Healing From Trauma Does Not Take a Lifetime

Inside: Post-Traumatic Growth Finding Hope in Adversity, By Nancy Jernigan • Cranial Electrotherapy Stimulation: Smoothing the Path to Post-Traumatic Growth, By Josh Briley • Resilience in Grief: A Journey of Post-Traumatic Growth, By Richard Citrin • Spiritual Change and a Transformed Life, By Don Middleton • The Experiential Path to Post-Traumatic Growth, By Frank Forencich • Delayed Onset Post-Traumatic Stress, By Jeff Jernigan
The mission of The American Institute of Stress is to improve the community’s health through education about how we naturally respond to internal and external stressors, and how to manage our stressors rather than allowing them to manage us. Our desired outcome is to master our stress in ways that lead to more peaceful, productive, and happier lives by providing evidence-based resources and tools that prevent disease and improve mental wellness.

Please visit our website, stress.org, for more information on our scientifically validated online stress assessments, educational courses, documentary films, our free podcast Finding Contentment, and free subscriptions to Contentment and Combat Stress magazines.

Information on membership can also be found on stress.org as well as how you can make a difference through your donation to this nonprofit Institute.
Contentment is a quarterly magazine published in Spring, Summer, Fall and Winter with news and advertising designed with the general public in mind. It appeals to all those interested in the myriad and complex interrelationships between stress and health because technical jargon is avoided and it is easy to understand. Contentment magazine is indexed by EBSCO and archived online at stress.org. Information in this publication is carefully compiled to ensure accuracy.
Editor’s Message
By Jeff Jernigan, PhD, BCPPC, FAIS

Post–Traumatic Growth Finding Hope in Adversity
By Nancy Jernigan, PhD, LPC, FAIS
Post–Traumatic Growth: Finding Hope in Adversity, the concept of Post–Traumatic Growth (PTG) and, in broad brush strokes, lays out what this is, how it works, and the hope it provides those who think there is no remedy for the stress, anxiety, and trauma injury they have experienced. Experiencing a traumatic event can transform someone’s life and facilitate growth. PTG rests on the theory that healing comes through adversity and gives hope and renewed strength. This strength can often be more significant than before the event or experience. Nancy recommends a five-step self-care plan as a tool for sustaining and building resilience, enabling quicker recovery from stress and trauma injury.

Cranial Electrotherapy Stimulation: Smoothing the Path to Post–Traumatic Growth
By Josh Briley, PhD, BCMAS, CCTP, FAIS
Cranial Electrotherapy Stimulation: Smoothing the Path to Post–Traumatic Growth, offers hope for those struggling with recovery from stress and trauma injuries. What it means to “get better” is described practically as getting unstuck from mistaken beliefs and embracing a change in perspective that offers freedom from preconceived notions. The biology and psychology of PTG are explained, leading to an understanding of the neurological changes experienced as symptoms of post–traumatic stress. What we think and feel is demystified to the point where what to do about it becomes clear. Traditional means of managing post–traumatic stress are reviewed, and a modern approach to treatment is introduced: cranial electrotherapy stimulation (CES).

Resilience in Grief: A Journey of Post–Traumatic Growth
By Richard Citrin, PhD, MBA
Resilience in Grief: A Journey of Post–Traumatic Growth moves the reader into his lived experience with post–traumatic growth. Facing the loss of two adult children within five years, he details the complexities of grief and how he and his partner drew strength from each other, their work, and their community. Taking different paths, they created new ideas to share with their clients and the broader community, transforming the tragedy into new learnings for themselves and others. This is a poignant, transparent, true story about loss, grief, and a search for answers. Their journey illustrates creative ways post–traumatic growth can be sustained, creating new resilience along the way.
Spiritual Change and A Transformed Life
By Don Middleton, DO
Resilience in Grief: A Journey of Post-Traumatic Growth, begins with his introduction of John sitting next to him in a 12-step program meeting. Only John was not his real name. Don has the privilege of becoming John’s sponsor and becomes part of John’s journey to sobriety. Don lays out how post-traumatic growth applies to failure in life and the consequences of addiction. Disease, including addiction, brings loss, anxiety, stress, and trauma into life in ways that require a process of recovery. Don describes recovery as a process and not a final destination.

The Experiential Path to Post-Traumatic Growth
By Frank Forencich, DAIS
The Experiential Path to Post-Traumatic Growth, takes us out of the specific personal details of PTG to the bigger picture of socialization and enculturation as human beings. His thoughtful piece reminds us of the wealth of knowledge we already possess about how the body processes stress and trauma, the wide range of bio-medical remedies available to us, and the anthropological need humans have to experientially determine through lived experience that the world is a friendly, manageable space.

Delayed Onset Post-Traumatic Stress
By Jeff Jernigan, PhD, LPC, BCPC, FAIS
Recovering from physical or moral injury is not a one-and-done event. It is a process of adding and extending benefits as we grow in understanding how our mind and body respond to stress and what we can do about it to amplify healing. This is true for childhood and adolescent anxiety and trauma, as well as adult and geriatric trauma. This article provides insight into healing, health, and hope post-traumatic growth can provide.
Stress and trauma injuries last a lifetime. They may diminish in impact over time, but you never heal totally from a stress or trauma injury. Wrong! Though some complexities of stress and trauma may take longer to recover from, healing is not only probable but possible in light of the advent of post-traumatic growth understanding. Post-Traumatic Growth (PTG) is a theory that explains the need for ongoing transformation post-treatment for stress and trauma-related conditions. There is healing that takes place during and after stress or trauma injury as a natural response of our body and mind in building resilience and moving us toward recovery. There is also continuing transformation as we implement a self-care plan.

Recovering from physical or moral injury is not a one-and-done event. It is a process of adding and extending benefits as we grow in understanding how our mind and body respond to stress and what we can do about it to amplify healing. This is true for childhood and adolescent stress and trauma, as well as adult and senior trauma. There may be medical and mental wellness challenges to overcome. Adapting nutrition, exercise, and sleep habits may be necessary. Medication may be helpful at some point. There are tools available that have been demonstrated to lessen fear and anxiety associated with stress and trauma. These realities have changed my life as a disabled combat Veteran diagnosed with Post-Traumatic Stress Disorder. The emotional pain is gone. All that remains are learned behaviors our children think are funny. This issue of Contentment Magazine explores these and other related remedies, offering a path forward to healing, health, and hope. Following are the introductions to the authors and their articles.

Nancy Jernigan, PhD, LPC, FAIS, is an internationally recognized leader and educator known for leadership development and developing healthy teams amid growth and change. She is the President and co-founder of Hidden Value Group, LLC, and serves as a Board Member and Finance Director for Olive Branch International, Inc. Together, the two organizations provide healthcare, education, leadership development, and family support in risk and conflict zones on three continents. Nancy gets personally involved internationally in teaching and training as a mental wellness expert, treating trauma and stress disorders. As an executive coach, leadership expert, and educator, she is passionate about developing and multiplying leaders. Nancy is also the co-author of Thin Spaces: Recognizing When God Breaks Through, which just released.

In her feature article, Post-Traumatic Growth: Finding Hope in Adversity, Nancy introduces the concept of Post-Traumatic Growth (PTG) and, in broad brush strokes, lays out what this is, how it works, and the hope it provides those who think there is no remedy for the stress, anxiety, and trauma injury they have experienced. Experiencing a traumatic event can transform someone’s life and facilitate growth. PTG rests on the theory that healing comes through adversity and
gives hope and renewed strength. This strength can often be more significant than before the event or experience. Nancy recommends a five-step self-care plan as a tool for sustaining and building resilience, enabling quicker recovery from stress and trauma injury.

Josh Briley, PhD, BCMAS, CCTP, FAIS, is a clinical psychologist providing mental health evaluations and treatment, helping people to overcome difficulties and live more productive, fulfilling lives. He is a board-certified Medical Affairs Specialist and certified Clinical Trauma Professional. Josh served as Clinical Education Director at Electromedical Products International, Inc. His experience spans private practice and working with prison inmates, Veterans, healthcare practitioners, and clinical support personnel.

Josh’s article, Cranial Electrotherapy Stimulation: Smoothing the Path to Post-Traumatic Growth, offers hope for those struggling with recovery from stress and trauma injuries. What it means to “get better” is described practically as getting unstuck from mistaken beliefs and embracing a change in perspective that offers freedom from preconceived notions. The biology and psychology of PTG are explained, leading to an understanding of the neurological changes experienced as symptoms of post-traumatic stress. What we think and feel is demystified to the point what to do about it becomes clear. Traditional means of managing post-traumatic stress are reviewed, and a modern approach to treatment is introduced: cranial electrotherapy stimulation (CES). This therapy is FDA approved for the treatment of anxiety, insomnia and pain, as well as depression in Europe and most of the rest of the world. It is a very effective means of facilitating the progression from post-traumatic stress to post-traumatic growth.

