Recovery from Stress and Trauma: The Connection Between Hope and Healing
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

Fresh Medical Treatments Enabled by Stress Theory
By Lewis Coleman, MD, FAIS
Dr. Coleman takes us on a journey through medical history, beginning with the mystery of disease followed by an explanation of the Unified Theory of Medicine. His own stories of struggling with disease enrich our understanding as he leads to an answer: a universal treatment for critical illnesses illustrated using familiar chronic illnesses. Simple, safe treatments directed at the cause of disease promise a hopeful future.

Somatic Connections to Enhance and Secure Homeostasis and Health
By Linda Penkala, LMT
Ms. Pankala explores the goal of finding balance and peace in the midst of personal and global uncertainty in the world. She makes the case for crafting a new version of ourselves through mind-body connection involving self-regulation, relaxation, aroma therapy, breathing exercises, and learning how to simply let go. A number of somatic self-regulation modalities and resources are introduced and explained. Equine therapy is featured as a unique modality bringing healing and peace from grief or trauma that goes beyond traditional somatic methodologies. An insightful interview unpacks this application, providing a fascinating conclusion to the article.

The Three Principles: Tapping into the Resilience that Lies Within
By Carla Hay-Purdue, DNP, APRN, FNP, ANP-BC NC-BC, FAIS
The Universal Mind described by these three principles describes a connection with a higher power that provides inner wisdom and insight to guide us throughout our lives. Five implications of these principles are unpacked in the context of a number of stories illustrating the impact on resilience. Coaching people in how to use these principles enables them to tap into their resources of insight and wisdom.
Navigating Workplace Stress: Unveiling Toxic Patterns and Initiating Change

By Carrie Freshour, LCSW-C

Beginning with a thought-provoking question, “Are we fostering a healthy group dynamic,” in our workplace, one that is aligned with our mission? The author takes us into the world of decoding workplace stress. Ten symptoms of a toxic workplace are unpacked in easily understood language we can all identify with when it comes to a bad day at work. This is followed by ten responses to these stressors we can use to change our work environment to one of optimism and positivity. A culture of openness, inclusivity, and continuous improvement can be the result.

Building Resiliency During a Mass Disaster

By Rex Miller, MA, FCHS

We often view trauma through a lens of adversity and struggle. The author goes further to describe a paradigm shift toward positive transformation and growth following stressful or traumatic events. Thoughtfully, Mr. Miller shares his own journey through crisis and growth and his discovery of the catalytic nature of post-traumatic growth. Six disciplines fostering post-traumatic growth are introduced and explained. By following these easy to do practices we will see new strength, more energy, deepening social bonds, and clarified sense of purpose. Focusing on small daily gains is the key to building resiliency.
Hope is an elusive word. It can be hard to define and difficult to capture as a noun or a verb. Is it wishful thinking, an impossible dream, or a confident expectation? When is it not any of these things? Hope can be a feeling and, at the same time, a concrete reality, a fact. Here is a fact we do not often consider when we wrestle with hope: Hope heals.

Hope can serve as a buffer between us and difficult life events. It leads to better life satisfaction, improves treatment outcomes medically and mentally, and is associated with lower levels of depression and anxiety. Hope is one of the few constants in recovery. A very close friend was temporarily paralyzed from the waist down due to a surgical error. At first, it was feared the condition would last. However, the good news was that it was not permanent but would take at least a year of recovery to know if healing could be complete. My friend struggled through the early difficult days of recovery. His hope often waning, robbing him of optimism and a positive mindset, the two things that hope depends upon as a foundation for change in our thinking, in our bodies, and in our innermost self.

In this issue of Contentment Magazine, we feature articles illustrating this kind of hope. The concept of hope that heals is sown through every article even when the word hope is not used. For example, our first article written by Dr. Lewis Coleman, *Fresh Medical Treatments Enabled by Stress Theory*, provides insight into the mystery of disease and advances in medical science which hold incredible hope for medical and mental wellness. Linda Penkela writes about everyday stressors in her article, *Somatic Connections to Enhance and Secure Homeostasis and Health*, providing practical responses to challenges in life that steal our joy and push hope out of reach. Carla Hay-Perdue provides three fundamental principles for tapping into the resilience we all have within ourselves in her article *The Three Principles: Tapping into the Resilience that Lies Within*. The workplace can be exciting and motivating but can also be frustrating, discouraging, and even toxic at times. Carrie Freshour provides insights in her article, *Navigating Workplace Stress: Unveiling Toxic Patterns and Initiating Change*, which offers hope for changing our outlook and our environment. Rex Miller revisits the hope of post-traumatic growth in *Building Resiliency During a Mass Disaster* using lessons learned through the COVID-19 disaster which can be applied to everyday life.

Hope in action is the willingness to have a plan and commit to concrete goals moving forward. Goals turn wishful thinking into positive results and move hope out of a desire into a reality.

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

*Editor’s Message*
The American Institute of Stress (AIS) was established in 1978 at the request of Professor Hans Selye, the father of the stress theory in medicine. It acts as a hub for information on evidence-based stress-related topics. Its founders, including notable figures like Paul Rosch, MD, Linus Pauling, MD, Alvin Toffler, Bob Hope, Michael DeBakey, MD, Herbert Benson, MD, and other distinguished physicians, healthcare experts, celebrities and stress management enthusiasts, dedicated the Institute to explore how stress impacts our health and well-being. They saw the need to counteract misleading claims about stress management by providing reliable research and education. The Institute's first meeting, held in Tarrytown, New York, gathered influential individuals to formally establish it as a nonprofit organization. Over the years, distinguished authors and lecturers Dr. Paul Rosch and Dr. Daniel Kirsch have led the Institute's mission to address the growing concerns around stress and its effects on individuals, corporations, educational institutions, and society.

The mission of AIS 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.

AIS Leadership
• Board Chair – Tracey B. Kirsch
• President – Daniel L. Kirsch, PhD, DAAPM, FAIS
• Executive Director and Founding Contentment Podcast Host – William C. Heckman, MS, DAIS
• Marketing and Donor Relations Director – Angela Fertitta-Briley
• General Manager – Donnalyn Brown, EMT, DAIS
• Chief Scientist – Lewis S. Coleman, MD, FACA, FAIS
• Combat Stress Magazine Editor – COL (RET) Kathy Platoni, PsyD, DAAPM, FAIS
• Contentment Magazine, Editor – Jeff Jernigan, PhD, LPC, BCPPC, FAIS

Our Board of Directors, Advisory Board, Fellows, Diplomates and Members include individuals with expertise in a wide range of stress management specialties. Many are available for lectures, consultation or to serve as expert witnesses in workers’ compensation and other litigation.

The AIS Media and Speakers Bureau offers a service connecting our credentialled healthcare professional members with corporations and media outlets across the United States. Our diverse pool of AIS Fellows and Diplomates, representing various clinical specialties, is available to deliver engaging talks at conferences, corporate meetings and other events covering a broad spectrum of stress-related subjects. While our speakers will sometimes volunteer their time and expertise, an honorarium might be requested along with any expenses incurred. We deeply appreciate any donations that can support the ongoing efforts of our Media and Speakers Bureau.
Fresh Medical Treatments Enabled by Stress Theory
Medical revolution is now inevitable. The discovery of the mammalian stress mechanism (MSM) enables the “unified theory of medicine” proposed 70 years ago by Dr. Hans Selye, the founder of the American Institute of Stress. For the first time in medical history, this provides an adequate theory of physiology, pathology, and stress that enables physicians to focus their treatments on the cause of disease to achieve safe, simple, efficient, economical, comfortable, and reliable cures that prevent disease damage and restore homeostasis and health. This essay will explain how these new treatment strategies can be applied using presently available machines, monitors, and medications and how the MSM will guide pharmaceutical development to eliminate disease altogether.

