adored each other, and a little brother who was my best friend, who still is to this day my best friend. And life was just fantastic. We went on this long family vacation that summer, in a 26-foot Winnebago, driving all around out west, so we were in, like, the bubble of what a happy family vacation can be. And when we came home I had a history, a new, a very new history, within a year, of bladder infections. And so when we came home – I’d spent a lot of time in the water, we went white water rafting in California, and so a lot of times sitting in a wet bathing suit – I got home; I’ve got a bladder infection. We went to the paediatrician, and my paediatrician was on vacation (this was the middle of August) and the covering doctor – you know, they run their test, “Yes, you’ve got a bladder infection.” Without reading my chart, he prescribed the regular, run-of-the-mill antibiotic that everybody takes for bladder infections. And what I had happen to me was anything other than the regular run-of-the-mill response. My body had an allergy that we did not realize to this medication. And what they speculate is that the body can’t metabolize the medication and so it sends it out through the skin. Now, people always ask me, “What did you take?” I took a sulfa-based drug, a regular antibiotic.

But this can happen with Ibuprofen, and all kinds of over-the-counter drugs, because this is just basically the body’s little secret that it carries and, in extreme cases—what happened to me—you start with these little blisters and a rash, and then the next

thing you know, I was in one of the top hospitals in New York City being treated as a full-body burn victim, because the allergic reaction just completely takes over your body if you’re on the extreme end. I lost 100% of my skin, as blisters just covered me head to toe by the time I came out of the hospital – I should say it’s easier these days.

I know that there was a big case in the media just last December. A woman who the media was saying she was burning from the inside-out (I don’t know if you saw that coverage; she was in California) – and these days, a lot of times they just induce people into a coma until it’s all over. Which I think would be, you know, much easier. But as a thirteen-year-old kid—think about yourself David—What kind of coping skills would you have for being a full-body burn victim at thirteen?

Dr. Dave: Yes, not much. (laughs)

Michele Rosenthal: No. How do you even conceptualize what that means as a kid? And when I came out of the hospital, I knew, okay, I was scarred, but not anything that anybody outside of my family would see. And even to this day, I deal with some of the residual physical effects of that, but nothing that would stop a life from going on, so I knew I was going to make a full recovery. But my brain just could not wrap around what had just happened to me. I’d had a near-death experience, and that haunted me, something horrible. And the anxiety that all of the fear of recurrence...when I left the hospital, they had told me, “If this ever happens again, you won’t survive.”

Dr. Dave: Oh, my goodness.

Michele Rosenthal: “So you’d better be careful.”

Dr. Dave: Yes. Wow. Now the title of your book is *Life After Trauma: Powerful Practices to Reclaim Your*

Identity, and identity is a really key concept there, because of all the books that I've read recently on trauma I think yours is really distinctive in its emphasis on identity. So, how would you describe your pre-trauma personality and sense of identity?

Michele Rosenthal: You know, that's a really good question, and I would say I didn't have one yet. You know, according to—you would know this even more than me—the theory, psychologically speaking, of identity formulation happens between thirteen and eighteen. So this happened to me when I was thirteen. I hadn't even gone through the process of forming my own identity, of choosing my values, my purpose, my focus, and what I wanted to be, in terms of how I wanted to show up in the world. During adolescence, you're just starting to wake up to the idea that you define who you are and you do it through a series of choices and actions. So, at thirteen, I hadn't yet done that. When I think back to how I was before then, I don't really have a sense of identity before this defining event. And so that was one of the really big problems for me—afterward I kept trying to go back to the “girl I used to be”. But I didn't really have any guide posts for who that was. I speak to survivors now who have trauma, and, you know, maybe they're forty, and this trauma has just happened. Well, they've had several years to live an identity that they understood and could, sort of, figure out how to recreate. But I didn't. I just was Eileen and Gary's daughter, Bret's sister, you know. (laughs)

Dr. Dave: Yes.

Michele Rosenthal: I didn't have a self-perception yet.

Dr. Dave: Okay, so, I got the impression from the book that you kind of had to actively work to create that identity that...which for most of us comes more or less naturally, without having to think it through—it's just something that happens. What was that process like for you, and how long did it take?