Richard Citrin, PhD, MBA, is a leadership and organizational psychologist whose career includes clinician, business entrepreneur, health care executive, and now a consultant helping organizations improve the performance of their employees and the success of their businesses. His 2016 book, The Resilience Advantage, co-authored with Alan Weiss, discussed ways organizations create a culture that moves away from the blaming mentality of stress management to an empowering mindset of resilience. Richard’s most recent book, Strategy Driven Leadership (2020), written with Michael Couch, provides an action playbook for how organizations can develop leaders focused on driving their business strategy so that their leadership grows the business and their professional skills.

Richard’s article, Resilience in Grief: A Journey of Post-Traumatic Growth, moves the reader into his lived experience with post-traumatic growth. Facing the loss of two adult children within five years, he details the complexities of grief and how he and his partner drew strength from each other, their work, and their community. Taking different paths, they created new ideas to share with their clients and the broader community, transforming the tragedy into new learnings for
themselves and others. This is a poignant, transparent, true story about loss, grief, and a search for answers. Their journey illustrates creative ways post-traumatic growth can be sustained, creating new resilience along the way.

**Don Middleton, DO,** is a board-certified Family Practice and Addiction Medicine physician at internationally renowned Meadows Behavioral Health in Arizona and director of The Dunamis Initiative, a Christian 12-step program encouraging churches to become more involved in an addiction recovery team effort. He is enjoying long-term sobriety, and that, along with his medical experience and deep faith, have uniquely qualified him to educate, equip, and encourage churches to address addiction as a significant cultural problem. His passion is to care for, disciple, and mobilize those most affected by addiction. Don is the author of *The Dunamis Effect,* taking the decades-old 12-step Program and bringing it up to date with advances in addiction medicine. More information is available at dunamis-initiative.com.

Don’s article, Resilience in Grief: A Journey of Post-Traumatic Growth, begins with his introduction of John sitting next to him in a 12-step program meeting. Only John was not his real name. Don has the privilege of becoming John’s sponsor and becomes part of John’s journey to sobriety. Don lays out how post-traumatic growth applies to failure in life and the consequences of addiction. Disease, including addiction, brings loss, anxiety, stress, and trauma into life in ways that require a process of recovery. Don describes recovery as a process and not a final destination. John becomes Lawrence, his true self, and moves into a new life of possibilities.

**Frank Forencich, DAIS,** is a health, wellness, and fitness consultant and contractor. He is co-creator of an innovative training method, GoAnimal,® and a writer and speaker on health, stress, functional fitness, and human predicament. Frank has traveled to Africa several times to study human evolution in ancestral environments.

Frank’s article, The Experiential Path to Post-Traumatic Growth, takes us out of the specific personal details of PTG to the bigger picture of socialization and enculturation as human beings. His thoughtful piece reminds us of the wealth of knowledge we already possess about how the body processes stress and trauma, the wide range of bio-medical remedies available to us, and the anthropological need humans have to experientially determine through lived experience that the world is a friendly, manageable space. Frank unpacks the social physiology of this process, taking us back to the basics of managing our stress.

As editor for *Contentment Magazine,* I have enjoyed interacting with these authors while preparing this issue for publishing. Each unique perspective on post-traumatic growth brings other universal health and wellness concepts. This helps us understand that PTG is not a “thing” but many things working
together to extend and amplify recovery from post-traumatic stress.

We have gone from the big picture to the details and back again, from overarching concepts to personal experiences and from children to adults experiencing stress and trauma. The last article, Delayed Onset Post-Traumatic Stress, features a 91-year-old man experiencing post-traumatic stress, having never experienced or recognized any symptoms for nearly eighty years. No matter the age, now is the best time to focus on post-traumatic stress recovery.

Thank you to our authors for writing and our subscribers for reading! May health, healing, and hope be your experience passed on to others.

Jeff Jernigan, PhD, LPC, BCPC, FAIS
Post–Traumatic Growth
Finding Hope in Adversity
Post-Traumatic Growth (PTG) is based on evidence revealing progressive healing comes through adversity and gives hope and renewed strength in a greater measure than before the trauma.¹ The process of post-traumatic growth is a psychological change an individual experiences as they wrestle with traumatic or highly stressful life circumstances. The process is necessary as an individual deals with trauma and struggles to find the strength to grow, change, develop, and thrive in new ways so their life can be even more productive and meaningful in the future. The struggle to thrive and grow is an important element of the process and usually involves added people in one’s life to encourage this growth. The term was coined by Lawrence Calhoun and Richard Tedeschi, two psychologists at the University of North Carolina at Charlotte, in 1995.² The event’s severity only seems to catapult Post-Traumatic Growth. Everyone is looking for hope. We all need hope and the ability to look to the future for good things to come. PTG is full of hope and a critical benefit of mental health and wellness findings.

Mental wellness can be both preventive and responsive. PTG only responds to major crises, traumatic events, or highly challenging life circumstances. Experiencing a traumatic event can have a transformational role in someone’s life and facilitate growth. What is clear is that conscience work to grow is needed to obtain an outward benefit after the traumatic event or multiple events they wish they did not have to endure. Significant growth usually begins one to two years after the trauma, depending on the event. Most of the intense emotional processing from the tragedy is over as new change and growth develops. Trauma, mass violence, disasters, and pandemics all bring about the need for recovery. These types of traumatic events trigger a greater need for mental health attention, therapy, and growth strategies. An individual’s mindset is paramount to their growth.

PTG focuses on five key domains: personal strength, new possibilities, stronger relationships, appreciation of life, and spiritual change and growth. PTG will significantly increase an adult or child’s ability to grow, build greater resilience, and become even stronger than before the event. PTG has the greatest effect when an individual is convinced their life has many possible positive future outcomes. Resilience is integrated into the concept of post-traumatic growth and forms before the event. Resilience is a part of an individual’s makeup and an element that can be learned and developed. Components of resilience already exist in a person’s personal development, yet the theory of PTG is meant to be a focus following a traumatic event. The five domains of PTG are:

1. **Personal Strength** – Personal strength is innate, inborn, and developed throughout one’s lifetime. When
individuals decide to increase and build upon their strengths, they can do so with a specific program or emphasis in life. Growth can happen in many ways, including a self-care program. Personal strength can also be developed through a stronger identity, focus, and resilience in all aspects of life. Personal strength involves developing a self-care program in physical, social, mental, spiritual, and emotional health.

2. New Possibilities in Life – New possibilities include having a positive and growth-oriented vision for the future. It means having a picture of good things to come that currently does not exist. Whether in work, relationships, or personal life, new growth is experienced through change and conceptualization.

3. Relationship with Others – Relationships are key to having a strong mental health and wellness perspective. We need others to share life and engage in conversation and meaningful activities. Friendships and working relationships help us grow and learn new skills, activities, and concepts. The gift of processing or talking through what has happened in our lives is critical to better health, and in a therapeutic setting, it is called cognitive processing. We need strong attachments in life to be healthy and vibrant. Attachments give purpose, meaning, and stability to one’s life. They are a grounding emotional force for good, growth, and decision-making.

4. Appreciation of Life – To appreciate life requires a certain mindset. A mindset that sees the good around us brings greater health and growth. These appreciations can be physical, mental, spiritual, and emotional. They can involve good exercise, nutrition, sleep, meaningful relationships, and work. Along with these disciplines comes a positive mindset that develops resilience and growth.

5. Spiritual Change – Strong spiritual elements in an individual’s life will accelerate the progress of PTG. Biblical readings, prayer, and worship all increase PTG momentum. A spiritual focus and thought process increases internal, emotional, and physical strength.

The idea behind finding hope in post-traumatic growth is an important basic concept. Often, we need someone to point out our need to focus on hope versus the hard things that have occurred. This can be a peer, counselor, friend, or family member who comes alongside us to remind us to focus on hope for the future. When an individual focuses on all five domains after a traumatic event, this work brings new hope and growth.

Immediately following a traumatic event, those walking alongside an individual should begin drawing attention to becoming stronger and better than before the event.
Children have trouble articulating what new possibilities might mean in their lives. Schoolwork is a possible place to begin with new possibilities.

Being open to change is key. As mental health advocates consistently focus on being open to change, new possibilities and hope for the future become clear, and tough situations loosen their grip on an individual’s thought process. Looking for the good in all circumstances strongly benefits the healing process. The outcome of PTG affects personal life, thoughts, environmental factors, and neurodevelopment. Neurodevelopment refers to our brain’s development and changes influencing performance and daily functions, including reading, social skills, memory, attention span, or focused skills. Giving someone encouragement accelerates neurodevelopment after trauma. This is also crucial for children, yet they will most likely need a parent, counselor, or mental wellness advocate to help them focus on these skills. Significant growth usually begins one to two years after the event.