I have previously published essays in this magazine explaining the history of stress theory, the discovery of the MSM, and how it works. For brevity, these background materials will not be repeated in this essay. Those unfamiliar with these publications may study them to understand better the new treatments described here. Those who wish for greater detail may seek my book.7

To illustrate MSM treatments, I will occasionally share my clinical observations from my 40 years in anesthesia practice. For example, on two occasions, I was called to perform emergency endotracheal intubation for patients asphyxiating due to fungating malignant masses that were blocking their airways. Both were unconscious, and their skin and lips were blue/gray due to oxygen starvation, and they were struggling for each breath. Fortunately, I was able to install pediatric endotracheal tubes in both patients, which relieved their airway obstructions, and connected the endotracheal tubes to pure oxygen from my anesthesia machines. In both cases, their blood pressure disconcertingly “crashed” below normal, but their skin simultaneously glowed cherry red. The increased skin perfusion could not be explained by the direct effects of oxygen alone because it doesn’t affect vascular muscle, capillaries, or nervous activity. What I was observing was the spontaneous opening of the submicroscopic, molecular-level “capillary gate mechanism” that reduced microvascular flow resistance and flooded skin capillaries with oxygenated blood to relieve cellular oxygen starvation.8,9 Many practitioners would have treated this with “vasopressor” medications to restore normal blood pressure, but this would have been counterproductive. I did nothing because it was obvious that I had restored effective oxygen transport and delivery, and vasopressor treatment would only have increased microvascular resistance and hampered oxygen delivery to tissues.10 In both cases blood pressure and skin color were restored to normal within about fifteen minutes as cellular oxygen starvation was relieved.

Almost all forms of disease increase microvascular flow resistance, which
impairs oxygen delivery to cells and causes inflammation and sclerosis (abnormal collagen deposition that damages tissues). Conventional medicine ignores capillaries and clings to the imaginary ideations of Walter B. Cannon, a WWI Harvard professor, that are embodied in his small book called *The Wisdom of the Body*. He assumed that the heart is the “Charles Atlas” of the body that forcefully increases its output by a factor of ten during intense exercise and that blood flow regulation is accomplished by arteriolar vasoconstriction under nervous control. His notions cannot withstand critical scrutiny. Accumulating evidence now explains the capillary gate mechanism and offers a superior explanation of hemodynamic physiology and disease manifestations.

The Unified Theory of Medicine

As long anticipated, the MSM functions as the “companion mechanism” of DNA that converts the chromosomal genetic blueprint into embryological development during pregnancy. It then remains active for the duration of life to repair tissues and regulate organs. Normally, it functions efficiently and unobtrusively in accordance with combinations of tissue disruption and nervous activity, but like any mechanism, it has its limits. When it becomes hyperactivated by unremitting combinations of environmental stresses, it wastes its resources and produces excessive and defective versions of its products. This manifests as disease. This explanation of disease excludes several maladies, including the following:

1. **Genetic defects** cause distinctive maladies that are inherited from one generation to the next. These include cystic fibrosis, hemophilia, von Willebrand’s coagulopathy, Christmas disease, familial dysautonomia, Huntington’s chorea, sickle cell anemia, porphyria, mitochondrial defects, and so forth. Though these conditions can disrupt stress mechanism function, they are not caused by environmental stress and cannot be cured by treatments that control MSM hyperactivity.

2. **Chromosomal breakage** during embryological development causes catastrophic distortion or disruption of embryological development. Most of these disasters result in miscarriage, and rare survivors are invariably sterile. Examples include Trisomy 21 (Down Syndrome), Kleinfelder’s Syndrome, and Turners Syndrome. Like genetic defects, they are not caused by environmental stress and cannot be cured by treatments that control MSM hyperactivity.

3. **Dietary deficiencies**, including vitamin deficiencies, mineral deficiencies, and starvation, are not caused by stress mechanism hyperactivity and can be readily corrected with proper diet. Examples include scurvy, iron deficiency anemia, beriberi, rickets, marasmus, and kwashiorkor.

The MSM explains disease symptoms and relationships and indicates safe, simple, predictable, and universally effective treatments that control MSM hyperactivity and restore effective tissue and organ function. It enables the categorization of diseases as follows:

1. **Critical Illnesses**
2. **Chronic Illnesses** (e.g., Rheumatoid diseases)
3. **Heart Disease**
4. **Malignancy**
5. **Nervous Illnesses**

Critical Illnesses

All forms of “critical illnesses” are caused by life-threatening MSM
hyperactivity and are, therefore, essentially the same. They are called “syndromes” (groups of symptoms that characterize a disease) for lack of a known cause, and they are distinguished from one another only by the circumstances in which they appear so that they are commonly confused with one another. Their underlying cause is excessive entry of tissue factor (TF) from damaged tissues into systemic blood circulation due to major trauma, invasive surgery, bacterial sepsis, severe burns, poisons, and pregnancy. This, plus associated nervous hyperactivity, produces life-threatening MSM hyperactivity. Examples include the following:

**Adult Respiratory Distress Syndrome (ARDS)** is now generally recognized as the first manifestation of “Multi-Organ Failure Syndrome (MOFS).” The lung is usually the first organ to be overtly affected by environmental stresses by virtue of its high concentrations of tissue factor and intense autonomic innervation. Airborne viruses, bacteria, and toxic particulates directly attack its delicate tissues. It also reacts to systemic MSM hyperactivity induced by sepsis, poisons, major trauma, and surgery. These insults from within and without induce lung inflammation, which increases the “leakage” of tissue factor from the lung into systemic circulation. This promotes systemic inflammation and exaggerates the “penetration” of factor VII from blood into lung tissues, which causes lung inflammation. The lung reacts by flooding its alveoli with exudates that disrupt gas exchange and threaten asphyxiation and by producing collagen, which promotes sclerosis (tissue scarring) that cripples lung function in survivors.

**Multi-Organ Failure Syndrome (MOFS)** typically begins with ARDS that is soon followed by brain inflammation that manifests as delirium and dementia, as the brain is also rich in both tissue factor
and autonomic innervation. The bowel, which is relatively lacking in tissue factor but rich in autonomic innervation, is next affected. It manifests “bowel ileus” that halts peristalsis and digestion. This is soon followed by acute renal failure (ARF) as soluble fibrin accumulates in kidney glomeruli to form “casts” that disrupt urine production. The liver may develop severe edema that causes it to swell and burst.

**Disseminated Intravascular Coagulation (DIC)** most commonly occurs in patients who are suffering severe MOFS and are near death, often due to combinations of major trauma and sepsis. It causes confusing combinations of intra-vascular blood clotting and uncontrolled bleeding that defy effective treatment. This complex phenomenon is discussed in detail in my book.7

**Systemic Inflammatory Response Syndrome (SIRS)** is caused by extended exposure to cardiopulmonary bypass machinery, which disrupts blood cells and releases their toxic contents into blood circulation. This initially manifests as ARDS and soon progresses to MOFS. The bypass machinery caused such severe morbidity and mortality that it remained useless until Lowenstein demonstrated that massive morphine supplementation mitigates these problems.11,12 The bypass stress phenomenon mysteriously re-appeared after medical insurance companies arbitrarily imposed “fast-tracking” in 1995, which caused cardiac anesthesiologists to abandon opioid supplementation, whereupon the old problem of bypass morbidity and mortality was dignified with the new appellation of “SIRS.” Fortunately, the importance of opioid supplementation was soon “re-discovered,” but its benefits remain mysterious in the eyes of practitioners.

Eclampsia is analogous to MOFS except that it occurs in pregnant women, who are uniquely vulnerable to critical illness due to rich concentrations of tissue factor in amniotic fluid, placenta, and cervix that is readily released into systemic blood circulation, especially during labor and delivery.

Pregnant women are also vulnerable to sepsis because placental progesterone production inhibits peristalsis in both the bowel and ureters. This slows the passage of food through the bowel and enhances nutrient absorption, but it also promotes nausea and vomiting and slows the flow of urine from the kidneys to the bladder, which invites ascending bacterial invasion of the urinary tract that is easily overlooked amid the aches and pains of pregnancy. The resulting sepsis exaggerates the risk and severity of eclampsia.