Michele Rosenthal: Honestly David it took probably from the time I was thirteen until the time I was... forty?(laughs) A really long time, because of course, at first, you don't realize that anything's missing; you don't realize that anything's wrong; you don't realize that things could be different. For a long time,

I didn't realize what was wrong with me. I knew I was acting out for, you know, for my teenage years, when my parents tried to get me into counselling because I was very depressed, and I was argumentative, and I was unable to discuss what had happened to me. I literally came home from the hospital and put a gag order over my family, and said, “Don't ever bring up what we just went through.” And so it didn't occur to me that there was anything wrong with me. I just started, then I got into an eating disorder, and then, you know, life just started mushrooming and all of this anxiety and this anxiety-driven behavior, and I thought...honestly? I thought that's who I was. Until several years went by—it took 24 years for me to have a diagnosis of Post-Traumatic Disorder, so by then, I thought, “Well, this is my identity. This crazy person. And some people are crazy, and that's who I'm supposed to be.” And yet the whole time, David, I have all of these notebooks from my PTSD years, where I was constantly journaling. Everyday. And year after year, you can see scrawled over these pages, “Who am I? Who am I? Who am I?” I was obsessed with answering that question, even though I didn't have an answer.

Dr. Dave: Yes. Well was it a professional who gave you that diagnosis of PTSD?

Michele Rosenthal: (laughs) Not in the beginning. In the beginning, I finally, because I had so many medical complications that were these mysterious illnesses—bone, liver, stomach, intestinal—all kinds of problems that the medical community could not diagnose. But meanwhile, I was rapidly falling apart. And I finally went into therapy to figure out how to live as a chronic patient.

And so I started – of course we talked about my trauma, but looking back, I don't think my therapist knew what to do with it. He knew how to help me with the anxiety I was feeling, and the help that he gave me was enormous. But he didn't know it actually had a name. And so, as I got worse and worse and worse over a series of years, and I finally had to just flat-out quit my job—I couldn't work—they thought I had liver cancer, because things were so bad with my body, and I thought, “I need to take responsibility for what's happening here.” And I started researching what my symptoms were, and I came across PTSD. You know, there are all kinds of PTSD self tests. Even on the website I have now, the Heal My PTSD website, we have a self test based on the diagnostic criteria from the DSM.

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And I took this test and it has 22 questions, and I answered positively to 20 of them. And I thought, "Well, this is interesting." And so I took it to my therapist, and I said, "What do you think of this? Do you think I have PTSD?" And literally, he said to me, "What is PTSD?"

Dr. Dave: Oh my goodness. Yes. That must have been before there was so much attention on it.

Michele Rosenthal: Well, I mean, I think he was very good at what he did, but he just wasn't up to speed on the rest of what I needed. And it was at that point that I high-tailed it to a trauma therapist. And then, once I had my diagnosis and I was with somebody who really understood what this means, then I really took off in terms of "okay, how are we going to heal this?" And it was in healing that I resolved my identity crisis. (laughs)

And so that's the sort of long answer to the question that you asked me, how did I get it done? I finally took responsibility for how was I going to heal, what was wrong with me, and what did I want my identity to be, since I didn't have one to fall back on.

Dr. Dave: Yes. Yes. So it sounds like it was, really, a process of sort of mixed ingredients of some therapy, and then self-diagnosis, and more appropriate therapy, and then really, you kind of pioneering what was going to be good for you.

Michele Rosenthal: That's absolutely true. That's a great synopsis. And I think we don't talk about it enough, how important it is for survivors to engage in that process. You know, so much of trauma recovery, to me, is making that shift from powerless to powerful. And the more you engage in creating your recovery process and saying, "This feels right to me. This is what I need. This is what I want to try." Doing all those things reclaims a sense of self-connection. And self-connection can just blossom into such a self-perception that grows by leaps and bounds, because you reclaim control over who you are just in making choices and identifying options and actions.

Dr. Dave: So tell us what you know, what you found out about identity and the brain, and trauma, and why identity would be so pivotal in relation to trauma?

