



Overcoming Chronic Self-Rejection to Heal from Chronic Pain

An interview with Michelle May, LPC
on Back in Control Radio with Dr. David Hanscom

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Babs Yohai: Hello and welcome to Back in Control Radio with Dr. David Hanscomb.

Tom Masters: Hello everybody, and welcome to another episode of Back in Control Radio with Dr. David Hanscomb. I'm your host, Tom Masters, and our guest today is Michelle May. She's the chair of the intensive short-term Dynamic Psychotherapy Core Training Program at the New Washington School of Psychiatry in Washington DC.

She's a licensed psychotherapist specializing in I-S-T-D-P with a private practice for adult individuals and couples. In Arlington, Virginia and Washington, DC She's also the author of the new book. What I Couldn't Tell My Therapist, the Truths We Told To Heal Our Lives. She's passionate about educating professionals and the public about intensive therapy.

Welcome.

David Hanscom: Thank you Tom. I'd like to welcome Michelle May to our podcast and she's the chair of the intensive short-term Dynamic Psychotherapy Program and new at the New Washington School of Psychiatry in Washington DC. She's a licensed psychotherapist, specialized in an I-S-T-D-P. A private practice for adult individuals and couples.

She's in Arlington, Virginia and Washington DC and she just wrote a new book. She just sent it to me, which I read. Part of it called What? I Could Not Tell My Therapist. The Truths. We need to Heal Our, I'm sorry what? I couldn't tell my therapist the truths we told to heal our lives. So I'm interested, I'm gonna learn something today.

Colleague of mine is Dr. Allen Abba, who is one of the founders of I-S-D-D-P. Is he not, or not necessarily?

Michelle May: The founder of I-S-D-D-P or really much like the discoverer was Dr. Habib Daven, but Alan trained with him for I at least two decades. Okay. At McGill. So Alan now is one of the leaders of our international community For sure.

David Hanscom: So Alan Abbot is a psychiatrist in Halifax. Is that where he is at? Michelle, that's

Michelle May: right. Yep. At Dalhousie. Yep.

David Hanscom: So he's been on this podcast before. And there's also person, university of Washington that does I-S-D-D-P. And my exposure is limited, except what I know is a very powerful way of helping people break through some of the barriers to healing.

And I wanna say one quick thing before we move forward is that. What we lean in, in the healing journey, whether it's mental pain or physical pain, is about engendering a sense of safety, which changes your body's chemistry. And a sense of threat could be from negative thoughts as well as physical threats tends cause threat physiology where your body breaks down.

So we try to get people to break through in the I-S-D-D-P, I think is a very powerful way of doing that. So I'm gonna show you, can you give us a little bit of your background, how you came into I-S-D-D-P and how you found it useful in your life?

Michelle May: Absolutely. I was at the end of my graduate training.

I'm a licensed professional counselor and have a master's in clinical mental health counseling. And I was nearing the end of my graduate program feeling very frustrated that these types of therapies I was learning just did not feel like they got to the depth. And in seeing my own patients at that time, a lot of my own patients would even say.

Okay. What you're doing just feels like a bandaid when I'm dealing with a heart attack here, and I remember just thinking, yeah I feel the same way. And so I wasn't finding what I wanted, and then thankfully, I. At the end of graduate school, I had a professor who specialized in I-S-T-D-P, and he drew the main components on the board, which is I'll never forget this moment.

Our deepest feelings related to attachment wounds, attachment traumas, adverse childhood experiences. Create anxiety that we might not be aware of and create this need for us to use these mechanisms that get us out of our discomfort and therefore also though away from our feelings. And that is what causes the reasons for which our patients seek help.

And I finally just thought, oh my, something finally gets at the deepest cause of this. And so you're not just treating symptoms. You're treating causes, and that was a massive breath of fresh air to me.

David Hanscom: So as far as your own personal journey, did you have you already gone through some, you ended up in mental health for a reason what was the story behind that?

Michelle May: At that point I had what I would refer to as your average types of therapeutic experiences. Some very caring individuals, but I never really felt like I was being deeply seen or attuned to. I didn't know. That's how I felt. It really translated to me leaving these therapists and feeling eh, that kind of lack of satisfaction, lack of clarity.

So when I but there was this one session I remember that I went to see a therapist who helped me deal with a difficult situation I had gone through with a friend. And it was a little bit on that road of EMDR. Okay. And I just had one session and I remember leaving and feeling for the first time a difference.

I felt relief. And that, I think is one of the things that got me thinking about becoming a therapist. And then when I was a sophomore at the University of Michigan, I remember walking by an old bookstore and there was a, just a plain book about psychology in the window. And I thought, wait a minute I wanna be a therapist.