Children and adults experience PTG, yet the five domains, processing therapy, and speed of growth will vary. PTG is most prevalent in children who have adults supporting them. Children can focus on a mental health program, relationships, personal strength, appreciation for life, and spiritual change. The one domain of new possibilities in research showed children have a harder time knowing how to articulate or understand this domain like adults. When they think of new possibilities, it usually is in the context of one of the other domains, such as relationships (friends and family) or personal strength. Children have trouble articulating what new possibilities might mean in their lives. Schoolwork is a possible place to begin with new possibilities. A positive mindset is important to a child’s growth as further development of possibilities is processed and imagined. As their mind develops, they grasp what this means for their life. For example, they grasp in a new way doing better in school or making new friends after recovering, which is part of understanding new possibilities.
For so many Americans, “mysterious” problems ranging from mild to severe are caused by that scourge of modern life – stress. That realization is the first step toward healing, but it often raises many more questions that must be addressed. How is stress affecting my life? My relationships? My work? My happiness? What can I do to reduce or better cope with it? Our Stress Mastery Questionnaire – an easy and confidential online self-assessment that comes with our Stress Mastery Guide and Workbook – can help you find answers. And life-changing solutions.
Children ages eight to twelve exposed to adverse events who have a high level of stress also can experience more growth in all five domains. Children who have a religious element in their lives experience more growth than non-religious children. The relationship and spiritual domains of post-traumatic growth seem to be the most obvious in children. PTG facilitates “new awareness” in children as they gain understanding and strengthen their ability to thrive, increase resilience, and handle daily stressors.

Children and adults can develop a five-step self-care program that accelerates strength and PTG. The goal of self-care is to develop strength and resilience and reduce the effects of anxiety and stress on our minds and bodies. Living a fulfilling life with purpose and loving relationships reduces stress. The Oxford Dictionary defines self-care as the practice of taking action to preserve or improve one’s health and an active role in protecting one’s well-being and happiness, particularly during stress.

In summary, finding strength and hope in adversity is at the heart of post-traumatic growth. Adverse situations may continue to affect one’s everyday life after the trauma, but having a plan and strategy to thrive and flourish amidst challenging situations will produce great gains. Developing emotional, physical, and spiritual patterns to deal with everyday stress moving forward allows for continued post-traumatic growth at new levels. The struggle needed to thrive after trauma may be strenuous, yet this arduous process is exactly what is needed. It may or may not come naturally depending on one’s temperament and skills, thus the need for a support system to be a catalyst in accelerating the process. A support system may consist of a counselor, psychologist, mental wellness advocate, a well-intentioned friend, or a family member who understands all five domains of PTG and can encourage and inspire growth. Finding hope in adversity will lead to transformational life outcomes.

References
5. BCPN.org: Brighton Center for Pediatric Neurodevelopment. BCPN.org/what-is-neurodevelopment- html, 2023.

Nancy Jernigan, PhD, LPC, FAIS, is an internationally recognized leader and educator known for leadership development and developing healthy teams amid growth and change. She is the President and co-founder of Hidden Value Group, LLC, and serves as a Board Member and Finance Director for Olive Branch International, Inc. Together, the two organizations provide healthcare, education, leadership development, and family support in risk and conflict zones on three continents. Nancy gets personally involved internationally in teaching and training as a mental wellness expert, treating trauma and stress disorders. As an executive coach, leadership expert, and educator, she is passionate about developing and multiplying leaders. Nancy is also the co-author of Thin Spaces: Recognizing When God Breaks Through, which just released.
The more we learn, the more vital our mission becomes.

The American Institute of Stress is the only organization in the world solely created and dedicated to study the science of stress and the advancement of innovative and scientifically based stress management techniques. AIS provides the latest evidence-based knowledge, research and management techniques for stress and stress-related disorders.

Groundbreaking insights and approaches. World-changing mission.

Hans Selye, MD, PhD (1907-1982), is known as the father of stress research. In the 1920s, Selye coined the term “stress” in the context of explaining his pioneering research into the signs and symptoms of disease curiously common in the majority of people who were ill, regardless of the diagnoses. Selye’s concept of stress was revolutionary then, and it has only grown in significance in the century since he began his work. Founded in 1978 at Dr. Selye’s request, the American Institute of Stress (AIS) continues his legacy of advancing the understanding of stress and its enormous impacts on health and well-being worldwide, both on an individual and societal level.

A forthcoming AIS initiative – called Engage. Empower. Educate. – will leverage the latest research, tools and best practices for managing stress to make a difference in a world increasingly impacted by the effects of stress out of control. We hope you will consider supporting this critical outreach campaign.

Click to view The American Institute of Stress Case Statement
A campaign to Engage. Empower. Educate.
The AIS campaign will support three key initiatives:

Engage communities through public outreach

Improve the health and well-being of our communities and the world by serving as a nonprofit clearinghouse for information on all stress-related subjects.

The American Institute of Stress produces and disseminates a significant amount of evidence-based information, but there is a need to share this material with a wider audience in the U.S. and around the world.

Support for this initiative will provide funding to expand the organization’s public outreach for its website and social media, documentary films, magazines, podcasts, blogs and courses.

Empower professionals through best practices

Establish credentials, best practices, and standards of excellence for stress management and fostering intellectual discovery among scientists, healthcare professionals, medical practitioners and others in related fields.

AIS provides DAIS (Diplomate, AIS) and FAIS (Fellow, AIS) credentials for qualified healthcare professionals.

The AIS seal means a practitioner has training and experience in stress management and access to the latest stress research and techniques. It designates their practices as advanced treatment centers for stress-related illnesses.

Support for this initiative will provide funding to continually update best practices in the field.

Educate all through the development and dissemination of evidence-based information

Develop and provide information, training and techniques for use in education, research, clinical care and the workplace. Some of the research-based information AIS develops and disseminates includes:

• Productions – Mismatched: Your Brain Under Stress, a six-part documentary featuring some of the world’s leading experts on stress. Released in March 2021.

• Publications – Contentment magazine and Combat Stress magazine for service members, veterans and first responders.

• Podcasts, webinars and website resources – The free podcast series Finding Contentment
Cranial Electrotherapy Stimulation: Smoothing the Path to Post-Traumatic Growth
Throughout my career as a psychologist, regardless of the setting (VA clinic, private practice, telehealth, or prison), I have struggled against the overwhelmingly common misconception that once someone begins to experience post-traumatic stress, they will always have it. That they are now somehow “broken” or “damaged” and cannot be “fixed.”

This misconception is fueled by a number of factors. One factor is the medical profession’s primary approach to psychological issues: prescribing medications. Now, while I am not anti-medication, my clinical experience has convinced me they should not necessarily be the first-line approach to overcoming post-traumatic stress. Most of the patients with post-traumatic stress that I have worked with over the years have been on psychotropic medications for sleep, anxiety, depression, and pain, with no significant improvement in their symptoms. Not only do these medications not resolve the issues contributing to the symptoms of post-traumatic stress, but they include side effects that often negatively impact the patient’s quality of life; side effects which the prescriber may address with yet another medication, and thus, the cycle perpetuates.

However, the biggest factor that keeps people “stuck” and believing they will never overcome their post-traumatic stress and that they are, therefore, somehow “broken” is a misunderstanding of what it means to “get better.” Most people I have worked with define “getting better” as forgetting about the event(s) and “going back to who I was before.” Admittedly, this is an impossible goal. We cannot go back to who we are following any significant life-changing event. For example, once you become a parent, you cannot return to thinking and acting as you did before your first child was born. Once puberty starts, you cannot go back to who you were pre-puberty. Both examples forever alter how you think, feel, and behave. Similarly, once you have experienced a traumatic event or a series of traumatic events, you will not forget it, nor will you be able to revert to thinking, acting, or feeling the way you did before the trauma(s).

Therefore, if “getting better” does not mean forgetting about the experience and going back to who you were before the trauma, then what does it mean? “Getting better” is best defined as post-traumatic growth, which involves incorporating the traumatic experience into the narrative of who you are, moving beyond the trauma reactions, and developing a new normal for your life in which you can achieve a full, happy, and healthy life without the constant emotional and physical difficulties that often keep us stuck following a trauma. The first step to attaining post-traumatic growth is to understand the reactions that occur during and following a trauma so you do not feel so out of control of yourself. Once you understand these reactions,
it is essential to learn how to overcome these reactions so you can begin to experience post-traumatic growth. This article will briefly explain the reasons we react as we do following a trauma and discuss a tested but novel technology that can be utilized to help alleviate the reactions and smooth the transition to post-traumatic growth.