Tissue factor leakage from the placenta and amniotic fluid entry into systemic circulation activates the tissue repair pathway early in pregnancy. This manifests as diabetes and hypertension, which is called “pre-eclampsia.” The onset of labor and delivery activates nervous activity which synergizes with the tissue factor release into systemic circulation to produce MSM hyperactivity that manifests symptoms analogous to MOFS that is called “eclampsia.”

Obstetricians fear a particularly lethal version of eclampsia called “amniotic fluid embolus,” wherein amniotic fluid laden with tissue factor suddenly enters systemic circulation. This usually occurs during active labor and causes severe morbidity and mortality. They have learned to treat eclampsia with intravenous infusions of magnesium sulphate (MgSO4), which binds to Ca+ to inhibit thrombin activity. It seems strange that this effective treatment has not been embraced by physicians to treat other versions of critical illness. This illustrates the mindless conservatism that discourages medical progress.

My wife suffered eclampsia during her
first pregnancy. I placed and activated an epidural catheter, and the obstetrician treated her with an intravenous infusion of magnesium sulphate. These measures probably saved her life. However, she became overloaded with intravenous fluid and remained obtunded for some 24 hours after delivery.

Years later, I cared for a destitute eclamptic lady with no history of obstetric care. She arrived at the hospital in active labor with hypertension, tachycardia, delirium, and dementia. I installed an arterial cannula, a central venous catheter, and an epidural catheter. Knowing that she would undergo an emergency Cesarian section, I activated the epidural catheter with a surgical dose of Marcaine (a local analgesic like lidocaine). As the Marcaine took effect, her blood pressure “crashed,” and she became hypotensive. However, she simultaneously regained consciousness as the epidural analgesia blocked nociception and restored blood flow and oxygen delivery to her brain. My anesthesiology colleagues would have condemned my treatment with the surgical grade dose of Marcaine and likewise would have condemned my failure to treat the hypotension with “vasopressors” to restore “normal” blood pressure based on the invalid assumption that blood pressure is the “driving force” of blood flow. The vasopressors would only have worsened the situation.

Still, more recently, my daughter-in-law suffered severe cervical trauma during the delivery of her third child, a baby girl who weighed 10 lbs. This spilled tissue factor from the injured cervix into her systemic circulation and caused post-delivery hypertension that was diagnosed as “post-partum pre-eclampsia.” The very name for this condition reflects the confusion surrounding its nature. Fortunately, she was returned to the hospital and treated with intravenous MgSO4, which controlled the problem, but she now suffers from lingering hypertension and fatigue. This offers an example of how harmful stress
mechanism hyperactivity can damage tissues and cause lingering effects that exaggerate the severity of subsequent disease.

**Surgical Stress Syndrome (SSS)**

- Surgery has always been plagued by an unexplained “stress reaction” that manifests as symptoms distant from the site of surgery, including exaggerated pain (allodynia), fever, tachycardia, hypertension, delirium, dementia, bowel ileus, and acute renal failure. The SSS reaches peak severity about 48 hours after surgery and can culminate in an agonizing death, especially after invasive body cavity procedures that disrupt internal organs that are rich in tissue factor and/or autonomic innervation.

Before the discovery of anesthesia, surgeons avoided surgery whenever possible or strove to minimize its duration to mitigate the SSS reaction. The discovery of anesthesia miraculously enabled surgical survival by extinguishing the ability of consciousness to interpret nervous activity as pain. Unfortunately, anesthesia also abolishes corticofugal (descending) nervous inhibitory signals from the brain to the spinal cord that inhibit spinal cord nervous pathways that close the capillary gate and inhibit organ perfusion and oxygenation. Narcotics inhibit these spinal cord pathways, which explains why supplementing general anesthesia with analgesia improves surgical outcomes.

I have had countless opportunities to observe these principles in action while managing anesthesia in the operating room. For example, dysrhythmias disappear when combinations of anesthesia and analgesia optimize perfusion and oxygenation of the internal organs during surgery, even though this sometimes causes blood pressure and pulse rate to fall below normal.

**Major Burns** - Extensive third-degree burns exaggerate the release of tissue factor into systemic circulation and cause nociception, fear, and anxiety that induces MSM hyperactivity.

I was once called to intubate an older gentleman who caught his bathrobe on fire at Arrowhead Medical Center, which is a major trauma hospital near San Bernardino. I asked the surgeon caring for him how the burns would be managed. He answered that the patient would be treated with massive amounts of morphine to make him comfortable while he awaited inevitable death. I suggested that since he was expected to die, he should be treated with MgSO4, which is commonly used to control eclampsia. He flatly refused on the grounds that nobody employs that approach. Such is the stubborn orthodoxy that pervades medicine.

**Brain Trauma** - Severe head trauma frequently causes ARDS and MOFS because the damaged brain releases dangerous amounts of tissue factor into systemic circulation and ceases to inhibit spinal cord nociception pathways. This sometimes manifests as “neurogenic pulmonary edema.” Similarly, sudden reversal of narcotic analgesia with Narcan can cause life-threatening pulmonary edema.

**Pneumonia** is a critical illness caused by bacterial or viral infestation of lung tissues, which provokes an inflammatory reaction that increases the permeability of delicate lung tissues that are rich in both tissue factor and autonomic innervation. This exaggerates the “leakage” of tissue factor into systemic circulation, which causes systemic inflammation, and increases the “penetration” of blood enzyme factors VII and X as well as invasion of soluble fibrin into lung tissues. This causes the lung to flood its alveoli with exudates that disrupt gas exchange and threaten asphyxiation. The soluble fibrin and tissue hypoxia promote collagen production that produces
Before the discovery of anesthesia, surgeons avoided surgery whenever possible or strove to minimize its duration to mitigate the Surgical Stress Syndrome reaction.
sclerosis that cripples lung function in survivors.

**Weaponized Coronavirus (COVID) Contagions**

The SARS, MERS, and COVID contagions that have plagued the world in recent years were all caused by the weaponization of the coronavirus, which exaggerates its virulence. The “normal” coronavirus is but one of twenty or more viruses that cause the “common cold.” All common cold viruses share the ability to exaggerate their virulence in the presence of victim crowding, which explains why the “common cold” is more common during winter when people live indoors. The influenza virus shares this ability to exaggerate its virulence, but it can cause severe epidemics, such as the “Spanish Flu” epidemic that killed more people than the bullets and bombs of WWI when...
infected soldiers were isolated together to prevent the spread of the contagion. The harmful consequences of the influenza epidemic (sudden, unexplained death in healthy young people; loss of hair, smell, and taste; and lingering fatigue, mental fog, and muscle weakness) were remarkably similar to those of the weaponized coronavirus. Around 2008, researchers in the United States and the Netherlands discovered the means to exaggerate the virulence of the coronavirus, which created the “novel” coronavirus. The first version of this “novel” (weaponized) coronavirus was introduced in the Far East, and its extreme virulence caused death within hours, accompanied by bleeding from body orifices. This was called “SARS” (Severe Acute Respiratory Syndrome). It was so alarming and deadly as to be impractical for political objectives. MERS (Middle Eastern Respiratory Syndrome) was caused by a less virulent version of the weaponized coronavirus that was introduced in Iran soon after the appearance of SARS. It caused countless deaths among poor Iranians living in crowded conditions. COVID-19 pneumonia was caused by a still less virulent weaponized coronavirus. It often causes loss of smell, taste, and hair but is seldom lethal except in the presence of pre-existing disease or morbid obesity or when victims are subjected to mechanical hyperventilation. mRNA COVID “vaccination” Syndrome is caused by weaponized coronavirus mRNA that is injected into systemic blood circulation, where it hijacks endothelial cells to replicate itself and propagate throughout the body. This is far more dangerous than pulmonary COVID because it isn’t confined to the lungs. It damages organs and tissues throughout the body and causes abnormal blood hypercoagulability, which manifests as Disseminated Intravascular Coagulation (DIC). This explains the epidemic of sudden, unexplained death in healthy young people and the chronic microvascular flow resistance that manifests as the “Long COVID Syndrome” in older persons.