And I just imagined me sitting across from somebody else and I thought, that's my place, that's what I wanna do. And that was years before I discovered I-S-T-D-P.

David Hanscom: Can you explain a couple things about, when you say traditional therapies weren't initially you feel like they weren't that helpful, can you give a general explanation of what those therapies are and why they weren't helpful?

Then what specifically? I-S-D-D-P is and why it's different.

Michelle May: Yes. A lot of your traditional therapies what a lot of clinicians are trained in mindful based mindfulness based therapies cognitive behavioral therapy, dialectical behavioral therapy, these treatments are very helpful for a lot of people.

I. A lot of people's needs are met by these kinds of treatments. And of course, also the person of the therapist matters deeply in effectiveness too we don't simply wanna, boil it down to the kind of therapy. But for me these, the therapists I remember and my memory is pretty shoddy of those processes, probably because of all the stress and traumatic experiences I had been through.

They would simply talk to me and potentially just offer validation or repeat back to me what I was saying. And while I felt like I was talking to somebody who could hear me, I never felt like I was talking to somebody who could help me hear me in ways I couldn't. This is very, one of the special things about I-S-T-D-P is that it helps you get to the things you are not even aware of.

Because if our problems were all caused by these conscious processes all we would need to do is, read a Wiki article and we'd all be healed. I-S-T-D-P helps really get down to the underlying causes that we're not even aware of the way we treat ourselves and others that we're not even aware of.

And none of the other therapies I had been in had helped me do that. They didn't even touch it.

David Hanscom: Can I ask you, we talked about prior trauma, you've mentioned that a couple times. What were you having Symptoms, anxiety, depression, chronic pain. What were some of, what were the reasons you were seeking help?

Back when and about what age was that?

Michelle May: Yeah, I, most of the reasons why I reached out to different therapists was just because I genuinely was feeling a strange sense of loneliness.

David Hanscom: Okay.

Michelle May: And I think a curiosity about what it would be like to talk to somebody who really cared and could connect.

What's interesting is that a lot of my symptoms that were caused by adverse childhood experiences, for example. I was not registering as something a therapist could help me with. For example, I remember my sophomore year of high school. I went to boarding school when I was 14, so I've been living away. I.

From home since I was 14.

David Hanscom: What kind of boarding school?

Michelle May: It was an all girls boarding school in Connecticut. Okay. And I got very fortunate and actually when ended up going to a boarding school that had quite a caring atmosphere, they're not all like that. So thankfully I went to a boarding school with very caring atmosphere, but my, my home support system was not there.

I would develop these physical symptoms. I remember I would develop heart like pains in my chest. I would think I'm having heart problems. I need to right see a cardiologist or go to my primary care physician. And of course they, they didn't find anything wrong. And what I later learned is that I was so tense and stressed and anxious trying to be perfect and perform and keep up with an incredibly.

Intense. For example, boarding school environment and educational environment, all being raised with pressure to be a very specific certain way that I didn't even know to think. Something like pain in my chest was related to the way I related to my own humanity and emotions.

David Hanscom: So you were pretty self-critical?

Michelle May: Unbelievably self-critical.

David Hanscom: And is it, was it your parents making high demands from you or your teachers, peers, schooling system, or everything?

Michelle May: It was a mixture of things. One is you know how and where I was raised. I was born in Greenwich, Connecticut. And raised in an environment where excellence was the norm.

So you know, all a's. Very important looking a certain way, very important, speaking and appearing a certain way. Very important. So that's one way that I learned to be self-critical, but I think even more potent was the process of redirected. Anger. So for example, and we don't need massively traumatic childhoods for this to happen, right?

But we can learn that, it's not safe for me to be angry at my parents and it won't keep the connection that I have with my parents if I'm angry at them. And one of the brilliant ways we can learn to keep our attachments is by unconsciously redirecting that anger. Back to ourselves because that anger has to go somewhere.

It doesn't just disappear.

So it gets redirected. And for me, anger could not go outward. It was too risky. It wouldn't give me the bonds and the connections I desired. And so it would come back into me.

David Hanscom: So I can make a statement. I don't wanna get too far off topic here 'cause your story's very interesting. But I, you've heard of the phenomena of the golden child and I happened to be one of those people who didn't learn 'em until my journey was a lot like here I came, became a crazy spine surgeon, was just impossible.

Unmet demands. And my assumption, and correct me if I'm off base here, that I think. We know about the physical, sexual, emotional abuse type things, but I think unbeatable expectations is just as abusive or more abusive because you're always saying you're not good enough. Not good enough. And I think parents' job is to help the kids feel safe, and when you're not feeling good enough, you're never really safe.

Is that a fair statement?