**Physiological and Evolutionary Aspects of Post-traumatic Stress**

During a traumatic experience, an aspect of the sympathetic nervous system, known as the “fight or flight” response, kicks in. Several physical and mental changes occur from this with the sole purpose of allowing us to survive a dangerous encounter. Physically, our heart rate increases, muscle tension in our arms and legs increases, breathing becomes shallower and more rapid, and blood flow is concentrated from our torso to our extremities. Mentally, we develop tunnel vision to focus on the threat and anyone in the immediate area whose safety we may feel responsible for. Higher order, logical reasoning is reduced, and our most basic experiential, emotional decision making is amplified. These changes are all designed to get us out of danger as quickly and safely as possible.

The way our nervous system is designed, once the immediate threat is over, then the parasympathetic nervous system, also known as the “rest and digest” response, is supposed to be activated to counter all of the changes from the sympathetic nervous system activation and restore us to normal functioning. In other mammals, this is precisely what happens. They encounter a threat, respond to it, and then return to normal functioning. They stay in this parasympathetic state until they encounter another danger or a reminder of the threat. At this point, they are briefly in sympathetic arousal until the new threat, or the reminder is gone.

However, unlike other mammals, humans are able to anticipate threats where there may be none and do not need a physical or situational reminder to recall the fear and heightened arousal of the trauma. Therefore, we are more prone to stay in fight or flight long-term without allowing our nervous system to return to normal. The longer we are in a fight or flight response, the more of an effect it has on our brains and bodies. The brain is incredibly adept at becoming efficient at repetitive behaviors and emotions. Therefore, when we stay in a state of heightened arousal and look for danger everywhere, the pathways that process these threats become more active and, over time, become the default pathways for the activity in our brains. Thus, a cycle is created in which we consistently feel threats where there may be none, so our brains adapt and stay in a state of fight or flight, reinforcing the feeling of being in danger at all times. We may begin to feel as if we always have to be on alert, we may be easily startled, and our startle response may be bigger than usual. We may be prone to emotional outbursts, especially of anger, fear, or sadness, we may have difficulty relaxing and trouble falling or staying asleep. In addition, we may find ourselves reliving the trauma through either intrusive memories, nightmares, or fully re-experiencing it in the form of a flashback. As a result, we may isolate ourselves from others, have difficulty with memory or with concentrating on tasks to the extent that work and school performance suffer, and may feel easily overwhelmed.

The longer we experience these reactions to the trauma, the more entrenched the electrical pathways

---

During a traumatic experience, an aspect of the sympathetic nervous system, known as the “fight or flight” response, kicks in.
associated with these reactions become. In recent years, we have learned that such pathological electrical activity in the brain is associated not only with the general symptoms of anxiety, insomnia, and other difficulties often experienced as part of post-traumatic stress but the specific patterns of electrical activity can be tied to the specific difficulties a person is experiencing.

We may find ourselves reliving the trauma through either intrusive memories, nightmares, or fully re-experiencing it in the form of a flashback.

Traditional Means of Managing Post-Traumatic Stress

Because of the disruption these difficulties have on our lives, most of us go to our primary physicians and get a prescription. These medications are intended to reduce the severity of the anxiety and insomnia that occur from
The problem with medications is they do not address the underlying cause for the sympathetic activation contributing to the hyperawareness and re-experiencing symptoms of post-traumatic stress.

post-traumatic stress, and they may be able to do so for a brief period. The problem with these medications is they do not address the underlying cause for the sympathetic activation contributing to the hyperawareness and re-experiencing symptoms of post-traumatic stress. As a result, despite compliance with medications and suffering through the side effects of these medications, we do not experience significant improvement in our daily functioning.

Many people also seek out therapy to help with the symptoms of post-traumatic stress. Until very recently, the most frequently utilized methods in psychotherapy to help with post-traumatic stress were treatment approaches that emphasize directly confronting the memories and triggers head-on. These are very intense treatment approaches that escalate the overwhelming and unpleasant emotions evoked by the memories of the trauma. The underlying theory of these treatment approaches is that, by deliberately recalling the avoided memories and telling the stories of what happened, we will move the memory from the intense and emotional experiential memory to the narrative
memory and thus reduce the intensity of the emotional response. Therefore, sympathetic nervous activation will not be as intense, and we can move on from the trauma. When done correctly, these treatment approaches are effective, yet difficult for both patient and therapist to go through. When done incorrectly, the patient can become retraumatized, and their symptoms actually become more debilitating, leading to even more severe anxiety and insomnia.

### Post-Traumatic Growth

If traditional therapy approaches and medications are often difficult or unsuccessful, then what hope does someone stuck in a post-traumatic stress cycle have? Fortunately, there is hope. It is possible, and even more accessible than many believe, for even someone with severe post-traumatic stress to move beyond these struggles. Once they learn to do so, they are no longer “stuck” in the trauma and can enjoy their life again.

Achieving post-traumatic growth is not as impossible as it may sound. The primary component is learning to deliberately activate the parasympathetic nervous system in the face of a perceived threat or when experiencing the memory or a reminder of the trauma. There are many ways to achieve this parasympathetic activation, although a comprehensive discussion of them is beyond the scope of this article. The primary component in all of these approaches involves learning to relax the muscles in the body and learning to reframe what we tell ourselves about the trauma.

There are many ways to relax the body: progressive muscle relaxation, guided imagery, and meditation are just a few. These methods involve physically relaxing our bodies, changing our breathing patterns to a slower and deeper rhythm, and learning to focus our minds. Focusing on these physical changes can turn off sympathetic activation and activate the parasympathetic nervous system. For people who can master these skills, the results are amazing. However, many people do not have the patience, the dedication, or the time to commit to learning and practicing these skills every time they perceive danger or encounter a reminder of their trauma. Fortunately, there are technologies available that can automatically activate the parasympathetic nervous system. The most tested of these technologies is Cranial Electrotherapy Stimulation (CES).

### Cranial Electrotherapy Stimulation: A Modern Approach

Cranial Electrotherapy Stimulation (CES) is a non-invasive technology that is FDA-cleared to treat anxiety and insomnia. CES, in its modern form, has been used in the United States since the early 1980s, though the roots of the technology are decades older. CES uses tiny amounts of electrical current to normalize the electrical activity in the brain. As this activity is normalized, the nervous system is essentially “reset” to operate how it is designed. The parasympathetic nervous system is automatically engaged, and relief from the anxiety that is prevalent in post-traumatic stress is often immediate and drastic. Many people describe feeling their anxiety “melt away” within a single treatment. Additionally, because the nervous system is essentially “reset” by CES, sleep quality and quantity are significantly improved. Unlike other insomnia treatments, which artificially sedate you and disrupt healthy sleep cycles, CES normalizes the
electrical activity in the nervous system and improves sleep naturally. When the nervous system is operating as designed, a healthy sleep cycle is part of that operation. The results are cumulative, so the more consecutive days CES is utilized, the better the results will be and the longer they will last. While a few CES devices are on the market, the global leader in research and clinical utility is Alpha-Stim® (www.alpha-stim.com). CES is available in the United States only by a written order from a licensed healthcare provider but is available over the counter in other countries, which allows CES devices to be distributed. In Europe, Asia and most of the rest of the world, CES is approved to treat depression also, and is generally considered safe enough to not require a doctor’s order.

I have used Alpha-Stim, both as the sole method of treatment and in conjunction with therapy, to treat people struggling with chronic and often debilitating anxiety and insomnia associated with post-traumatic stress. Many of my patients had been on medications for decades, had participated in both outpatient and residential treatment, and had given up hope of having a normal life. I have worked with people who were unable to leave their houses due to the anxiety that accompanies feeling as if one is in danger everywhere they go. They isolated themselves as much as possible and, as a result, missed significant family events and had few, if any, friends. They believed they were “broken” because they did not respond to situations the way “normal” people did. Years of medications and unsuccessful attempts at therapy had convinced them they would always be that way.

However, once I introduced Alpha-Stim as a treatment modality,
the differences were nothing short of remarkable. During treatments in my office, I could see them visibly relax in the chair, and many of them reported feeling better at the end of the first treatment than they had felt in years if not decades. As they obtained their own devices, they reported sleeping through the night, being able to go to the store with their spouses, attending children’s and grandchildren’s school events, and enjoying holidays with families for the first time in years. Their family members would stop me in the clinic and tell me stories of the changes they saw in my patients, often with tears in their eyes.