Michele Rosenthal: Well, I think that that ques-

tion is a great segue from where we just were, because so much of the way that trauma affects the brain is to shift us into a state of constant reactive mode. I've interviewed so many experts, both for the book, *Your Life After Trauma*, and also on my radio show. So many scientists and neuroscientists and PTSD experts. And the thing that I've really come away with is how enormously trauma affects our brains in ways we don't even realize. So, for example, your amygdala is your threat detection center, and after a trauma, if it doesn't get the message to relax and to allow your body to naturally shift from reactive to responsive mode—which we all do all the time—if your body doesn't get that message, you stay in that place where your amygdala's constantly looking for the threat. And so your amygdala, which sensitizes to the dominant experiences in your life, is constantly looking for the next threat. Well, anyone who has post-traumatic stress knows exactly what I mean by that. You live in a state of hypervigilance, which is one of the hallmarks of Post-Traumatic Stress Disorder.

So, with the trauma, your body responds to trauma through your sympathetic nervous system becoming activated. Your stress hormones come up, your body systems that aren't necessary for survival come down, and you respond to the threat. And let's be serious: 80% of the people go through a trauma, and then they find a way for their bodies to re-acclimate, their minds to organize and integrate, and they move on. So when we talk about people getting stuck in the way that trauma affects the brain, it's not everybody. I'd like to make sure that we always understand this, so that nobody walks away thinking, "Well, that's going to happen to me. I'm going to get stuck." Because it doesn't always happen. So, you're sympathetic nervous system fires up, your amygdala tunes to this dominant experience, and your hippocampus, which is where you process and consolidate all of your memories, integrates your memories to be placed out along the outer cortex of your brain. When you're in that heightened survival mode, however, your hippocampus gets completely disregulated, so that in that moment, you're not consolidating all of the memories that should be consolidated and placed around, and what's happening is you're getting stuck and hung up in this activated loop. And in that activated loop, you are going to constantly be feeling all of the effects of the trauma, and feeling like you're stuck in this place, like I said earlier, where it's going to happen again. And you're looking constantly for "what's wrong, when's it going to affect me, and how is this going

to bring harm to me?" The interesting things that we see sometimes, is the amygdala, over a period of years of this kind of heightened intensity, actually enlarges and the hippocampus shrinks. Now, the good news is we also see all of that reverse in recovery, many times: The amygdala will shrink back to its regular size, and the hippocampus will enlarge back to its regular size.

Dr. Dave: Oh, that's fascinating.

Michele Rosenthal: It is, isn't it? And it's one of those things that makes me always feel so hopeful for recovery. The brain is designed to change. It changes in response to your experience of trauma, and it changes again in response to other experiences that are more positive.

Dr. Dave: You know, in your chapter on the brain, you confess that sort of heavy-duty science isn't something that comes naturally to you, so my applause for your having digested it as well as you have. And you also say that recovery starts here, in relation to the science. What was behind your saying that? Do you feel that it's important for the trauma victim to understand this brain science to some degree?

Michele Rosenthal: Oh, I do. I think it's so important, and I do think it's where recovery begins, because, to me, recovery begins with hope. You don't have to believe it's possible to recover; you just have to hope things can be different. Because hope allows your brain to start looking for answers and imagining things could change. And to me, this gets back to what I was saying earlier, we need to normalize the trauma experience. So often you'll hear people uneducated about trauma saying to survivors, "Why haven't you let go of that yet? Just get over it." Or, you'll hear people say, "Oh, that's all in your head." Well, you know what? It is all in my head. (laughs) And it's because of the science, you know? It starts with the science of how we are changed. I mean, you literally will know, on a cognitive-rational level, "my trauma is over." I can tell that from my personal experience.