Michelle May: I think that's very fair and I think in a lot of in, I think the link between safety and love is another important element. 'cause to feel loved is to feel safe. So if love is conditional or if love is something else in your family, like a big, part of the currency in my family was respect, right?

Respective one's. Resume, pedigree. What school? Oh, I see. Do you go to, right? And so respect was the love currency. And of course that's conditional. So I completely agree. And this is something that trips up so many people. I'm not allowed to have problems because I wasn't sexually abused or I wasn't physically abused.

And we forget to focus on a chronic rejection of self as something that drives a lot of our symptomology as adults.

David Hanscom: So you might know in medicine suicide is a big problem in medicine and it's based on, there's a direct link between ruminating thought patterns and suicide.

Other mammals don't necessarily commit suicide, like hemo suicide. I have 20 medical colleagues that have committed suicide.

Michelle May: Oh my goodness. And I

David Hanscom: was almost over 21. And so the self-critical perfectionistic voice drives doctors to be really. Way overachieving. We have stresses put on us that are unspeakable.

We're never really appreciated for what we do. The sacrifices we make are unbelievable. And then what happens? It eventually morphes into sort of an entitlement thing that I've suffered this much, I deserve this. And so what happens? Doctors start out. They did a Compassion Start, Jefferson Compassion Index in pre-medical students, which is much higher than the average person.

And by the third year residency it had dropped way, way low because it gets crushed out of us. But I think the common theme here is this perfectionistic, self-critical voice that parent parents think they're caring, but as a child you don't hear it that way.

Michelle May: Not at all. It's a yes and

David Hanscom: right.

Michelle May: And it's the unrealistic, it's chronic, unrealistic demands.

David Hanscom: Correct. Yeah. So I think that's abusive. And abuse is a big word I realize for a lot of people. How can you say that? Again, if your parents' jobs make you feel safe, you're not safe. And we know mental pain is bigger of a problem than physical pain.

Anyway, that's a whole different topic. Going back to you, so how did you break outta that? I. Because I mean that I, I didn't, I thought being perfectionist was a virtue. I thought that's the only way you should be what broke through for you?

Michelle May: I love that you said that because it's true.

Perfectionism is lauded. When I learned I was a perfectionist, it was a good thing. Absolutely. As opposed to actually the definition of perfectionism is chronic self rejection. Yes.

David Hanscom: Can you say that again? I'm not sure I've heard that.

Michelle May: I'm just saying it now, right?

That, that really, if we think of perfection, the definition is just chronic self rejection because we can't achieve it. We can't achieve it, and per, and so all it does is it invites us to be caught up in this fallacy that what we're going for is actually achievable. And if we can't we are the problem, not the demands, not the people supporting the demands.

David Hanscom: Okay.

So how, so obviously you achieved a lot what. Where did you start making a distinct change? In other words, where did you actually become aware of the problem and started making changes? And I'm curious what actually caused the change to occur.

Michelle May: Yeah. So it was in stages as it almost always is,

David Hanscom: right?

Michelle May: I I would say it all began to shift after I graduated from the University of Michigan. I moved to DC for a job in IT consulting, which, oh my goodness, I did not wanna do. But my father's wish for me, and therefore my wish for me was to go in, Harvard Business School and become a consultant and then become a therapist, and I'd convinced myself this is, oh, sounds lovely.

So I become an IT consultant and I hate it, and only a couple months into my new job. I woke up in the middle of the night, two 30 in the morning, November 3rd. I'll never forget it, with the worst headache of my life. And to make an incredibly long story short, this headache didn't stop. Not once until, if I'm not mistaken, September, 2013.

David Hanscom: Almost a year,

Michelle May: It started in 2000 and seven and ended in 2013.

David Hanscom: You said it never stopped.

Michelle May: It never stopped. Not once. Not even once. So when people talk about chronic pain, we're talking about chronic never stopping. And so as you can imagine this was a total nightmare. I ended up the doctors couldn't figure out what was wrong.

Every now and then there'd be an incidental finding on the scans and, finally after six years, and the only thing working for me was narcotics. That's the only thing that allowed me to eventually realize I didn't wanna be an IT consultant. I quit applied to graduate schools. Went to graduate school.

I could not have done that without the prescription narcotics that my doctors gave me. So I have a kind of a different type of relationship with narcotics than a lot of other people do. Yeah. But, in 2013, I finally discovered a neurosurgeon who said, you've got a pretty decent Chiari malformation, which is where the back, for those that aren't familiar, it's where the back of your brain, this part called the cerebellum, hangs out of the bottom of your spine.

And so every time my heartbeat, it was banging against my cerebellum. So I had two cranies to fix this, and after the second one, my pain decreased by about 80 to 90%. Wow. The chronic pain finally, like it was no longer chronic.