Inside the clinic, I also witnessed incredible transformations. Many of my patients would no longer sit along the edge of the waiting room, staring at everyone warily while waiting for an appointment. Instead, they would interact with the other patients, laughing and smiling, with no sign of anxiety. During therapy sessions, the changes were also remarkable. My patients would start their CES treatment either in the waiting room or as soon as they entered my office and were relaxed within minutes. Thus, we were able to get to the meat of the session more quickly and easily than we had before introducing Alpha-Stim, spend longer in processing the emotions and thoughts that kept them stuck in post-traumatic stress, and overcome their struggles. We could process different traumas more quickly and efficiently. As a result of the combination of CES and therapy, patients were able to overcome the difficulties that had kept them stuck and enter into a period of post-traumatic growth. Similar, though perhaps not quite as drastically, improvements were reported in patients who utilized Alpha-Stim as a sole means of treatment and did not participate in the available individual or group therapy services I provided in the clinic. Furthermore, most of the patients who used Alpha-Stim regularly were able to come off of, or at least drastically reduce the dosage of, their anxiety, depression and sleep medications.

Post-traumatic growth is not only possible; it is essential if we want to live a happy, healthy, fulfilled life. Every difficulty we encounter is an opportunity to learn more about ourselves, others, and the world. However, being stuck in a state of post-traumatic stress prevents us from moving past survival mode. Activating the parasympathetic nervous system is the most effective and efficient way of calming our minds and bodies and allowing ourselves to put the trauma into perspective and begin to rebuild our lives. CES is a very effective tool to assist in this transition and is the most effective means of facilitating the progression from post-traumatic stress to post-traumatic growth that I have used in over 20 years as a psychologist.

Josh Briley, PhD, BCMAS, CCTP, FAIS, is a clinical psychologist and CEO of Transformational Psychology Solutions. Dr. Briley is a Certified Clinical Trauma Professional who is proficient in helping clients overcome post-traumatic stress. His professional experience includes working with Veterans at a VA clinic, as Clinical Education Director for EPI, a company that manufactures CES devices, and members of the community in both a face-to-face and virtual private practice setting. He is a board member and Fellow of the American Institute of Stress.
Resilience in Grief: A Journey of Post-Traumatic Growth
When my wife Sheila and I meet new people, the question is inevitably posed to us, "How many children do you have?" We always stop and look at each other, silently asking ourselves, "Do we think this person can handle the truth, or should we just give them the short answer?"

The truth is that we had three children, but two of our adult children died within five years. When we tell people that answer, we generally find that folks move on to talk with others or work to change the conversation topic quickly.

Our son, Ken, was 28 when he was diagnosed with HIV-AIDS and involved in the early trials for the drugs that would eventually make AIDS a chronic disease, though that development came too late for him. His death, after living with AIDS for four years, was torturous as we watched him waste away physically while his spirit fought every moment, hoping to hang on until a cure came across his doorstep. He died in our living room in Texas, surrounded by our family, with Sheila singing softly to him.

Five years later, in that same living room, our daughter, Corinne, who was 40 years old called us from Lincoln, Nebraska, in tears. Despite numerous mammograms that were all negative, Corinne’s concerns about her health led to a blind biopsy that discovered a highly aggressive form of breast cancer. We immediately stopped what we were doing to become a part of Team Corinne, supporting her husband, three small children, and her community of friends in helping her fight this battle. Sheila stopped working and attended Corinne’s care when she began an experimental treatment program at MD Anderson Cancer Center in Houston. After a courageous two-year struggle that included hundreds of people moving to help Corinne and her family, she passed in a hospice room with paper doves on her door and many friends and loved ones lining the hallway.

Corinne was a deeply spiritual woman, and I remember the words she shared with me when I mentioned that everyone was praying for her recovery. She told me “that all prayers are answered, but sometimes the answer is no.”

A few months after Corinne died, my mother called to tell me about a friend of hers who lost a son to suicide. “She is beside herself,” my mother told me. Her friend did not leave her apartment, was in constant tears, and developed suicidal thoughts herself. My mother wanted to help her, but she was inconsolable. She urged me to do whatever we could to avoid that happening. Sheila and I had no intention of letting that happen to us.

Intentionality guided our healing journey. As mental health professionals, we acknowledge the impact of child loss on marriages. Surprisingly, research by Compassionate Friends found that only 16% of marriages end in divorce after the death of a child, challenging common misconceptions.

Research by Compassionate Friends found that only 16% of marriages end in divorce after the death of a child, challenging common misconceptions.
Navigating the complexities of grief alongside my wife, Sheila, I witnessed her remarkable journey of self-discovery through art, dance, and advocacy. Sheila was a professional dancer and bridged her work as a therapist to bring novel and creative approaches to her work. In this next phase of her life, she developed an unwavering commitment to embracing grief as a catalyst for change in herself and her clients. She has inspired countless individuals to reframe their perspectives on loss and healing.

One of the pivotal moments in Sheila’s healing journey was when we participated in a workshop in Australia with a group of improvisational artists who are part of a global community called Interplay. Interplay uses improv art forms for social good, personal growth, and community advocacy. We were in Sydney to study with local Aussies and perform at the University of Sydney. Corinne was in treatment and stable and encouraged us to go to the session for our self-care.

In one particular workshop session, Sheila and I began to share our story with others. As we moved about the room, telling our tale with song, word, and movement, Sheila moved into the group’s center. She described this moment in her book Warrior Mother. I began to sing with my eyes closed, in a somewhat timid but deep and angry voice: “What GOOD, what GOOD, what GOOD can come from THIS?” My voice got stronger when I heard the instrumentalists following my rhythm.

“What GOOD, what GOOD, what GOOD can come from THIS?” I caught sight of the dancers and realized that one of them was Richard, who was, of course, as concerned about Corinne as I was.

The prayer turned into a pledge and promise, “GOOD WILL COME FROM THIS. GOOD WILL COME FROM THIS.” In the aftermath, as the song resonated throughout my body, I began to feel, for the first time, that it would.

Corinne’s journey continued for two years after we returned from that trip. As an outflow of our grief, Sheila decided to learn yet another art form and began attending the Iowa Writer’s Summer Workshops. Immersed in a community of writers and storytellers, she found solace in writing, channeling her grief into words and stories that comforted her. Through the workshops, Sheila discovered the healing power of storytelling, using her own experiences of loss to connect with others deeply and emotionally. She began to see the gifts that grief provides.

Sheila’s commitment to grief advocacy significantly impacted her healing journey. Determined to challenge societal taboos surrounding grief and loss, she became a vocal promoter for those navigating the complexities of grief. Through public speaking engagements, workshops, and community outreach efforts, Sheila shared her story of loss and resilience in her presentations and two books. Warrior Mother and her latest book, The Art of Grieving.

For me, the path to post-traumatic growth took shape through professional reinvention and a deep exploration of resilience.
There are many paths to growth from trauma. Each person must discover their path, but our biological imperative to grow or die commits us to choose the path towards our freedom and, with it, post-traumatic growth.
my clinical work when I was asked, along with colleagues, to meet with American Airlines staff after 9/11, when we lived in the Dallas/Fort Worth area. Over several months of meeting with pilots, flight attendants, gate agents, and ramp workers, I saw how their resilience moved them from grief to action as they saw their role in honoring their colleagues, helping their company, and healing our country.

My journey of healing included seeking support through a research-based treatment program for complicated grief. Complicated grief is grief that lasts over a year, and in my case, I often found myself weeping when I talked about our loss, even three years later. Over 16 weeks, I engaged in therapeutic interventions aimed at navigating the complexities of loss and finding resilience in the face of adversity. Through individual therapy sessions, group support, and experiential exercises, I learned to confront my grief head-on and find meaning amid pain.

I also immersed myself in the study of resilience and positive psychology. Drawing upon research and insights from leading experts in the field, I discovered new strategies for coping with adversity and fostering personal growth in the face of trauma. From mindfulness practices to gratitude exercises, I developed a model of resilience that goes beyond “bouncing back” to seeing how, in the face of hardships, I could use my power of anticipation and preparation to plan for the adversity. Rather than just bouncing back I could use adversity to learn and grow—to bounce forward. My work led to the publication of my book, The Resilience Advantage (with Alan Weiss).

Sheila and I have forged a path through the trauma of our grief by relying on our resilience, thirst for learning, and stubborn persistence. Perhaps our nature or upbringing propelled us to create the intention to heal and not to linger in the pain that creates suffering. We still experience the pain every day, but we don’t have to live there. It is okay just to visit. As we continue to embrace the journey of post-traumatic growth, we are reminded that within every moment of pain lies a possibility that we honor Corinne and Ken’s memory in everything we do.

In the face of life’s most formidable challenges, resilience emerges as a secret growth mechanism and a profound capacity to thrive and evolve. There are many paths to growth from trauma. Each person must discover their path, but our biological imperative to grow or die commits us to choose the path towards our freedom and, with it, post-traumatic growth.