A Universal Treatment for Critical Illnesses

All critical illnesses can be controlled and cured using the following protocol that inhibits MSM hyperactivity, restores effective organ function, and prevents tissue damage. It is essentially the same as the anesthetic method that I use to minimize surgical stress and optimize surgical outcomes.

1. Elective endotracheal intubation to secure the airway against aspiration and obstruction, isolate pulmonary contagions from health care workers, enable control and measurement of inhaled and exhaled gas mixtures, and support breathing when necessary.

2. Generous opioid supplementation to inhibit harmful nociception, reduce toxic anesthesia requirements in half, prevent spontaneous hyperventilation, and promote therapeutic elevation of CO2 body reserves.

3. Maintain hypercarbia between 50-100 torr to preserve respiratory drive, prevent atelectasis and pneumonia, and optimize cardiac output, cardiac efficiency, tissue perfusion, tissue oxygenation, and antibiotic potency and penetration.

4. Maintain inhalation anesthesia at ½ MAC (minimum alveolar concentration) to minimize toxicity and control harmful anxiety and fear. Inhalation agents provide the best means to maintain stable levels of hypnosis and can be quickly rid from the body regardless of organ function.

5. Research evidence has demonstrated that site-inactivated factor VII preparations can prevent sepsis in baboons, presumably by binding to tissue factor in
blood circulation and blocking the tissue factor pathway. Theoretically, a safe synthetic preparation that neutralizes tissue factor would complement measures 1-4 and revolutionize surgery and medicine. 

6. In the absence of #5, supplementation of the above measures with MgSO4 using protocols established for eclampsia can complement measures 1-4 and further minimize stress mechanism hyperactivity. However, this should be done cautiously because this has never been tried before and it may dangerously synergize with the other treatments.

7. When mechanical ventilation is necessary to support breathing, the rate and volume should be reduced to maintain therapeutic hypercarbia in the range of 50-100 torr.

8. Dilute inhaled oxygen concentrations with compressed air to maintain hemoglobin saturation no higher than 90% to minimize pulmonary oxygen toxicity.

9. Monitor transcutaneous oxygen levels to maintain TcO2 above 100 torr.

10. Maintain normothermia and avoid stressful hyperthermia and hypothermia.

11. Minimize intravenous fluids to avoid bowel edema, glycocalyx damage, and coagulopathy.

12. Avoid Propofol infusions, paralyzing agents, and “vasopressors,” all of which are toxic, dangerous, and counterproductive.

13. Antibiotics as needed to control bacterial infestation. The narcotic analgesia and hypercarbia should synergize their potency and penetration.

Though I have never practiced outside the operating room, I did have the opportunity to test the therapeutic properties of magnesium sulphate by using it to treat a mis-matched blood transfusion that accidentally occurred during a surgical emergency. Normally, mismatched blood transfusions cause fatal systemic blood coagulation (DIC), but the “anticoagulant” properties of MgSO4 prevented DIC and enabled the patient to expel the mismatched blood in his urine. The mismatched transfusion was rendered harmless, and there was no kidney damage or any other problem.

### Chronic Illnesses (Rheumatoid Disease)

There are more than 100 rheumatoid diseases that appear to be unrelated to one another, but the stress mechanism indicates that they are all caused by amyloidosis and are, therefore, essentially the same. They include juvenile and adult rheumatoid arthritis, systemic lupus erythematosus (SLE), essential hypertension, diabetes, atherosclerosis, Sjogren's Disease, Parkinson's Disease, Alzheimer's Disease, psoriasis, scleroderma, polymyalgia, multiple sclerosis, and gout. In all cases, the afflicted tissues exhibit amyloid protein deposits that cause painful inflammation and debilitating tissue sclerosis (scar formation), which accelerates capillary senescence, undermines tissue perfusion and oxygenation, and promotes cancer.

Clinicians fail to appreciate amyloidosis because its diagnosis requires tissue biopsy, so it is seldom detected unless it causes visible tissue damage. The MSM indicates that the most likely source of amyloidosis is chronic capillary gate hyperactivity, which exaggerates the disintegration of insoluble fibrin into “fibrin split products” (FSP or D-Dimer). Normally, the FSP is harmlessly re-metabolized, but sometimes it undergoes abnormal structural transformation into amyloid protein that abnormally deposits in various tissues throughout the body. This hypothesis could be tested using radioactive fibrinogen, which theoretically...
is the substrate of soluble fibrin, insoluble fibrin, FSP, and amyloid protein.

**Treatments for Chronic Illnesses**

Stress theory indicates that intravenous EDTA (chelation therapy), MgSO4 (used for eclampsia treatment), or trisodium citrate (used for dialysis) should inhibit Ca+ to open the capillary gate and mobilize amyloid protein from tissues. These three chemicals are commonly used to “preserve” donated blood by preventing spontaneous coagulation. Alternatively, breathing or bathing in carbon dioxide should open the capillary gate, promote angiogenesis (capillary proliferation), and release oxygen from the hemoglobin molecule to counteract tissue ischemia. Perhaps the safest and most practical treatment would be routinely sleeping in a bed enclosed within a tent where atmospheric air is enriched with slightly elevated carbon dioxide levels.

African “mole rats” exemplify the therapeutic benefits of carbon dioxide. They thrive in underground tunnels where oxygen is scarce, and carbon dioxide levels are high. They live up to 32 years, which is longer than any other rodent, and are highly resistant to cancer. The MSM indicates that these benefits accrue from constantly breathing elevated concentrations of carbon dioxide, which releases nitric oxide from the vascular endothelium. The nitrous oxide binds to Ca+ to inhibit thrombin activity, which reduces MSM activity and enhances cancer resistance.

**Heart Disease**

Heart disease is a subset of chronic illness. It is caused by amyloidosis that progressively damages arteries and capillaries. Amyloid protein accelerates the capillary deterioration that proceeds with age, which I call “accelerated capillary senescence.” This increases microvascular flow resistance, which manifests as essential hypertension,
Coronary artery bypass, open heart surgery and angioplasty are dangerous and expensive, and they fail to address the underlying problem of accelerated capillary senescence.
and undermines the ability of cells to absorb glucose from blood, which manifests as type II diabetes. This explains the close association of diabetes and hypertension.

Increasing microvascular flow resistance undermines the mobilization of amyloid particulate deposits from the inner walls of arteries so that amyloid particulates accumulate at the greater curvatures and bifurcations of large proximal arteries where pulsatile turbulence is minimal. This causes inflammatory tissue repair activity that produces atherosclerotic lesions. However, the decreasing diameter of the arterial tree with distance from the heart exaggerates blood turbulence and prevents atherosclerosis in the small arteries of fingers and toes.

Decreasing diameter in distal arteries exaggerates pulsatile turbulence, which prevents atherosclerosis in small distal arteries, but amyloid deposits accumulate on the greater curvatures and bifurcations of large proximal arteries, where turbulence is minimal. This incites an inflammatory reaction that produces atherosclerotic lesions. Increasing microvascular flow resistance simultaneously increases cardiac work, reduces pulsatile turbulence, accelerates atherosclerosis, and undermines the delivery of oxygen and nutrients to cardiac muscle during diastole. The resulting oxygen starvation stimulates fibroblast collagen deposition in cardiac muscle tissues. This thickens heart walls, impairs cardiac contractility, and causes congestive heart failure.21-23

Tobacco corporations persuaded the American government to provide its troops with free cigarettes during World War II. Tobacco company propaganda attributed the resulting epidemic of hypertension to excessive salt intake. When that narrative failed, they blamed cholesterol for heart disease. Cholesterol becomes trapped in atherosclerotic lesions, but there is no evidence that it causes atherosclerosis. Cholesterol is an essential substrate for steroid hormones that are essential for life. The body manufactures cholesterol if dietary cholesterol is inadequate.