David Hanscom: Wow.

Michelle May: However, pulling back this curtain alerted me to the fact that I actually were, was still getting headaches every now and then.

It wasn't until I went to an I-S-T-D-P therapist that I learned that those were caused by how I related to my emotions and mostly how I related to anger. So I had multiple causes of headaches going on at the same time, a very complicated picture. And so it wasn't actually until my I-S-T-D-P therapist that I learned, I'm doing this to myself.

I have these perfectionistic tendencies. I'm wound very tightly. I hide from myself. It actually was not until then, and I believe I was about 30 years old when that started, when I started to learn what I was doing to myself.

David Hanscom: And when did you break outta pain?

Michelle May: I broke out of pain probably about two years later.

David Hanscom: Okay. 1516.

Michelle May: Yeah, 2017, I, it also was actually I went to a couple of what are called Zen sen, silent Zen Meditation retreats. Okay. That helped me learn that my headaches were actually caused by an emotional component too. So there were a couple of factors that helped me.

David Hanscom: So if you don't mind, for the audience, let me.

I tell you my definition of emotions, which you may not agree with, but in we have this model called dynamic healing. Where of your stresses that your brain or the, or they call it the internal processor, has all these sensors that process your stresses can come out with a physiological state, either a threat or safety.

And again, the sustained threat is where it causes the problem and safety allows you to heal. So we define. Thoughts as input and emotions is what you feel and suppressing thoughts is a problem. Suppressing emotions is as much more of a problem. And so we know su, suppression is conscious suppression and repression is automatic.

And so this business of suppression, repression is a huge problem 'cause your unconscious brain is fire away all the time. Is that a fair definition from your perspective?

Michelle May: Yes. The only thing I might tweak in the way we work with emotions and I-S-T-D-P is to know that, something triggers this emotional system and that makes us have this anxiety that can cause us to have certain thoughts that try to actually regulate our anxiety.

And of course, thoughts then can go on and create further emotions. Yes I-S-T-D-P, the type of therapy that I do targets the unconscious repress repression of emotions in the body. Yes, absolutely.

David Hanscom: Okay I appreciate the background. We'll just be able to touch the service here.

We'll go more into more detail, just to summarize why you've been through a pretty harrowing experience of a lot of years of headaches that partially result relieved by surgery. And then we talked about, repressed anger, which I've always found in the healing journey that I've worked with people that when you're angry, your body's in fight or flight.

And so when you talk about anger, I put it in terms of physiology instead of psychology, the anger and anxiety are, or activated physiology. And so when you feel. Emotions, you're actually, your body's chemistry exerting its influence on you. It's not just imaginary symptoms 'cause the physiology creates changes in your body that does create physical symptoms.

So that's where the reason I state that, 'cause in my surgery world, people say that you're talking about, that's psychological. But if you look at the physiology is perfectly explained. So in fight or flight, your body's on fire. Your nerve conduction doubles. Your brain itself is inflamed.

And so to me, when you're suppressing emotions, you really find out the nervous system in a big way. Anyway, so you obviously went through quite a journey yourself, and I anxious to find out more about I-S-C-D-P, how it's different, how it breaks into this. But if I hear you correctly, in summary.

Repressed thoughts and particularly emotions simply cause symptoms. Is that a fair statement?

Michelle May: Exactly, yes. Repressed emotions related to our adverse childhood experiences can really, can cause symptoms. Absolutely.

David Hanscom: Okay. So you've written a book and do you repeat the book for me? I keep getting the title a little bit, tongue twist.

Michelle May: Sure. It's called What I Couldn't Tell My Therapist. The truth is we told to heal our lives.

David Hanscom: Okay. Nice. And then you're in private practice, but I know you told me before the podcast that you're pretty busy, but you're happy to take questions. Do you have a website people can access?

Michelle May: Absolutely. I can be accessed on my website.

Michelle M Ma. L-P-C-L-P-C stands for Licensed Professional Counselor, so that's Michelle m Ma, LPC. And I also can be reached amazingly enough. I started an Instagram account of all things a couple years ago to offer educational resources to people on these kinds of processes. So you can also find me on Instagram under the same handle.

Michelle m Ma, LPC.

David Hanscom: Great. Michelle, thank you very much.

Tom Masters: Thank you.

David Hanscom: I'd like to

Tom Masters: thank our guest, Michelle May, for being on the show today and cheering her journey to healing through the power of I-S-T-D-P. I'm your host, Tom Masters, reminding you to be back next week for another episode of Back in Control Radio with Dr.

David Hanscomb, and in the meantime. Be sure to visit the website at www.backincontrol.com.