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InVisible InCourage LIVE with Guest Michele Rosenthal – My Trauma Coach
Invisible Disabilities® Association
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[Waiting for meeting to begin.]

Kellie Pokrifka: Hello! Welcome back to the Invisible Disabilities Association. I'm Kellie Pokrifka and here with Michele Rosenthal of My Trauma Coach. Tell us about yourself.

Michele Rosenthal: Thank you for the invitation to talk about something I'm passionate about. Being someone who has lived with invisible illnesses, it's so important to talk about what that lifestyle is and how we can do it in a way that we live the best life possible.

My invisible journey started in 1981. I had an allergic reaction to a prescribed medication. I don't know how to describe. The easiest way to describe is I became a full body burn victim. My body couldn't metabolize the medication. I spent several weeks in a burn unit. When I came out of there, medical skin issues looked different than burn issues. I don't look like a burn victim. It allowed for the first two layers of skin from head to toe. I knew I was going to be OK. I had scars and lingering issues, but my mind and personality weren't the same. I felt lost and frightened.

That kicked off almost 30 years of post traumatic stress disorder that went largely undiagnosed. I lived in a dual world, where I acted like I was normal and belonged but knew in my mind that things weren't good. I struggled with anxiety, fear, depression, nightmares, insomnia, grief, loss and things that people can't see that distort who you are. That launched a long time of being one person on the inside and living as another person on the outside.

Kellie Pokrifka: So many of us with chronic illness live with PTSD but don't think about it. With the general idea of PTSD, you think almost exclusively military. We acquire it from other things. That's a conversation we need to have.

Michele Rosenthal: I'm glad you're starting there. When I was 13 in 1981, no one was looking at a civilian kid with medical trauma as a PTSD candidate. PTSD just became a clinical diagnosis in 1980 and only applied to Vietnam veterans. No one said anything or recognized that that was what I was struggling with. People find ways to explain, excuse or sweep under the rug what you're doing. For a long time, I was a difficult adolescent.

I'm a writer and visual artist. Then I became a temperamental artist. There was always a way to describe behavior without knowing the root cause. You know from your own journey that people don't always understand what's happened. In the PTSD world, that didn't really become something the media was up to speed about until around 9/11. Then, many more people that were not in the military were affected. It became a more national topic. Until then, it was really solely envisioned as a military issue.

Today, the largest group of people with PTSD are civilians.

Kellie Pokrifka: Interesting. How did you treat your trauma, or was that not something of concern?

Michele Rosenthal: Some people would. I came out of trauma and wanted a couple of things. On an

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unconscious level, trauma survivors need a sense of safety and feeling of control. We're not always aware that that's what we're striving for. We use coping mechanisms because we don't feel safe and feel out of control.

Before I was released from the hospital, my mother brought a psychiatrist to talk to me. Trauma affects the hemisphere of the brain where language is. You can't always find language to express emotion over highly emotional experiences. I felt I needed to be straight jacketed. I felt such enormous anxiety that I didn't know how to cope. Think about yourself. What coping mechanisms did you have at 13?

Kellie Pokrifka: None.

Michele Rosenthal: My nephew is 6. His school is teaching him meditation and yoga. He's annoyed that other students won't let him concentrate so he can do tree post. Imagine the coping skills he'll have at 13. I wanted to be seen as brave and courageous. The thought the only thing to do was pretend nothing happened and that I was OK. Smile and fool everyone. I didn't go into treatment. When my mother brought that psychiatrist, I couldn't talk about it and they left. It seemed there was nothing to do. I think that's a shame.

When I work with people who don't feel comfortable talking, you need someone to talk and educate to give you language and show context. Then you can step in to take on and use it to open yourself up. I wonder what would have happened if the psychiatrist did that for me. Instead, I was locked in my own prison and didn't talk about what happened for 17 years. It took a long time to get the help I needed.

To answer your question, I didn't get that help until almost my 30s and only because I hit rock bottom and my life was in danger. There was nothing to do but get help at that point. My passion is helping people heal faster than I did so they can get on with life. I lost almost 30 years to a condition that's wholly treatable only because I didn't have the right information and guidance.