My trauma happened at thirteen. But I, in a very pitiful survivor way, kept creating new situations that would put me back into the hospital. Not on purpose. I felt most alive when I was in danger. So I was constantly creating, unconsciously, new situations

that would put me back in doctors' offices. It was very twisted. But, you know, it's an example of how distorted your brain can get from the way trauma changes you. And so, normalizing that understanding of your brain, your nervous system, your brain's structures, how your body and your mind work together....If anybody, David, if anybody had sat me down after my trauma and said, "Look, you're probably going to have nightmares," which I did; "You might feel some anxiety, you might develop insomnia. All of this is going to be your brain trying to work through what you've just been through," I would have known what was coming. Instead I just thought I was crazy.

And I think that's why the science is so important. For the survivor, it lets you know "this is reasonable. This is valid, what's happening." And for the non-survivor, it's a big *step-back* sign to remind people give survivors some space, because they're not fully in control of what their response is.

Dr. Dave: Yes. You know, I just saw the movie recently, *American Sniper*. I don't know if you've seen it, but they portray many of these things that you're talking about really well in that film. And particularly how the main character kept going back. Many with PTSD found that they couldn't adjust to civilian life, and they crave that excitement, that living dangerously, and they would go back to Afghanistan or Iraq. And it was interesting that you, who is not a battle person, just described a similar thing—that you felt compelled to put yourself back in that exciting nexus of danger and upset.

Michele Rosenthal: You know, I don't think it was conscious for me. Chris Kyle and veterans who do that, it's often hard for them to come home and re-assimilate. I don't work with a lot of veterans, but the ones that I've worked with, what they explain is it's just easier to go back, because they can't fit in here anymore. And so I get that from their perspective. And for me, I think so often it came down to the fact that I dissociated a lot and was very disconnected from my body. And when my body was in danger I felt most connected to myself and my body. And so it was "safe," for me to be in danger, because then I felt that I was really aware, and awake, and alive. And so, not understanding any of that, I did things that would create that sense of safety and control for me, which, you know, even Judith Herman talks about this in her book. I can't remember but there's a word for it, and she says it in *Trauma and Recovery*,

there's a specific word for when you keep repeating things over and over but not necessarily consciously.

Dr. Dave: In psychoanalysis they talk about the repetition compulsion. Is that the word?

Michele Rosenthal: It was one word, but it means that. But you're right, if the word *compulsion* means you're not really, clearly planning it, then yes.

Dr. Dave: You suggest that trauma victims need to acknowledge their lost self. Again, that sense of identity that, for many, evidently is lost – what's involved in that? In their acknowledging their lost self, I would think that there might be a lot of grief in response to that loss.

Michele Rosenthal: You know, there *is* a lot of grief in response to that loss. And that's why I think it's so important to really deal with it, to face it, to acknowledge it. If I may, David, there's a great passage in *Your Life After Trauma*. May I just share it with you?

Dr. Dave: Yes, please do.

Michele Rosenthal: This is in the chapter Trauma Has Changed You, and it's all about the post-trauma identity crisis, and it's just a basic profile and definition of what it is. But it speaks to the grief and the loss. And so here it is:

"Every trauma survivor spends a significant amount of time longing for the past, suffering deep psychological pain and chronic digestive ailments," Girt wistfully sighs, "I didn't realize I had it so good back then. I just wanted to go back and start over. I want all of that innocence and perfect health." My friend Paul muses "Whom I might have been if I hadn't begun my life in trauma?" We look back searching for an escape from the pain of the present, but there isn't one. The present is painful, and you will have to move through it to find relief. Doing so will challenge your commitment, resilience, dedication, and beliefs. It will also make you stronger, more confident, more capable, more flexible, more creative, and more secure. When you have completed your healing process, you will shift out of this powerless feeling into a sense of being powerful, perhaps even more than before.

And I think that process, David, it really starts with acknowledging what's been lost. Let's get it out on the table. Let's stop trying to pretend we don't mind that we've changed; let's stop trying to pretend we don't notice that we're totally different. And let's stop trying to pretend that we're not horribly in a state of despair over who that person was or could have been. We have to acknowledge what's been lost in order to be able to live in the present with any sense of groundedness or contentment. Because those feelings are there, and if we just keep stuffing them down and ignoring them, you know, it's like a balloon, you can grab it in one place, it will stick out someplace else. And to me, that's what those feelings of grief and loss are. They're there and they will come, they will demand their attention, and so let's just stop making them demand it and give it to them.