Orthodox medicine promotes toxic “statin” drugs that lower blood cholesterol to treat atherosclerosis, but these drugs limit life span.24 Similarly, orthodox medicine recommends toxic sulfonylurea medications that lower blood glucose, but there is no evidence that glucose is harmful, and these medications also limit life span.25 Orthodox medicine also promotes the treatment of essential hypertension with ACE (Angiotensin-converting-enzyme) inhibitors, which beneficially open the capillary gate by damaging the von Willebrand Factor molecule. This improves tissue perfusion and reduces blood pressure, but sometimes causes life-threatening airway obstruction due to tissue edema.26,27 I first learned of this problem when I was called to the emergency room to intubate a patient with this problem. Thankfully, I was successful but very lucky because the swollen tongue obstructed the tracheal orifice. Surgical approaches to heart disease treatment are similarly ineffective. Coronary artery bypass, open heart surgery and angioplasty are dangerous and expensive, and they fail to address the underlying problem of accelerated capillary senescence.28-31 Meanwhile, the epidemic of postwar heart disease is declining because most of its soldier victims are dead.

**Stress Theory Treatments for Heart Disease**

Hippocrates understood that exercise and weight loss promote health. Weight loss reduces cardiac work, and exercise promotes angiogenesis (capillary proliferation), which improves tissue perfusion and oxygenation, reduces cardiac work,
and ameliorates diabetes, hypertension, and heart disease.\textsuperscript{32–37} Chelation therapy reduces microvascular flow resistance and reverses atherosclerosis.\textsuperscript{38} Breathing or bathing in carbon dioxide minimizes microvascular flow resistance and promotes angiogenesis (capillary proliferation), which reduces cardiac work. These measures are safer, more effective, and less expensive than toxic drugs, cardiac bypass, and angioplasty procedures.\textsuperscript{30,39}

**Malignancy**

Cancer has been regarded throughout most of medical history as an incurable systemic disease with localized manifestations where treatment should be avoided for fear of hastening death. Devra Davis explains how this changed to the present viewpoint that cancer is a localized disease with systemic manifestations that can be cured using harmful radiation, toxic chemicals, and mutilating surgery in her book, *The Secret History of the War on Cancer*.\textsuperscript{40}

During WWII, a surprise German raid on the port of Bari, Italy, bombed and sank an American Liberty Ship called the John Harvey that was illegally carrying mustard gas bombs. This released deadly mustard gas into the air and water, which maimed and killed thousands of soldiers, sailors, and civilians. Dr. Stewart Francis Alexander, an American chemical warfare expert, was dispatched to investigate the disaster. He identified the problem, pinpointed the John Harvey as its source, and reported that the survivors exhibited decreased white blood cell counts. His report caught the attention of wartime researchers Goodman and Gilman of pharmacology textbook fame. They performed animal research to test the idea that mustard gas derivatives could cure leukemia, which is characterized by excessive white blood cell proliferation. They inadvertently treated a single mouse with a large tumor and were surprised to find that its tumor shrank. However, it didn’t extend the mouse’s life, and they could never replicate their success. Nevertheless, they proceeded to treat a dying cancer victim with mustard gas derivatives, and though he soon died, they reported that the treatment had delayed his death. Then, soon after the war, Watson and Crick described the molecular structure of DNA. This, combined with the report of Goodman and Gilman, inspired the notion that cancer is a localized disease caused by “defective DNA” and that it can be cured by extirpating the defective DNA with mutilating surgery, toxic chemicals, and harmful radiation. This history is truly disconcerting. There has never been scientific justification for presently prevailing cancer treatments. Though cancer sometimes resolves spontaneously despite these treatments, there is abundant evidence that they cause cancer and hasten death.

**Conventional Theory and Cancer**

Conventional medical theory cannot explain cancer.\textsuperscript{41} If “defective DNA” caused cancer, then all tumor cells would be identical. Instead, malignant tumors are mixtures of different cells, all replicating at different rates. It cannot explain why cancer cells can’t be distinguished from normal tissue repair cells during peak periods of tissue repair (both exhibit broken chromosomes and exaggerated rates of mitosis and metabolism). It cannot explain why conventional cancer treatments are also known causes of cancer.\textsuperscript{42} It cannot explain why conventional cancer treatments fail to produce predictable cures. It cannot explain why cancer causes seemingly unrelated tumors that appear at distant locations. It attributes cancer to “DNA mutations” induced by environmental stresses, which is at odds with the famous research of Max Delbruck and Salvador Luria that proved mutations occur randomly and are unrelated to environmental stresses.\textsuperscript{43}
Stress Theory and Cancer

Stress theory restores the traditional viewpoint that cancer is a systemic illness with localized symptoms. It indicates that unremitting combinations of environmental stresses cause MSM hyperactivity, which elevates thrombin generation that dangerously exaggerates tissue repair activity. This causes the proliferating repair cells to invade and disrupt normal tissues, stimulate harmful nervous activity (nociception), activate blood enzymes, and cause systemic inflammation and blood hypercoagulability. This harmful MSM hyperactivity sometimes becomes self-sustaining (“malignant”) but if the causative environmental stresses can be relieved, or if medical treatments can restrain MSM hyperactivity, the “vicious cycle” of malignancy can be disrupted, whereupon the tissue repair process can proceed to apoptosis, resolution, and cure.

Conventional medical theory cannot explain why conventional cancer treatments are also known causes of cancer.
Malignant tumors are named in accord with the type of cells that predominate in them. Tissue repair fibroblasts tend to predominate in malignant tumors because they are hypersensitive to thrombin elevations. They are sub-specialized to suit the needs of various tissues, so bowel fibroblasts look different from brain fibroblasts. For example, both primary and metastatic bowel tumors are called “adenomas,” and brain tumors are called “astrocytoma,” and so forth. But regardless of which tissue from which they arise, malignant tumors are all the same in the sense that all are caused by MSM tissue repair hyperactivity.

Malignant tumors continuously shed tissue factor into systemic circulation, which activates blood enzymes and causes systemic inflammation and blood hypercoagulability. This is called “Trousseau’s Syndrome.” The exaggerated blood coagulability explains why most cancer patients die quietly from heart attacks, strokes, and pulmonary emboli. Cancer seldom kills by eroding into blood vessels and causing blood loss. However, malignant MSM hyperactivity sometimes culminates in “multi-organ failure syndrome.”

Systemic inflammation explains the appearance of seemingly unrelated tumors in distant locations in cancer victims. It also explains metastasis. Hyperactivated cells from malignant tumors are transported in blood and lymph flow to downstream tissues, and they preferentially thrive in “target organs” that are rich in either tissue factor or autonomic innervation or both. This explains why lung tumors metastasize to brain tissues, why bowel tumors metastasize to the liver, and so forth.

Most tumors, whether malignant or benign, arise in “target organs” that are rich in tissue factor, autonomic innervation, or both. The degree of MSM hyperactivity determines whether the tumor will remain benign or become malignant.
Toxic chemicals and radiation preferentially kill the fastest replicating (and therefore most metabolically active) cells, causing tumor shrinkage, and the surviving tumor cells are more resistant to subsequent treatment, so the tumors are more difficult to treat when they re-appear.

**Curing Cancer**

Theoretically, cancer can be cured using combinations of anesthesia, analgesia, hypercarbia, and thrombin suppression (as previously described for the treatment of critical illnesses) to disrupt the “vicious cycle” of cell proliferation and harmful nervous activity that sustains malignancy. However, the available evidence indicates that the treatment must be maintained for perhaps as long as 24 hours to achieve a reliable cure. Treatment with warfarin, which disrupts the interaction of factor VII with factor X and tissue factor, has been shown to improve the chance of cancer cure. Frequent chelation therapy treatments would theoretically promote cancer cure. Patients with cancer should never be told that they suffer from a lethal illness because emotional angst promotes MSM hyperactivity.