---

References

4. Citrin, RS and Weiss, A. The Resilience Advantage

Richard Citrin, PhD, MBA, is a leadership and organizational psychologist whose career includes clinician, business entrepreneur, health care executive, and now a consultant helping organizations improve the performance of their employees and the success of their businesses. His 2016 book, The Resilience Advantage, co-authored with Alan Weiss, discussed ways organizations create a culture that moves away from the blaming mentality of stress management to an empowering mindset of resilience. Richard’s most recent book, Strategy Driven Leadership (2020), written with Michael Couch, provides an action playbook for how organizations can develop leaders focused on driving their business strategy so that their leadership grows the business and their professional skills.
Turn the tables on stress.

*Identify it, lower it – even put it to work for you.*

Stress – our age’s great destroyer of health and happiness – is so hard to fight because it’s invisible and insidious. The Rosch Stress Profiler exposes the stress in your life and its impacts while giving you the tools to fight back. Developed under the supervision of legendary stress researcher Paul Rosch, MD, protégé of Hans Selye, MD, PhD, this fast and easy online self-assessment takes only fifteen minutes, but it can change your life. **Click here** to get started!

*Order now and get two free gifts – A Day Away from Stress audiobook and the Stress Management Journal – both filled with stress-fighting tips and tricks*
Spiritual Change and A Transformed Life
The new guy in our 12-step support group was named John. He would barely make eye contact or say anything more than “Hi.” I did see him listening intently as others shared their struggles and possible remedies, and when we read from the book we were working through, I noticed a great deal of highlighting, making me think he had been studying between meetings. John continued to stay to himself and even turned down an invitation from several others to get dessert after the meeting one night. On perhaps his fifth meeting, he volunteered to share, and when he took the podium, we expected, “Hi, I’m John, and I’m an alcoholic.” Instead, we got, “Hi, I’m an alcoholic and a liar; my real name is Lawerence.”

Lawrence went on to share that his life had been absolute chaos over the last few years, with time in jail, divorce court, and the unemployment line. He was drenched in shame, and his voice broke, and tears fell down his cheek when he ended with, “I am just so tired of hiding. I don’t know what to do.” Now, I have been around the rooms a while, and I know surrender when I see it – and this was it. This guy was done.

After the meeting, I asked Lawrence if he had a sponsor yet and offered to meet with him, but he said he did not. We started getting to know each other at a local coffee shop and began walking through the steps. He tiptoed around his childhood but finally admitted that he had been “hurt” by his uncle when he was young. While I work as a medical provider at a well-known rehab/trauma hospital, I am not a therapist, and I know when I am over my head as a sponsor.

I recommended a licensed Christian Counselor since we shared that worldview. While we continued church and Lawrence attended several weekly group meetings, took on a minor volunteer position at his church, and worked with his counselor.

Six months later, Lawrence was unrecognizable, and “John” was gone for good. He was still attending groups and getting counseling. He had also reconnected with a church and was even plugged into a men’s Bible study for guys enjoying recovery from various drugs of choice. We had worked through the first nine steps, and he was learning to incorporate the steps into a life with a strong possibility of long-lasting and holistic health. One day, while checking in over coffee, he told me he was going to tap into his GI benefits to get a degree in addiction counseling. This was definitely not the same guy who had come to his first meeting just a half year ago with his tail between his legs and head down, lying about his name.

When celebrating his progress, I asked him what made the biggest impact on his recovery. Lawrence felt all the pieces were necessary, but if he were forced to narrow it down, he said, “Being accepted into the groups and finding a new relationship with God.” For almost 90 years, the 12-step community has intrinsically known the value of community and connection to a power greater than themselves.

By Don Middleton, DO

For almost 90 years, the 12-step community has intrinsically known the value of community and connection to a power greater than themselves.
a power greater than themselves. Their literature called addiction a brain disease 20 years before the AMA issued a similar statement, but they also knew the answer was not just human or medical. A person could get physically abstinent on their own, but to be fully emotionally and spiritually sober was the secret sauce to a full and transformed life free from compulsive thinking.1

Everywhere you look in 2024, there is mention of PTSD and the monumental push to understand it better to help relieve sufferers from their pain. A great body of literature is being devoted to the difference between post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG). While resilience and grit are popular tag words in popular culture, PTG is much more. Bouncing back from being passed over for a promotion and recovering from years of childhood trauma really does not deserve to be in the same conversation. Many people trying to recover from compulsive disorders uncover trauma in their past that will not be ignored. Yet, it is clear that addiction recovery is another area where PTG is often recognized.2 Franciscan Priest and prolific author Fr. Richard Rohr is fond of describing trauma that is not transformed will be transmitted. The priesthood has been on the frontline of addressing many people’s trauma for millennia.

The desperate folks in the rooms of the twelve-step communities have long known that alcohol and drugs are not the problem for guys like Lawrence; they are their misguided answer. In the 1930’s AA boldly proclaimed that addiction was a brain disease as a result of a spiritual malady, and the answer for those willing to surrender is spiritual as well. Reconnecting with God and clearing up the wreckage of the past with other people paved a path to a new way of living, free from the control of compulsive chemical or behavioral use. Truly a transformation in millions of lives through the years. Interestingly enough, early success rates of these groups were in the 70–80% range, but as the groups (and society in general) have become more secularized, their estimated success rates have recently hovered at the 5–15% rate.

The utility of spirituality in the desire for PTG is well-known in scientific literature. While PTSD has Intrusive Rumination (IR) as a common symptom, PTG frequently occurs in the setting of utilizing Deliberate Rumination (DR).
Meditative mantras, contemplative prayers, or even positive affirmations can all potentially help lead to growth after trauma. Indeed, the members of AA recite “The Serenity Prayer” at every meeting throughout the world. Regardless of their religious beliefs or lack thereof, there is universal acceptance of this little prayer and a commonly held belief in its ability to offer consolation and inner peace.

Of the five most commonly recognized domains of post-traumatic growth, Spiritual Change occupies a strong space in many people’s walk away from addiction. Search for deeper life meaning, seeking to forgive and be forgiven, and exploring meaningful purpose in future endeavors all conspire to bring significance to post-addiction life. Without religious and spiritual growth, the question of “Why did this happen to me?” often goes unanswered. Entering into community with people with whom you share a worldview is a wonderful way to get understanding and advice consistent with one’s moral and ethical values. The Spiritual Change domain of PTG is fascinating to many observers. While there are tools to attempt to measure it, there also remain supernatural and unquantifiable components specific to the individual.

What we have begun to understand, however, is that there can be both medical and psychological needs that are beyond lay people, and so layering in professional counseling or medical treatment, when appropriate, increases the success rate tremendously. Without them, at times, the individual is left to white knuckle their emotional pain and set themselves up for endless relapse with newfound and often terrifying “rock bottoms.” In our addiction treatment program, we understand recovery to be a process, not a final destination. When a computer crashes and data is recovered, it returns to the last place it left off. When taking an all-hands-on-deck approach to the struggle of addiction, people do not come back to where they started. They are often transformed into a life far beyond their wildest dreams.

When medical personnel, experienced counselors, and faith communities band together with a common worldview and goal, the results can be miraculous. In these groups of people with a common struggle, it is common to hear teary-eyed testimony of horrific trauma being transformed from PTSD to PTG. This holistic approach moves the goalposts from surviving to thriving and can have lasting effects on unborn generations. Lawrence can shed “John” permanently as he moves into a transformed life of possibility.

References
The Experiential Path to Post-Traumatic Growth
“People never learn anything by being told, they have to find out for themselves.” — Paulo Coelho, Veronika Decides to Die

By Frank Forencich, DAIS

Everyone’s ‘feeling it’ these days: the crushing stress burden, the personal and intergenerational trauma, the confusion, and the helplessness that is coursing through the collective unconscious of humanity. Statistics tell a powerful story, but you don’t have to be an expert to feel the tension in the air. Many of us are hanging on by our fingernails, and even for those who manage to maintain a sense of normalcy, modern life remains a sketchy, tentative proposition.

The good news is that we have a solid understanding of how the body processes stress and trauma and, in a general sense, at least, what to do about it. One highly instructive example comes from Bessel van der Kolk, author of the bestselling The Body Keeps the Score, in which he describes three pathways to healing the mind and body. The first is a “top-down” cognitive approach, relying heavily on language, narrative, and explanation. Talk therapy is the obvious example, but we also do this work informally, using conversation with friends to re-frame our experience and explain why things are the way they are.

The second pathway is biomedical and includes a wide range of substances and technological interventions, all aimed at organs, tissues, neurophysiology, and genes. In the popular imagination, we think of rebalancing neurotransmitter levels, tweaking the microbiome, or adjusting the activity of the vagus nerve, which controls various body functions like digestion, heart rate, and the immune system. This approach has value but is complicated by placebo effects, culture, and individual variation.