Kellie Pokrifka: It's so cruel. There are so many lost decides to something you could have done.

Michele Rosenthal: Who would I have been if I didn't take that detour? Then you have to pull yourself back. We wouldn't make the meaning we're making and doing things that matter in the world if we hadn't been forced through the experiences we had. I hate platitudes. I don't like applying them to trauma, but I also think it's important to appreciate who we've become because of the courage we've been forced to develop. That matters, too.

Kellie Pokrifka: That definitely matters. When you see people, you don't talk about trauma directly?

Michele Rosenthal: No.

Kellie Pokrifka: That's so wild!

Michele Rosenthal: Total transparency here. When I finally went into recovery, I was struggling with an

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eating disorder, down to 100 pounds, sleeping no more than 1.5 - 2 hours a night, had no job, had no friends, isolated all the time and couldn't sustain a romantic relationship. Things were bad. I went into therapy. We talked about it. Talking about it is important. We reclaim our power when we can tell our own story rather than our story telling us. There is value in finding the language.

In problem is we're in a society that has a model where if you talk about it enough, you'll feel better. From a scientific perspective that I know now but didn't then, that's wrong. Five years about talking trauma that happened then brought me to a worse place mentally, separately, emotionally, etc. All rounds were a hot mess.

That's why I moved to Florida from NYC. I had to sit on a beach and figure out how I ended up here. From my training, I know that when we talk about anything good or bad, the brain activates pathways related to that experience. That's how it pulls information. The brain keeps you safe and learns quickly because it needs to keep you safe and adapt on a moment's notice or millisecond.

Every time we tell the story of our trauma, we activate the neural pathways and learn how to do it even faster. You may have already heard this. One of the mantras of the brain is neurons that fire together wire together. When you tell the story, those neurons combine even more tightly. Now, you're training your brain to tell and activate your somatic and psychological experience faster and stronger. I talked about it for five years. I was a disaster.

Kellie Pokrifka: Yeah.

Michele Rosenthal: When I came out of recovery almost 15 years ago and was wholly healed, the world was in technicolor. I slept 8 hours a night, had no nightmares, put on weight, found friends and felt joyful. When we understand how the brain works, we can understand a lot of ways to heal. Some are faster and less painful than going around and around in the loop of our own story.

That's when I decided to get training to help people. I can work content free. You don't have to tell me the story. I work with a lot of veterans who refer buddies to me because they don't have to talk about it but feel better when done. We can heal without making ourselves feel so horrible in the process.

Kellie Pokrifka: That sounds incredible. How is that possible? What happens?

Michele Rosenthal: We rewire the neural pathways. The brain is designed for change. Neural pathways are links. If you go for a run, you tie your shoes. Your brain has a strategy to tie your shoes. You have neural pathways and don't think about it. You tie your laces. Every time you tie your laces, that trains your neural pathway even more. It becomes more of a habit.

Say you're never tying your shoes again. Years go by, and you never use the neurons to tie your shoes. This is another mantra of the brain. It's all about real estate. The brain is neural pathways in use. If it isn't in use, it's pruned like dead meat or limbs on a tree for new growth. The brain trims neural pathways that can be trimmed and used for new neural networks.

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We use that for trauma recovery. We can install new neural networks related to healing. You don't even feel it. It has to do with changing how the brain rewires and represents memory of the trauma. Can you just wipe out the memory? Ethically, we'd never do that. You need to remember who you are and how you got here.

You have the welds of trauma. There is you and trauma. They come together. In healing, we break that traumatic weld by rewiring the brain so you can remember what happened, but it has zero emotional charge around it. Without getting too technical, the brain encodes all experiences through your five senses - sight, sound, smell, touch and taste. We have three dominant senses - sight, sound and feeling (touch).

If we change how the brain encodes the memory through the three most dominant senses, you can remember the trauma but feel completely different about it. For 17 years, I couldn't talk about what happened. For the last 5 years, I did not but share my story through Stages Across America. I can remember everything, but I've taught my brain to optimize and rewire itself so the traumatic weld, all of that intense emotion that was wired in, was pruned away. I'm left with just the memory of what happened and feel neutral, calm, and comfortable.