**Nervous Illnesses**

The cause of ulcerative colitis, regional enteritis, interstitial cystitis, and irritable bowel syndrome remains mysterious. Infectious agents and other obvious causes are absent, and these conditions are more common in women than men. The MSM indicates that emotional adversity exaggerates sympathetic nervous activity that closes the capillary gate and decreases blood perfusion and oxygenation in the heavily innervated tissues of the bowel and bladder, causing painful and damaging tissue ischemia.

**Treatment of Nervous Illnesses**

My mother and daughter both suffered from life-threatening ulcerative colitis. The bowel and bladder are heavily innervated with autonomic nerve endings. The MSM suggests that sympathetic nervous hyperactivity causes ulcerative colitis, regional ileitis, and interstitial cystitis by closing the capillary gate, reducing tissue perfusion and oxygenation, and causing painful lactic acidosis in the afflicted tissues. Breathing small amounts of carbon dioxide during these painful attacks to open the capillary gate, increase tissue perfusion, promote the release of oxygen from the blood, and elevate tissue oxygenation in the afflicted tissues should be an effective treatment for these conditions. I have tested this hypothesis with a woman who suffered from interstitial cystitis for many years. Breathing small amounts of harmless carbon dioxide mixed with room air relieved her bladder pain and prevented its return. When she forgot to use the carbon dioxide, her bladder pain returned, and when she resumed the CO2 treatments, the problem was relieved again. She now treats herself with carbon dioxide whenever she perceives the onset of bladder pain. This appears to have resolved the problem. I believe that simple, safe CO2 treatment can cure ulcerative colitis, regional ileitis, and interstitial cystitis.

---

**Summary**

The discovery of the mammalian stress mechanism enables the “unified theory of medicine” that was postulated by Hans Selye. As long expected, it enables physicians to employ simple, safe, treatments that are directed at the cause of disease rather than its symptoms to predictably prevent and cure disease. This essay shows how combinations of anesthesia, analgesia, hypercarbia, and thrombin suppression can be used to treat a wide variety of seemingly unrelated diseases.

**Conclusion**

*Medicine is a social science, and politics is nothing else but medicine on a large scale.*
Medical education does not exist to provide students with a way of making a living, but to ensure the health of the community.”

– Rudolf Virchow

“The medical profession in the United States ceased, very largely, to be a profession of the fatherly confessors and unprofessing humanitarians and became one of the largest groups of hardheaded petty-bourgeois hustlers in the United States, and their professional association became the most ruthlessly materialistic lobbying association of any professional group.

– Carrol Quigley

The stress mechanism discovery represents the triumph of 20th century medical research. It fulfills the predictions and expectations of the old stress researchers. It promises a new era of health, longevity, and freedom from the eternal curse of disease and premature death. Many of its benefits are immediately available, but much work remains to be done. The theory must be independently acknowledged, tested, confirmed, and accepted before its benefits can be fully realized. Guided pharmaceutical research is needed to develop profitable new products that enable their full potential, and clinical research is needed to refine practical and safe guidelines for its application.

Like all powerful theories, stress theory has extended implications. It confers a “unified theory of biology” that explains embryology, evolution, ethology, psychology, anatomy, taxonomy, the origin of life, the purpose of death, the Cambrian explosion, and dinosaurs. It resolves the disparities of

References
9. Coleman, LS. A capillary hemostasis mechanism regulated by sympathetic tone and activity via factor VIII or von Willebrand’s factor may function as a “capillary gate” and may explain angiodysplasia, angioneurotic edema, and variations in systemic vascular resistance. Med Hypotheses, 2005.

Lewis Coleman, MD, FAIS is a board-certified anesthesiologist who completed his BS degree in biology at Ohio State University, earned his MD degree from New York Medical College, and completed his surgical internship and anesthesiology residency at UCLA, followed by 40 years in private practice. Coleman’s basic sciences instruction at NYMC miraculously coincided with the two-year sojourn of Dr. Johannes Rhodin, a famous Swedish pioneer of electron microscopy who was retained by the school to upgrade its curriculum. Dr. Rhodin was an expert on the stress theory of Hans Selye. His stress theory lectures devastated the dogma of classical physiology and convinced Coleman that stress theory represented the future of medicine. Many years later, these lectures miraculously enabled Coleman to identify Selye’s long-sought stress mechanism. Thus identified, the stress mechanism enables Selye’s “Unified Theory of Medicine” that promises a new era of health, longevity, and freedom from the eternal curse of disease. Its implications exceed the bounds of medicine and confer a “unified theory of biology” that explains embryology, extinction, evolution, ethology, intelligence, anatomy, taxonomy, the Cambrian explosion, and dinosaurs, and resolves the disparities of Darwin, Lamarck, Baldwin, and saltation. Its distant implications reside in the realm of science fiction. His website http://www.stressmechanism.com is dedicated to stress theory and offers relevant materials free of charge. His book, 50 Years Lost in Medical Advance: The Discovery of Hans Selye’s Stress Mechanism, is available on Amazon.
THE COST OF STRESS.
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

I mprove 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

E stablish 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

D evelop 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

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.
SOMATIC CONNECTIONS to ENHANCE and SECURE HOMEOSTASIS and HEALTH.
The elusive goal of finding balance and peace in the midst of traumatic global or personal events these last four years has been challenging. Very few of us had the tools, training, or wherewithal to withstand the constant bombardment of new shifting happenings. From the pandemic and mask-wearing to social isolation, loss of loved ones, political and racial unrest, to ever-evolving new health challenges, it was hard. Not to forget the heightened levels of coping skills needed for the military, police officers, firefighters, first responders, or healthcare workers. My belief is that the net result for many was, and still is, their disconnect from themselves, family, friends, and faith families.

Yet, in the midst of it, crafting a new version of ourselves on the way to developing resilience became one option, or succumbing to the stress, grief, and trauma loop. How did the somatic mind-body connection either carry us through or get buried in the demands of staying afloat during unprecedented stress? It appeared to me during my five months of not seeing massage therapy clients, they were profoundly impacted, not being touched nor connected to their somatic mind-body-soul continuum. While my isolation from them played into a deep sadness and grief from stopping, and not working. By the time I reopened, the mission-critical moment was to help them get back to a home base of calm and peace through self-regulation, relaxation, aromatherapy, breathwork, and letting go, among other techniques.

The disconnect we all felt from ourselves, our families, and our friends during that “shelter in place” is still ever-present today as loneliness is becoming a global health concern. The U.K. and Japan appointed the world’s first Minister to address loneliness in 2018 and 2021, respectively.1 Thinking of relationships, conversations, or connections within the presence of another as healthy medicine is one way of reframing our need for each other.

These hands have touched and palpated stress, grief, and trauma for over 36 years, and I experienced them all first while living life as a professional athlete. Experiencing the trauma of falling off horses - breaking wrists and clavicles, dislocating a shoulder, and spraining an ankle allowed me to begin my lessons in healing and recovering. The quote many told me post-injury was how trainers and owners won’t ride me again, as they think I may have lost my heart while race riding. As in going up in holes (tight in between horses) in the race and taking risks once again. It was up to me to show them my still ever-present courage and confidence to excel at race riding did not go anywhere. During the following years, I set a few records for a woman jockey in Maryland and went on to compete in Japan’s Ladies Cup International Competition. How each of us in our mind, body, and soul responds to trauma can result in how well we heal with a renewed mental reset, traveling avenues of growth for a positive and hopeful future with exciting outcomes.