The third pathway is what Van der Kolk calls a “bottom-up” approach based on lived experience. This strategy is extremely promising as it speaks to the deepest levels of the human mind-body, in what some have called “the language before words.” It is also consistent with everything we know about the evolutionary history of the human animal. The vast, overwhelming majority of our experience on this planet has been pre-verbal or non-verbal. Like every other mammal and primate, the primary channel for knowledge and transformation is via the body. Words, we might say, are an afterthought.

Specifically, Van der Kolk calls for “experiences that deeply and viscerally contradict the helplessness, rage or collapse that result from trauma” (or stress, for that matter). In other words, the body wants experiential proof that the world is, in fact, a friendly, manageable, and reliable place. This experience is vital for the human organism. No amount of language, pharmaceutical intervention, or electrical stimulation will substitute for this primal need. In short, the body is driving the bus, and it’s our job to create experiences that prove to the autonomic nervous system that the world is truly a friendly, manageable place.
therapists, coaches, trainers, teachers, parents, and healthcare professionals.

**Vital elements**

All of these suggest a salutogenic approach (from salut: health and genesis: origins) and a practice of intentional, deliberate experiential design. Start from scratch with a beginner’s mind and a veterinary perspective. How do we create conditions that foster post-traumatic growth in the human animal? Expert opinion may be helpful here, but on some level, we already know the formula. Throughout history, humans have always sought out calming, restorative environments, and intuitively, we know what works.

The first step is to address the immediate concern of the autonomic nervous system: the perception of danger and safety. In effect, the system continuously asks a simple question about its predicament: “Is my world friendly?” If the answer is yes, the system relaxes into rest-and-digest, healing tissues and metabolizing experience. If the answer is no, it goes the other way into a fight or flight activation. And if the answer is repeated with a consistent global “no” the stress becomes chronic and degenerative.

This is why creating a sense of coherence in our programs and experiences is vital, a perspective developed by Aaron Antonovsky (1923–1994), an Israeli American sociologist with an existential view of human health. When we’re born, life surprises us, and we have nothing to go on except our immediate, lived physical experience. At this level, words don’t have much to say. To be at ease in the world, the body needs to feel that reality is reliable, consistent, and at least somewhat predictable. As Antonovsky saw, health depends on our sense of coherence, especially the feeling that circumstances are comprehensible, controllable (or manageable), and meaningful. Simply put, the animal wants to know that reality is reliable. Coherence puts our minds and bodies at ease and prepares us for healing and growth.

Similarly, our modern understanding of stress also informs our experiential design. What exacerbates distress in the human animal? How can we design an experiential antidote that puts us at ease? Consider this list from Professor Robert Sapolsky, summarizing modern stress research in *Scientific American*, December 2005. As he saw it, “Individuals are more likely to activate a stress response and are more at risk for a stress-sensitive disease if they;

1. feel as if they have minimal control;
2. feel as if they have no predictive information;
3. have few outlets for their frustration (especially sports, crafts, hobbies);
4. lack social support.

In the inverse, this gives us a simple but powerful template for creating optimal conditions for post-traumatic growth. In short, the goal is to set up environments, programs, and cultures that give our people some sense of control, predictability, opportunities for physical movement, and, above all, social support. This simple formula can guide us in any health or educational setting we’re working in, from schools, to clinics, to the workplace.

**Social-autonomic unity**

In setting the stage for post-traumatic growth, we would also do well to create a sense of autonomic unity among the people we’re working with.
as hunting and gathering—everyone in your party would have agreed on the dangers (lions, tigers, and bears, oh my!). Consequently, everyone’s autonomic system would have been roughly aligned. In turn, this autonomic unity gives a sense of social cohesion, harmony, and even calm in the face of danger. Facing a dangerous or ambiguous world as a cohesive group is much easier.

But in the modern world, this sense of autonomic unity breaks down as novel threats disrupt our attention and our understanding of what’s truly dangerous. Across the modern world, some of us are deep in a chronic fight or flight state, while others, especially the affluent, live in relative calm. This autonomic discord is not only confusing; it is hard on everyone’s body and mind. When everyone on your team is acting with different perceptions of threat and urgency, it is that much harder to move into post-traumatic growth.

For the practitioner, this suggests creating shared predicaments for our students, clients, and patients. Look for all-in-the-same-boat experiences that similarly fire everyone’s autonomic systems, settings where people can rally around singular challenges and perceived dangers. Avoid fragmentation and keep everyone pointed in the same direction; the more agreement on what’s dangerous, the better the outcome will likely be.

Implementation and inconvenience

Fundamentally, the basic salutogenic elements are well-known and understood: physical movement (such as exercise), meditation in one form or another, exposure to natural habitat and beauty, and social conversation, especially around good food. You can organize these experiential elements as you see fit. For example, you might begin...
The basic salutogenic elements are well-known and understood: physical movement, meditation in one form or another, exposure to natural habitat and beauty, and social conversation, especially around good food.

with a movement session, then ease into meditation, followed by some creative activity, conversation, or presentation. Or you might begin with meditation, followed by something more active and somatic. Sequence and order are less important than predictability and regularity; people stressed and traumatized by incoherent, arbitrary, and unpredictable experiences need reliable conditions and a rhythmic oscillation of engagement.

The value of the experiential approach is clear, but we must recognize the required depth of experience. That’s because stress and trauma have an outsized, disproportionate impact on the human animal. As the psychological community often says, “the bad is stronger than the good.” Negative experiences, especially early in life, are sticky and hyper-influential. This is why our experiential counterarguments must be deep and sustained; in short, we need to make “the good stronger than the bad.” And all of this takes time: a quickie lecture or half-day workshop won’t be enough to convince the human animal that reality is reliable, and that the universe is, in fact, friendly. For post-traumatic growth to occur, we’ve got to make a sustained and persuasive case to the autonomic system, and this is going to take repetition, time, and patience.

All of which is promising, but it’s also highly inconvenient. Putting together sustained, in-depth experiences for stressed and traumatized people is a big, expensive job. There are considerable challenges in transportation, housing, food, facilities, time, and, above all, funding. It’s a big ask, but
inconvenient as it all might be, it’s essential to remember that what we have now is radically inconvenient. Our mental health crisis is destroying our ability to create a functional future; not only are people suffering, but entire systems devoted to human welfare are breaking down and lapsing into incoherence. In other words, the status quo is immensely expensive and traumatizing as is. If we’re going to turn things around, we will have to change things, even if it means taking some risks.

References

Frank Forencich earned his BA at Stanford University in human biology and neuroscience and has over thirty years of teaching experience in martial arts and health education. Frank holds black belt rankings in karate and aikido and has traveled to Africa on several occasions to study human origins and the ancestral environment. He’s presented at numerous venues, including the Ancestral Health Symposium, Google, the Dr. Robert D. Conn Heart Conference, and the Institute of Design at Stanford University. A former columnist for Paleo Magazine, Frank is the author of numerous books about health and the human predicament including Beware False Tigers and The Enemy is Never Wrong. He’s a Diplomate member at The American Institute of Stress and a frequent contributor to Contentment Magazine. Refer to www.exuberantanimal.com for more information.
DELAYED ONSET POST-TRAUMATIC STRESS
Clinical post-traumatic stress disorder is diagnosed using several steps appearing over a period for adults and children, not through simply identifying a difficult and stressful condition.

By Jeff Jernigan, PhD, LPC, BCPC, FAIS

Early Tuesday morning, before office hours, the phone rang. Glancing over, noticing who it was, I picked up the phone. My friend was asking if I could help him with a patient consultation. Odd, this time in the morning, to get a call from Chuck outside of even his office hours. Curious and a bit concerned, we began a conversation.

Malcolm is a 91-year-old WWII combat Veteran who followed up his military service later in life with a 30 plus-year career in New Orleans as a policeman. His family was having him evaluated for dementia. They were reasonably concerned about his sudden withdrawal and isolation from a highly active senior lifestyle. He was increasingly depressed, had trouble with short-term memory, and was prone to angry outbursts and temper tantrums from seemingly out of nowhere. None of these symptoms had appeared previously and came on like a thunderstorm almost all at once. Malcolm had trouble sleeping and complained about dreams and nightmares keeping him up at night. Fatigue set in, along with foggy thinking.

Chuck did not think this was dementia for several reasons but wanted to be sure. Malcolm’s history indicated that he had weathered WWII and his police career quite well with some post-trauma stress, which was addressed at the time with good results, and had experienced no further problems in an otherwise idyllic life. Some of Malcolm’s disturbing dreams were about horrific experiences from those perilous years. So, could it be post-traumatic stress or even post-traumatic stress disorder? If this was the case, why was it happening now after decades of no problems? There didn’t seem to be any apparent triggers involved, and he had never talked about those experiences at all, ever. Therein lay the clue.