Dr. Dave: Yes. So the first step, really, is to acknowledge the loss, the damage, the pain, whatever it is, and then, as the person moves along towards recovery, what's the role of self-acceptance or self-compassion?

Michele Rosenthal: Oh, it's huge, because I think so often as trauma survivors, we take the blame. In my case, if the doctor just had read my chart he would have seen that my regular physician had put a note in my chart—which he did not disclose to my family—saying, "possible allergy to sulfa" because the year before, I had taken the same antibiotic and had a reaction to it. But, you know, there's my mom, all these years later, she still faults herself for not knowing. And myself, all these years later faulting myself until my recovery for things that happened to me in the hospital that were extremely traumatic, and I felt, "Well, somebody braver would have been able to handle that moment." You know?

Dr. Dave: Yes.

Michele Rosenthal: So unfair, right? I'll just give you an example. In the moment that I felt myself dying, I was so happy. I wanted to die. I was so pleased that I was going to be allowed to be free of that horrifically painful body. And afterward, when I didn't die, I was left with "You coward!" What kind of person gives up? What kind of person wants to die? And so I walked along for so many years wrapped into the

trauma and the fear and the anxiety of the physical element of having all of my skin basically ripped off my body. The deeper, more emotional impact was “What kind of person are you, that you would be so cowardly in such an important moment?”

I work with so many child abuse survivors and there’s one I write about in the book. Her name is Dorothy and I really share her whole story of child abuse from the age of two, and a very dramatic kind of child abuse. She watched her mother kill her sibling.

Dr. Dave: Oh, my god.

Michele Rosenthal: And that left an enormous imprint on her, and her whole life—she was two at the time and her sibling was six months. When I started working with her, she was 50, and still holding herself accountable for not having saved her sibling. She was two. So, self-acceptance, I think, is critical, because we hold onto such states of responsibility for what we should have, could have, or did not do during our traumas. And if we are constantly not accepting what’s been lost, and the grief that comes with it; or not accepting that we had no culpability in what happened; or not accepting the fact that we live in a world where we have no culpability and what’s wrong is that we’re not appropriately responding to that. We live in such a distorted and judgmental inner world as survivors, that I think self-acceptance and compassion is critical to healing, because it has to be in love that we recreate who we are. You can’t recreate an identity that feels good about what it means to be you if you are harbouring very harsh and unkind judgments about who you are at your core.

Dr. Dave: Yes, so how does one move from that sense of guilt and self-blame to self-acceptance? How were you able to move there and how is it that you help others to do that?

Michele Rosenthal: That’s a very good question. I think, for everybody, it’s an individual process, and I’ll explain what I mean by that, and expand that to how it fits the entire recovery process. I know I’ve spoken with so many survivors, and unfortunately so many healing professionals who say, “Well, you can only heal if you do this.” You know, whatever the “this” is, whether it’s some kind of conventional therapy, or an alternative process, and I just cringe

inside when I hear that, because we’re all completely unique. What we bring to our trauma is completely unique; what we take away from it is. We’re completely universal in our post-trauma symptoms, and that’s why we can all understand each other so much. We launched the Heal My PTSD Free Forum for survivors just for that reason, because we all get each other. But when you move past that connection on the universal level, the recovery process is completely individual. And so that process of self-acceptance, it’s going to be individual for everyone. For me, I would say that learning to accept myself was a renegotiation in terms of how I understood the moments that I was most critical of myself. And so, just to apply it to the moment that I just shared with you. You know, I had to be able to look back at that moment of wanting to die, and say, you know, I get *why* that “self”—because we’re a progression of selves, right? We’re not always the same person in every moment.