By Linda Penkala, LMT
I had a moment of Post-Traumatic Growth (PTG) in my journey to the emergency room ten years ago with an erratic heartbeat (Atrial Fibrillation), being admitted to the hospital to bring it back to normal. Once in normal rhythm, having asked the cardiologist how this happened, his answer was, “Sometimes Linda, we just don’t know, as all your bloodwork numbers look just fine.” Not what I wanted to hear. I then went out on a research hunt, did some deep soul-searching into my unattended stress, and felt the need to share with other women. I found heart disease is our number one killer globally, and stress plays a part! My mess became my message in the pages of The Pause to Relax Ladies as lifestyle choices and science reveal how we can flourish through stress, mental challenges, grief, PTSD, and trauma to survive and even to thrive!

Somatic self-regulation modalities & resources

**Emotional Freedom Technique** is a hands-on tapping with fingertips, of acupuncture points on the upper body and head that helps regulate the nervous system to lower stress, anxiety, and pain. Founders Nick, Alex, and Jessica Ortner shared this profound technique in their hometown of Newton with children, parents, and those involved with the Sandy Hook Elementary School tragedy. They founded the TTSF to offer hope and help locally and globally.

**Chiropractic** is a manual manipulation of the spine, joints, and muscles to allow the body to heal by a licensed Doctor of Chiropractic. The benefits of an organized nervous system are improved posture, less neck, back and headache pain, among others.

**Emotional Transformational Therapy** is an interpersonal therapy that can alleviate emotional distress, attention deficit disorder (ADD), or depression through precise visual brain stimulation.

**Multidimensional Eye Movement** (not similar to EMDR) offers a breakthrough for the rapid treatment of trauma. Wavelengths of light and color are one means of swift healing developed by Steve Vazquez PhD.

**Prayer and meditation** - “Prayer and meditation are highly effective in lowering our reactivity to traumatic and negative events,” says Dr. Paul Hokemeyer, a marriage, family, and addictions therapist. “They are powerful because they focus our thoughts on something outside ourselves. During times of stress, the limbic system within our central nervous system becomes hyper-activated, which does two things: it thrusts us into survival mode where we freeze, fight, or flee the situation, [such that] we move away from the present state of being into a future state.”

**Yin Yoga** is a soft, passive practice that targets the connective tissues of ligaments, bones, and joints while on a yoga mat on the floor. The peace of holding asanas or poses for 3-5 minutes allows for deep release while enhancing relaxation and lowering stress.

**Acupuncture** is a form of traditional Chinese medicine that utilizes very fine needles to manage pain and stress, after taking
The peace of holding asanas or poses for 3-5 minutes allows for deep release while enhancing relaxation and lowering stress.
the pulses on the client’s wrists. Balancing the flow of chi or life force in certain meridians or paths stimulates muscles, nerves, and natural painkillers. From headache relief to post-chemotherapy nausea, relaxing deeply while the needles are in is peaceful and therapeutic.7

Aromatherapy is a centuries-old effective modality from the oils of plants or trees to offer calm and mental balance while lowering stress and inducing relaxation or concentration. A personal and portable DIY nasal inhaler to inhale into the nostril goes directly to the amygdala in the brain, where fear and stress dominate the flight/flight/fear loop, offering a sense of calm with lavender, or energy with rosemary.8

Other resources include Upgrade Your’ Vagus Nerve by Dr. Navaz Habib; In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness by Peter A. Levine PhD; and The Pause to Relax Ladies for Robust Heart Health by Linda Penkala, LMT.

Massage Therapy and Breathwork for Grounding

Therapeutic massage is emotional first aid for depression, anxiety, stress relief, and PTSD, along with pain relief that lowers blood pressure and cortisol levels. It is the choice for veterans, refugees, or survivors of torture as a viable positive option for relief. Touch helps to build trust and safety to facilitate solid relationships. The deprivation of touch is tied to the failure to thrive in infants and young children.9

Once on the table, a client gets out of their head, into their heart and body, and is present, smelling essential oils, feeling and sensing their body letting go; all in a state of relaxation. This is the first step to being grounded and present within their body/mind/spirit. Research reveals a scalp massage of only 15 minutes can lower cortisol, heart rate and blood pressure.10

The four courses below are available through a partnership with MUIH Professional and Continuing Education (PCE) and are certified by The American Institute of Stress. PCE provides advanced, superior quality, skills-based offerings leading to relevant credentials and real-world application. As a PCE learner, you can quickly expand your knowledge and distinguish yourself as a leader in your field. Additionally, various professional organizations and boards may accept these courses for continuing education requirements. CLICK TO LEARN MORE.

AIS members receive 10% OFF all MUIH courses. If you are a member, contact us for a promo code to enter at checkout.
One client on his grief journey eloquently explains this powerful connection: “For me, massage is another means I use to fight the debilitating effects of grief. Massage, however, is different from therapy or grief counseling in that its effects are immediate. There are emotions involved in massage, but the physicality of the massage connects me back to my body, which I ignored in my grief. It re-connects me back to my breathing, and my posture and to a quiet space where I can ‘catch my breath.’ I feel less than I was with the loss of my wife, but massage is an affirmation that the parts of me that are left are still worth taking care of and provides a tangible sense of hope for my future.”

When the power of breathwork is part of therapeutic massage, a profound sense of peace prevails. Most especially with this last technique, where there is a visceral shift into feeling calm in the entire body. Here are a few breathing techniques that enhance relaxation and focus, to be utilized at any time day or night.

**Box Breathing** is a technique taught to the Navy Seal’s targeted training for focus, calm, and clarity. Inhale four times, pause four seconds, exhale four seconds, pause four seconds.11

**3-5-8 Breathing** – Inhale for three seconds, pause for five seconds, and exhale entirely for eight seconds.

Stim Vagus Nerve Breathing is my signature breathwork to inhale into the belly, then lungs, and exhale with the sound “AHH” or lips together “HMM,” to engage the vagus nerve. It is part of the parasympathetic nervous system and the longest nerve from the gut to the brain to enhance rest and digestion. For deep sleep, do it three to five times with a finger in each ear, or below it. Massaging the ears can also help vagus nerve activity.

**Quick Coherence Breathing Technique** is a simple, three-minute breathwork technique from HeartMath to bring coherence and harmony to the heart along with balanced heart rhythms. Putting your hands on your heart helps connect to that feeling of appreciation, compassion, or love while breathing.12

### Equine-Assisted Therapy for Connecting and Being Present

Horses have long been a part of the healing process of children, adults, families, the military, and corporations since 1960. Whether in a mounted (on the horse) method of teaching or on the ground beside the horse in an Equine Assisted Program (EAP) designed training for the patient. Such is the format for Maryland psychotherapist and horsewoman Brenda von Rautenkranz, MS, LCPC, NCC, EAGALA Certified. [www.vrtherapycenter.com](http://www.vrtherapycenter.com). Her farm and four-legged co-therapists are in Sykesville, Md., where her passion for horses, and love of helping others, form a unique healing setting. Here are some questions I asked Brenda, with her level of expertise in horses and healing:

1. Have your clients been seen by other mental health professionals before you?
   **Brenda:** Yes, I am sometimes the last resort of clients trying to find a place of peace and healing from grief or trauma.

2. What are the ranges of stress, PTSD, grief or trauma you and your horses attend to, 1-10 with 10 the highest level of dysfunction or mental state.
   **Brenda:** Many clients come in with a high range of dysfunction, often between 9-10 on the scale.

3. What do you witness when horses connect with young clients or adults?
   **Brenda:** I have witnessed countless interactions that are profound! Horses mirror the client’s emotions and behaviors, promoting emotional awareness. This nonverbal communication always amazes...
my clients. Emotional responses can occur too if a client is upset and crying, horses can feel the sadness and horses can offer comfort. As well with visible emotional responses such as smiles or laughter.

Trust building is a big factor in EAP for horse and client. Clients can show signs of trust towards the horse, by displaying a relaxed body language and facial expressions that can lead to moments of openness and emotional release when they connect with the horse.

And let’s not forget about the power of touch! When a client moves their hands over a horse’s body, there is a connection and connection is a release of trust and mutual respect.