I hope that explains it without getting too technical but dipping the toe into the science so you understand how it works. That's one process on a conscious level. We can do that work. That's a lot of neural linguistic programming. Neural means the brain; linguistic means we use language to program the brain. That's what I just described.

I'm licensed in hypnosis. I can tell the subconscious mind what is. The subconscious mind is 88% of your brain. We're talking in the 12% of your brain that's conscious. It feels like so much of who we are. 12% is the rational, analytical short-term memory. 88% is your long-term memory, thoughts, feelings, emotions, sensations, and beliefs. The subconscious mind's job is to keep you safe.

Here are two problems. The subconscious mind doesn't understand the concept of time and that that trauma was over 30 years ago because it only exists in the present moment. Problem two is the subconscious mind doesn't speak in language; it speaks in story, metaphor, symbolism, icons, etc. It doesn't speak in rational language. It speaks the language of feeling.

If a large part of your brain is stuck in a frightening moment and still experiencing those feelings, not understanding the moment has stopped and its job is to keep you safe, imagine what happens. You can talk all day and say you know it happened 35 years ago. You and a huge part of your audience know you can say analytically that it happened a long time ago but still feel anxious. It's underlying everything. The subconscious mind thinks it's still happening. That arousal to survive perpetuates it over and over.

You can rewire both at the same time. You can put these modalities together, and it's incredibly powerful. We're essentially telling the subconscious mind that the story is finished and how to resolve it so it understands that the need for safety has been met. Everything is OK. When you wake up the next

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morning . . . I've written 3 books. The first was an award nominated memoir of my own story.

One chapter was "weird state of bliss." I didn't believe in hypnosis. After the first time, I slept for 8 hours with zero nightmares. I was beside myself. I didn't know people felt that calm.

Kellie Pokrifka: You're a human again.

Michele Rosenthal: We get so used to how we're coping that that's what we think is normal. It's not. It's how we've adapted. There is often a way to live that feels way better. We just forgot that was possible.

Kellie Pokrifka: Incredible. How do we find that kind of help? Where do we go? How do we start that journey?

Michele Rosenthal: There are many ways we can go. Referrals are great. I went to my physician. I knew I needed modalities and didn't need to talk about it. I was talked out. I needed modalities where I didn't need to talk and wanted to try hypnosis. I went to my physician and asked for a recommendation. I didn't get much, but some physicians are good at getting referrals. I Googled "hypnotist near me." I interviewed seven of them before I made an appointment. I wanted to feel comfortable and make sure they had the right training.

Referrals from a trusted source or friend. Google . . . you know you want to try something off the beaten path. Those are good sources. Reaching out to organizations like yours and others, whether that's PTSD, traumatic brain injury, or an autoimmune disease that I imagine - that's another invisible courage element - communities are a great resource for founding what you need.

Kellie Pokrifka: Interviewing practitioners is an important part. We're getting their services. If they don't believe in our recovery, we don't owe them anything. We need to find someone who will be there, hold our hand, and belief in the journey. Is there anything you should be asking?

Michele Rosenthal: Let's make it general. Every modality has a governing body. Hypnotists have the National Guild of Hypnotists. Do research on the governing body website. They have guidelines for how to interview a practitioner about trainings, etc. I didn't know that then. I just Googled and found seven practitioners within 45 minutes of me. I read their websites and called each one. I systematically called each one.

One refused to talk to me. "You can make an appointment or not." OK, not you. One was so wired. I could barely breathe. Not her. I made a list of what was important to me. What was their training? I didn't know how to discern it but wanted them to explain it. I wanted to know their experience working with what I was struggling with, trauma and post-traumatic stress disorder. I wanted to know their approach. How would they start working with me and help me?

Honestly, I just winged it and made it up as I went along. I narrowed it to two people, a woman who told me when I asked the question you asked earlier "how long will this take" - we all want to know. It's not like

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we have bronchitis and feel better with medicine in 72 hours. If a practitioner guarantees you'll be done in 4 sessions, high tail it out of there. No one can guarantee that.