So I could look back at that thirteen-year-old girl when I was in my late thirties and say, “I totally get it. I understand why you just wanted to check out in that moment.” And so, partly it’s being able to disconnect from feeling like you are the person that went through the trauma in the moment that you’re in. This is a hard thing to put words to, so bear with me and help me if you think that I could say it better. But what I mean by that is, by the time we’re in recovery, we are not the person who went through the trauma. We are a person who’s gone through a trauma and now developed post-traumatic issues. So, we’re not the same person as we were at the moment of our trauma. And so, I think it’s helpful to say, “Oh, there’s a part of me that went through the trauma, and she’s in this moment; and there’s a part of me today that is really troubled by symptoms and really dedicated to feeling better.” And there’s a negotiation between those two parts, how they work together. And I go into this in-depth in *Your Life After Trauma*, this idea of working with these different parts. And I find that was really useful for me in my own recovery because I could say, “I get it. I get it. Looking back at you, you little thirteen-year-old girl, how could you have acted any other way?” And that works for my clients too. There’s a story in the book about Augusta, who is a survivor of childhood sexual abuse. I didn’t know what to do with her, because every time we had a meeting, she would come to our sessions and be in this great mood, which I recognize, because I used to do that in therapy, too. You want to be the good patient, so you show up, full of chatty happiness, and it’s all a facade... (laughs)...

and partly it's because you want to be the good patient, and partly because you just really don't want to go to that hurtful place.

But one day I finally said to her, "Look, we are only going to help you move forward if we start really dealing with why you're here." And she said, "Well... there's... I'm not here for anything, really." And I said, "Well, I am not asking you to come here every week. Why do you keep showing up?" I said it like that, because the thing is, I think we need some levity. The brain thrives and change happens in the brain based on good chemicals and chemistry. Oxytocin is one of the best hormones for creating neuroplasticity and laughter creates oxytocin—so I like to bring a little levity to how we approach all of this recovery. And I said to her, "Well, if you're not coming for any reason, why are you here?" And she said to me, after a little pause "I'm here for this little girl. For this little five-year-old. Because she's in a lot of pain."

And just telling that story now gives me chills again, because it was such a powerful moment. Her recovery process started then—when she started looking back and having compassion and identifying the pain that this past self was in, and grieving the loss of that self, because that self felt so far away to her. I walked her through this little exercise, to bring that self closer, and by the time we were done with our work that day, there had been an enormous shift in Augusta, her perception of recovery, her understanding of what was really driving her in ways that felt uncomfortable, and how we were going to fix it. She showed up every week. We dispensed with all of the mask, and really got down to work.

So I see people reclaiming that sense of compassion by being able to separate from the self that's misbehaving or in pain, or however you want to label it, and being able to say, "I understand why you feel that way." Which is, let's be serious, David, exactly what we do for friends all the time.

So, it's just taking a strategy that we already have and put in use for people that we care about, and using that strategy for ourselves. And by strategy, I mean a behavior, a thought process that brings results.

Dr. Dave: Yes. That's a great story, and a great way of putting it. And so, in the process of helping that person fix themselves, you talk about creating a blueprint for your future self. How does one do that?

Michele Rosenthal: Ooh, that's some of the most

fun work. Really, really, fun work. So, let me preface this with another little excerpt from *Your Life After Trauma: Powerful Practices to Reclaim Your Identity*, because it sums it up so perfectly.

One of the biggest problems after trauma is that you become so focused on the past that the future seems impossible to imagine. Yet constructing your post-trauma identity and reclaiming your life means imagining and then creating the future you desire. It is critical to start shifting your gaze away from pain, danger, and healing, and direct it towards something positive and constructive. Now is the time to create a blueprint for a future self that is exactly who you would choose to be. With that vision in place, you will know what you're moving toward; plus, you'll be able to identify what actions, experiences and alterations are necessary, for your post-trauma identity construction to reach its full potential.

So what I'm really talking about there, David, is the idea of being able to envision. Everything starts with being able to imagine, and imagination, as I put in Chapter 2, which is all the brain science, imagination is a great way to increase neuroplasticity. Neuroplasticity is how your brain changes, so the more we put in all the elements in Chapter 2, about how to help your brain change, the more you activate your healing potential. And I'm always saying that to people, you know. "You have enormous healing potential. The goal is learning to access it." So accessing it in this part of the healing process, creating the blueprint, is all about this. And this is another teeny-weeny little snippet from *Your Life After Trauma*.