Before we go further, let us talk about post-trauma stress and post-traumatic stress disorder, as well as suppression and repression. People often refer to a demanding workday or week, describing themselves as feeling “burned out.” We all understand this expression as signifying how worn out they feel now. Sometimes, after a long, stressful, and possibly traumatic period, some will describe how burned out they feel: exhausted, cannot sleep, poor decision-making, short temper, and so on. They may believe they have post-traumatic stress disorder. This is probably post-trauma stress and not post-traumatic stress disorder.

Clinical post-traumatic stress disorder is diagnosed using several steps appearing over a period for adults and children, not through simply identifying a difficult and stressful condition.

Where stress and trauma have caused injury but do not qualify for a diagnosis of post-traumatic stress disorder, it is considered a condition versus a disorder. This condition still needs treatment and may include suppressed memories. However, post-traumatic stress disorder will consist of repressed memories as well.
Suppression and repression are related but very different terms. Suppression is a voluntary response strategy for concealing outward expression of experiences associated with strong emotions. These memories are pushed away but not forgotten. Repression describes memories that are pushed away and totally forgotten. This is an unconscious process of excluding experiences, memories, or thoughts. These are the mind’s way of protecting us from trauma when there is not enough time or opportunity to stabilize or heal. Repressed memories are not gone; they are still there. Suppression acts to make memories less vivid over time, while repression retains the most vivid memories.

Suppression weakens unwanted memories through sustained reduction of neural reactivation. This reduces the shutting out of unwanted memories and helps explain why suppressed memories can be triggered more easily than repressed memories. Repressed memories are locked away. However, this reduction in suppression over time makes the emergence of repressed memories more likely as time goes by. For Malcolm, this was a problem. As time went on and life became less busy, there came a time when the mind was ready for healing, and memories, nightmares, and very vivid experiences so real Malcomb felt like he was reliving an experience began to haunt him.

This does not mean there are no symptoms when suppression or repression is involved. They are just more challenging to identify and associate with trauma. Symptoms may be present but not readily associated with anything that happened so long ago in someone’s life. This is likely when attention is directed more toward what might be the problem in the present rather than the past: depression, anxiety, and dementia became suspected causes for Malcomb. When there is no obvious trauma involved, it becomes even more difficult to diagnose post-trauma stress or post-traumatic stress disorder.

Trauma finds its way into our lives throughout our lives. Dealing with the suppressed or repressed memories around trauma can be difficult if there is no actual memory of the stress or trauma at all. This can involve the fetus in the womb due to the mother’s traumatic experiences or through changed DNA due to parental trauma experiences passed on to children and grandchildren. There may be no cognitive memory of actual trauma, but the effects are still passed on.

Adverse childhood experiences long forgotten can be triggered in adults many years later with no clues as to why stress and trauma-related symptoms are showing up now. When someone has experienced a significant loss, for example, the grieving process may develop into what is called complicated grief. It seems the person cannot get beyond their grief no matter how much time has passed. This loss may have triggered repressed memories regarding the deceased. This is especially true if the loss was due to unexpected suicide. Loss of a business, a home, or a relationship where someone’s competency and self-criticism are acute can trigger repressed memories. Sometimes, a traumatic sense of shame and guilt in childhood can be enough to repress memories beyond conscious recall. There are many reasons why there may be a delayed onset of post-trauma distress, and having a history of the individual will be crucial to unwrapping the mystery.

Stress is still stress, whether it is recognized or buried deep in our consciousness. This is another way of
Is stress dragging you down physically and emotionally? The comprehensive, online “Stress to Joy” program, taught by bestselling author and board-certified psychiatrist Rozina Lakhani, MD, MPH, FAIS, gives you the tools you need for a return to joyful living. Dr. Rozina shares her proven stress management techniques in a way that’s both practical and inspirational. The program includes a workbook with step-by-step guidance, and it takes just 15 minutes per day for about three weeks. Make this powerful investment in your health and happiness – and turn the corner from stress to joy.
All recovery begins with active listening, helping the person process verbally their experience.
saying whether we recognize where the stress came from, it still impacts us. It doesn’t matter if the stressors occurred long ago or more recently. The good news is that late-onset stress and trauma conditions can be treated in the same manner as stress and trauma injuries can be treated in the present. What may be different is post-traumatic growth. Post-traumatic growth has two components: the natural process of recovery and the development of resilience that occurs after initial treatment, and the self-care plan designed to capitalize on natural recovery processes intentionally. Malcomb has to deal with the repressed memories as if they just happened and develop a self-care plan that reflects the reality of starting over in some respects. Then there is the inevitable self-recrimination he gives himself for not seeing this sooner.

All recovery begins with active listening, helping the person process verbally their experience. Not to excess, but to put it into perspective and prepare for the next steps. Ensuring nutrition, exercise, and sleep are not a problem, and checking to ensure meaningful relationships and a sense of purpose are not problems is essential. Reliving repressed memories can be paralyzing, and reassurance is important. Sometimes, rebuilding one’s self-image and worldview may be needed. This is a process and not an event, a journey from where the events took place to where the person is now, with healing along the way. Malcomb will be okay with good support from friends and medical or mental wellness help as needed. If you are that friend to someone, be sure you listen with your heart.

References

Jeff Jernigan is the editor of The American Institute of Stress, Contentment Magazine. He is a board-certified mental health professional known for influencing change in people and organizations by capitalizing on growth and change through leadership selection and development. Jeff currently serves Stanton Chase Pacific as the regional Life-Science and Healthcare Practice Leader for retained executive search and is the national subject matter expert for psychometric and psychological client support services.

A lifetime focus on humanitarian service is reflected in Jeff’s role as the Chief Executive Officer and co-founder, with his wife Nancy, for the Hidden Value Group, an organization bringing healing, health, and hope to the world in the wake of mass disaster and violence through healthcare, education, and leadership development. They have completed more than 300 projects in 25 countries over the last 27 years. Jeff currently serves as a Subject Matter Expert, Master Teacher, Research Mentor, or Fellow in the following professional organizations: American Association of Suicidology, National Association for Addiction Professionals, The American Institute of Stress, International Association for Continuing Education and Training, American College of Healthcare Executives and the Wellness Council of America.
Stress Management Experts Wanted!

Obtaining credentials from The American Institute of Stress is a designation that sets members apart as stress experts and reflects their commitment to the advancement of innovative and scientifically based stress management protocols. The AIS Seal and credentials inform the public that the certificate holder commands advanced knowledge of the latest stress research and stress management techniques. For physicians and other healthcare practitioners, it designates your practice as an advanced treatment center for stress-related illnesses.

<table>
<thead>
<tr>
<th>Features</th>
<th>Member</th>
<th>Diplomate</th>
<th>Fellow</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Save 20% on years 2 and 3 with our 3 year plan</strong></td>
<td>$95 per year or $247 for 3 years</td>
<td>$395 per year or $1,027 for 3 years</td>
<td>$495 per year or $1,287 for 3 years</td>
</tr>
<tr>
<td><strong>Requirements</strong></td>
<td>Open to everyone</td>
<td>Hold a degree or healthcare license and have been in practice or profession for 3 years</td>
<td>Hold a doctorate degree or special license and have been in practice or profession for 5 years</td>
</tr>
<tr>
<td>Collaboration with International Professional Community</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Continuing education training programs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Subscription to quarterly magazine Contentment and Combat Stress</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Membership certificate</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>+ use of DAIS designation</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Quarterly Research Roundup publication</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Opportunity to join Speakers Bureau</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Discount on annual online conference</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Access to AIS research archives</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Media spokesperson opportunities</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Opportunity to contribute to magazines, blogs, and social media</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>FREE: Hans Selye and the Origin of AIS ebook</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>FREE: The Body Electric, a documentary movie produced by AIS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

FREE: Hans Selye and the Origin of AIS ebook
FREE: The Body Electric, a documentary movie produced by AIS
Sign up for membership today at stress.org

Enjoy exclusive AIS features and articles online, or on your smartphone or tablet.

Subscribe today and begin receiving your copy of Contentment and Combat Stress in your inbox each quarter.

The American Institute of Stress is a 501c3 non-profit organization, headquartered in Weatherford, Texas. We serve the global community through both online and in-person programs and classes. The Institute is dedicated to advancing understanding of the role of stress in health and illness, the nature and importance of mind/body relationships and how to use our vast innate potential for self-healing. Our paramount goal at the AIS is to provide a clearinghouse of stress related information to the general public, physicians, health professionals and lay individuals interested in exploring the multitudinous and varied effects of stress on our health and quality of life.

The American Institute of Stress
220 Adams Drive, Suite 280 - #224, Weatherford, TX 76086 USA
Main: (682) 239-6823 info@stress.org
It’s free, although if you agree with our mission, we are most grateful for any tax deductible donation you would like to make.

And we are not here to cause you stress so rest assured that we will never sell your email and you won’t get any junk mail from us.

The American Institute of Stress is a qualified 501(c)(3) tax-exempt organization.