This woman said, "I don't know how long it will take. We'll take it one week at a time at a pace that's comfortable for you" and a man who said, "We'll start at 9 AM and continue until we're done." I asked if that meant we could still be working at 9 at night. I couldn't handle that. That's insane. That was the last person I crossed off my list. I thought, great! Let's take it one day at a time.

Do research about the modality. What are your questions about the modality and what you feel is most important for you to feel safe and comfortable trying something new? What questions do you need answered so you feel safe and comfortable doing something new?

Kellie Pokrifka: Great answer. You've done so much, learned so much and can advise other people on this question. Through your darkest hours and toughest days, what gives you the courage to make it through one more day?

Michele Rosenthal: I'll be honest. I wasn't always good at this. There's always been a tiny voice in me. Sometimes, it wasn't a voice but a feeling or hope. There is something better than the moment I was in. The thing that made me keep going was the tiny flame of hope that, if I can make it to the next moment or day, something will get better. If I can keep showing up, take one action, and make one tiny choice . . . a lot of times, we get overwhelmed because the pictures in our mind are too big. The moment is too horrible. Everything about it is too enormous.

In my own self, I learned to make it small. What's one tiny thing I can do to get through this moment? It's sometimes focusing on my breath. For a long time, I wish I could die. The day I decided I wanted to live, I got a puppy. One of the best decisions I ever made. That puppy connected me to something good in the world. That's another thing.

Find something that it feels good to be connected to, whether that's an animal, person, place or activity. For example, I knew that the emotional pain and anxiety I was in disappeared when I danced. I signed up for a class every day of the week. I didn't sleep, so I didn't do anything in the morning. I moved to a tiny beach town. To survive, I needed to do something that felt OK. If I get lucky and it feels really good, that's awesome. Let's just shoot for a few moments to be me. If I can do that, I have courage to get to the next moment.

I decided I was going to dance. I was thinking New York City. There's a club open every night. This will be easy. Then I was reminded that I went to a tiny beach town. I went to all the dance studios in the three towns near mine. Every day, I signed up for a different class - cha cha, salsa, etc. It was ridiculous. I danced every day for 6 months. The amount of courage I developed because I could depend on that class to connect me to something good brought back the life force and joy. It's not like it lasted. The class ended, and I was right back to where I had started.

Over the period of 6 months that I started dancing, I slept better and had a more helpful attitude and

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mentality. These things feed your courage. With all of my clients, it's one of the first things we do, identify something we like to do and feels good and do it for 30 seconds a day. The brain develops new neural pathways in 17 seconds. I'm an overachiever. I want you to do it for 30 seconds. Let's make sure the neural pathways stick.

Kellie Pokrifka: Thirty seconds is manageable.

Michele Rosenthal: I have a person who likes to wave ride, ride horses, crochet and garden. Everyone has their own thing. When you're depressed and feeling lousy, it's hard to do that. You can do anything for 30 seconds. Once you do it and it feels good, you do it for 30 minutes. Courage starts to bloom because you're tending and nourishing it, giving it time to come forward. It comes because you're connecting with something deep in yourself that feels good about being you. That's the seat of our courage.

The more we can expand that the more opportunity we have to heal and cope on a much higher level.

Kellie Pokrifka: That was fantastic. This is such an incredible interview. We'll have all of your books and website listed in the Facebook comments. This will help so many people. They'd love to read more into you. This is incredible. Thank you so much for this.

Michele Rosenthal: Thank you for watching. Put questions in the comments. I'm going to hop into the group. Let's start a dialogue. We don't heal in isolation. We heal in community. Kellie and others have created a community. Courage is in community and that connection between all of us. If there is one thing that I've learned that has stuck with me more than anything, it's the knowledge and truth that we are all individual in our trauma. We are all individual in our healing. In the space in between, we are completely universal. It's in that space that we can create a courage center that we all contribute to and are supported by. Thank you so much, Kellie and team, for having me. This is an important conversation. It's my honor to be part of it.

Kellie Pokrifka: Thank you, Michele, and thank you all for tuning in.

Michele Rosenthal: Have a great night.

[End of Facebook live meeting.] [5:36 PM ET.]

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