There is a part of you that is not only willing for things to be different, but also has the vision for what that difference will be. Connecting to that part and its vision is essential.

And the first thing people always say to me is "I can't see anything." And I totally get that, because in my own process—and I didn't have anyone guiding me through this—I sort of made up the identity construction process as I was going along. But then when I refined it and started using it with clients, it was very interesting to see, "oh, they all get stuck the same place as I did." So, for example, when I say to people, "You need to have a vision for who you want to be when this is all over." And they got stuck the same place as I did, which is "I don't have a vi-

sion. In fact, when I close my eyes and try to see the future, there's nothing there."

In my first book, which is all about my memoir of trauma, PTSD, survival and healing, *Before the World Intruded: Conquering the Past and Creating the Future*, there's a whole chapter called Blank White Canvas, because literally when I tried to create this new identity or envision who I was going to be, all I saw in my brain was just this big blank white canvas. There was nothing there. And so, in *Your Life After Trauma*, the whole part of creating this blueprint starts, really, by being able to envision what it is that you want. And there's a great exercise in the book to actually walk you through creating a picture in that empty blank white canvas. Once you create the vision, then there are a series of steps: learning to make choices; learning to take actions; learning to prioritize what has to be done and when, so that you methodically put yourself through a strategy that keeps you moving forward week after week. One of my favourite things in all of my work with clients, whether private or in our groups, everybody gets homework. And it's not like "go read this novel this week," or "cover five chapters in a textbook." It's literally tied to some identity construction process. And they have to complete something each week, or they have to attempt it. Because sometimes we attempt stuff and it doesn't work, and we have to sit back down and say, "Okay, why didn't that work? How are we going to do it another way?" But the real process, David, to sum up, answering your question, is to create the vision, and then design the strategy that will allow you to move toward it step-by-step.

Dr. Dave: Well, I get a tremendous sense of enthusiasm just listening to you, that comes through, and I would think that would be a tremendous healing factor in the people that you work with.

Michele Rosenthal: You know, I think, that's so critical and thank you so much. That's an enormous compliment. One of the most disturbing things that I've seen in the work that I do is how many people come to me after having been told that they can't heal. And Dorothy, who I referenced earlier, when she first came to work with me, the first thing that we connected over was an email she sent me saying, "I love the HealMyPTSD.com website. I just want you to know I think you're doing a fantastic job, but I've been struggling with PTSD since I was a little kid. It's never going to get better, and I'm going to kill myself." I immediately wrote back, "Please

wait. And let's talk before you make that decision." I got her on the phone, and I said to her "That's just so drastic and there's no reason to do that. We can make a difference, together, you and I." And she said a couple of things. Number one, she said, "I have no money, so I can't work with you." I said, "I don't care. We are going to save your life."

Dr. Dave: Wow.

Michele Rosenthal: And I worked with her pro bono for a year and a half (laughs) because it was just so meaningful to me. The second thing she said really broke my heart. She had been working with a psychiatrist and a psychologist for ten years. And they had both told her, "PTSD cannot be healed; you just have to learn to live with it. We're going to increase your medications." And she was on a cocktail of three medications. And that, to me, was heart-breaking, because someone's telling you you can't heal—someone in an authority position, who is trained and who is educated more than you—as a survivor you already feel less than, so the people that you look up to hold a huge amount of weight.

So to work with a psychiatrist and a psychologist who are telling you flat-out, "You will never heal", you won't ever heal, because you're not working with somebody who believes you can, which means you will never believe you can. And accessing your healing potential starts with hope, and then merges with belief, and I'm not saying every single person is going to come out of trauma and PTSD and, you know, be the be-all, end-all of the recovery poster child. But I do believe every single one of us has this enormous healing potential and we just have to figure out how that's going to show up and what changes that is going to create. And so it's critical to work with someone who believes that you can feel better because if the person who's supposed to help you doesn't believe that, how are you supposed to?

Dr. Dave: As we wind down here, I wonder if there's anything you'd like to add by way of summary.

Michele Rosenthal: I would. I would like to say two things. The number one thing is to develop that sense of hope. And it is the one thing that will sustain you throughout your whole recovery. There was my trauma memoir that I wrote, *Before the World Intruded* and my editor wanted it to be entitled *From Death's Door to Dance Floor* because there was this

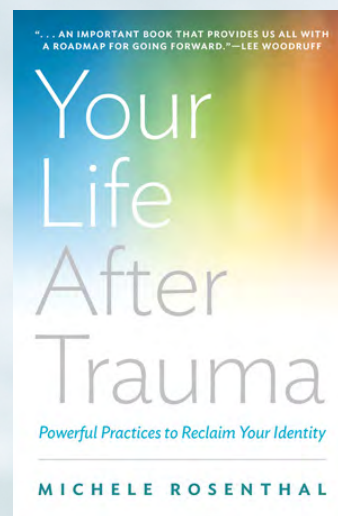
death moment and then, this enormous recovery. I didn't care for that title, but it does show the arc, and how do you get from death's door to a dance floor of joy? How do you get there? You only sustain your healing momentum as much as you're willing to hope that something can happen. And so, the thing that I would leave everybody with, is most of all, don't worry about being able to forgive, or being able to believe, or you know, being able to stop any of your symptoms.

Most of all, remind yourself, inside yourself, stay in touch, in connection, with that tiny little part of who you are that really, really hopes. Because it feels like a tiny part of you that hopes you can feel better, but that hope, the strength of it, is enormous. So that's the first thing. And the second thing I would say is to find people to surround yourself with who believe in you—that is critical. Whether that's family members (although not everyone has a family that's that supportive), or friends. You can create your own family by choosing people who support you. Colleagues, professionals, forums—you know, the Heal My PTSD Forum I'm so proud of because we're very positive and we are a family. I joined a lot of forums during my PTSD recovery and they could be pretty toxic. But the Heal My PTSD Forum is totally anonymous. Everybody has their pseudonyms, but they're so real and so connecting, and they're in there everyday giving each other the compassion and the empathy and the support, and the cyber hugs that really make a difference. So I would say find ways to create a community of your own, whether that's three people or thirty people, so that you feel less alone in the process, because it's very lonely. Trauma is very lonely, the post-trauma life is very lonely, and healing is lonely. So the less lonely you can make it, the more connecting you can make it, the easier it will be to move through a difficult process.

Dr. Dave: Okay. Well, Michele Rosenthal, you've been a delightful guest, and I want to say thanks for being my guest on Shrink Rap Radio.

Michele Rosenthal: Thank you so much for having me, and you know, David, more than that, thank you so much for caring about this. Because it's on the fringe of what we think about in terms of approaching trauma recovery, and yet, I think you can hear, as you have noted, my passion for this, and as a survivor who's moved through it, having lived it. I just deeply respect and appreciate your understanding the significance of the identity component.

*Adapted from Shrink Rap Radio #442, February 12, 2015, Reclaiming Your Identity After Trauma
(Original transcription by Paula Bautista)*



"This book is fantastic . . . I can say with certainty that [it] does live up to its promise and more. Readers will gain an understanding of how trauma affects their identity through moving, true-life stories. The book also provides insight into the science behind PTSD symptoms. . . . [R]evolutionary . . . What makes this book stand out is that it . . . truly helps readers to create a blue print of their future selves."
— *Psychology Today*

"Your Life After Trauma . . . is a heartfelt and intelligent guide to finding yourself after trauma takes away your sense of security, control, and identity. . . . [T]he author's approach to trauma makes identity the key to unlocking the power to heal and her book, which does double-duty as a workbook, offers a broad range of valuable insights and compassionate advice. . . . Therapy Soup gives Your Life After Trauma 5 Cups of Soup out of 5, because it offers thoughtful, practical, and grounding advice for trauma recovery." — *PsychCentral's "Therapy Soup"*

"This book would be especially useful to therapists whose clients are willing to work to overcome their PTSD, but prefer to be more self-directed. Therapists can extract individual exercises to assist in servicing their clients, or even create their own exercises from ideas/concepts found in the book." — *Somatic Psychotherapy Today*