4. Regarding progress and growth, how have you seen horses be agents of change for those experiencing trauma and the need for connection and healing?

Brenda: The progress and growth people have experienced through EAP at vR Growth and Learning Center has been profound! It is not only multifaceted but an amazing journey in my practice.

Horses help individuals become more aware of their emotions and learn to regulate them effectively. This improves emotional awareness and regulation. When clients begin to interact with the horses, a boost of self-esteem and confidence appears. Within a few minutes of riding a horse, the clients’ blood pressure drops, and their hearts are in sync with the horse.

There is a reduction in symptoms of anxiety and depression when the clients engage with horses outdoors, and this, I have found, is the beginning of an overall mental wellness. Is it the smell of the outdoors, the horses, the grass? I believe it is all a part of the healing!

Building a trusting relationship with a horse can help develop a trusting relationship with people and reduce feelings of isolation. But the power is that EAP enhances non-verbal communication and attentiveness which improves social and communication skills. What is the horse really saying with its body? What are you saying with your body?

We have complex emotions and EAP provides a safe environment to process healing from grief and trauma. Horses are there to meet us where we are without any conditions.

Working with horses fosters mindfulness and being present in the moment, not worrying about tomorrow. This is beneficial for stress relief. One must be present to adapt to problem-solving with a horse and be ready for their unpredictable reaction.

Let’s not forget about joy and playfulness. Interactions with horses can reintroduce a sense of joy, particularly healing after stress or trauma or a teenage breakup.

One non-profit that has been around since 1996, Maryland Therapeutic Riding www.horsesthatheal.org is in Crownsville, Maryland for all ages along with active military and Veterans with special needs. They are professionals dedicated to helping individuals find overall wellness and mental well-being through the therapeutic power of connection between horses and their clients. Programs such as EAP, adaptive/therapeutic riding, equine services for heroes, education and mentoring, or riding for wellness are some offerings. Donating my time at MTR on their sensory trail or doing other farm jobs is an opportunity to be part of their mission, where horses heal. Here are questions I asked Katie Streett, the Clinical Director of TenTen Counseling at MTR:

1. How have you seen horses be an agent of change in your patients?

Katie: The nature of horses lends itself well to those experiencing stress, grief or trauma to experience growth and healing. Horses are able to respond to the internal emotions, breath and heart rate of humans. They notice
WITHIN a FEW MINUTES of RIDING a HORSE, the CLIENTS' BLOOD PRESSURE DROPS, and THEIR HEARTS ARE in SYNC WITH the HORSE.
when our outsides match our insides; for example, they can tell when we are masking or trying to cover up an emotion and respond accordingly. We are acting like predators when we are not congruent. I have witnessed individuals who were scared to approach the horses, fully embody that fear, say out loud, “I’m really afraid, but my goal is to touch that horse today.” And in turn, that large, 17 hand horse lays down. Horses also live fully in the moment, they respond to fear, stress, grief, etc. take care of themselves (yawning, rolling, licking and chewing), let it go and return to the moment. There are so many lessons for selfcare, processing of emotions/situations and distress tolerance that can be modeled by the horses.

2. What do you witness when horses connect with young clients or adults?

Katie: Connecting with horses requires observation skills, communication of boundaries (what is ok and what is not ok), mindfulness and ability to be present in the moment, expression of emotions, and can include rupture of connection (walking away) and repair (walking toward). Connection is experienced differently by each individual. Sometimes it looks like the horses are laying down, sometimes they look like they are sleeping (eyes closed, heads droopy), sometimes it looks like walking toward or with the individual.

3. Have your clients been seen by other mental health professionals before you?

Katie: Many have, some have not, some see both at the same time. Equine assisted psychotherapy is a powerful adjunct therapy to supplement a more traditional approach.

4. What are the national and international professional associations you align with?

Katie: We practice EAGALA (Equine Assisted Growth and Learning Association) equine assisted psychotherapy. Our farm also offers adaptive riding, affiliated with PATH International (Professional Association of Therapeutic Horsemanship), which is a program for individuals looking for a recreational activity that connects them with horses in a healing environment, and the ability to address therapeutic goals, like improved self-esteem, confidence and communication skills through riding and horsemanship skills.

5. What is that magical connection between horse and human?

Katie: Horses are fully present in their bodies and minds all the time. More and more studies are being completed on the congruency of horses’ heart rates, the larger electromagnetic field their hearts produce, and how horses and humans experience entrainment (heart rate, biology, behavior synchronization or to be in rhythm with
each other) which can lead to stress relief, decreased and more coherent heart rate, co-regulation, and so much more. It absolutely feels magical and spiritual, and more and more we are learning about the science as to why and how.

A wealth of knowledge and information can be found within various equine organizations that both businesses are part of. Brenda is affiliated with EAGALA https://www.eagala.org/index and MTR is affiliated with PATH International Certified Advanced Therapeutic Riding Instructor and EAGALA Certified Mental Health Professional and Equine Specialist. For those who are serving or served in the military, here is the PATH program link for Veterans: https://pathintl.org/programs/veterans.

As life offers experiences through the mountains and valleys of challenges, just like diamonds hold up to pressure, so too are we – strengthened on the path of healing, making sound proactive choices, and on the way to victories. Remember to celebrate the milestones with gratitude, love, and joy! And reap the benefits of my favorite quote on the back of my book:

“Life is a race, marked by a start and a finish. It is what we learn during the race, and how we apply it, that determines whether our participation has had particular value. If we learn from each success, and each failure, and improve ourselves through this process, then, at the end, we will have fulfilled our potential and performed well.”

- Ferdinand Anton Ernst Porsche, Austrian technical automobile designer and automaker-entrepreneur

Believe in yourself and all that you are. Know that there is something inside you that is greater than any obstacle.

- Christian D. Larson

References
4. Emotional Transformational Therapy: https://www.ettraining.com/
5. Spector, Nicole, This is your brain on prayer and meditation, Feb. 16, 2018 https://www.nbcnews.com/better/health/your-brain-prayer-meditation-ncna812376
7. Acupuncture, Mayo Clinic Overview: https://www.mayoclinic.org/tests-procedures/acupuncture/about/pac-20392763

Optimum Health for Life is Linda Penkala's wellness company that offers health and wellness presentations virtually or in person, and therapeutic massage incorporating aromatherapy, light therapy, and Thai massage. Her passion and heart for holistic lifestyle choices can be found through published articles on her website, www.lindpenkala.com, and in Linda's book The Pause to Relax Ladies for Robust Heart Health. Blending her first career as a jockey with her current one as a LMT for 37 years reveals powerful analogies regarding speed, stress, and the results of not paying attention to making proactive lifestyle choices to prevent cardiovascular disease, our #1 killer. Linda’s holistic self-regulation modalities help lessen stress, enhance clarity through breath work, and help people find a peaceful work/life balance.
The Three Principles: Tapping into the Resilience that Lies Within
Nurse coaching is a new way of looking at patient care. Coaching engages and empowers clients to identify and accomplish their goals. Coaching using the Three Principles acknowledges that we all have a connection to our higher power that provides inner wisdom and insight to guide us throughout our lives. This is called the Universal Mind. We are also given the gift of thought to be conscious of our world and our experiences. Mind, Thought, and Consciousness work harmoniously to guide us through life. I teach people about how their psychology works so that they can tap into their internal resources of insight and wisdom. Learning these principles has made a difference in decreasing my reaction to the traumatic events that come with being a nurse and paramedic.

Many years ago, there was a great storm in East Texas with heavy winds and hail. Liz’s mother always gathered her children in the center room, and they huddled around the fire until the storm was gone. After the storm, Liz’s father left to survey the damage. This time, Liz and her sister Lora went with him. There was much devastation. The wind had toppled trees and structures. Then, they saw their neighbor’s broken body. He had been caught in the elements. Liz and Lora shrieked. Their father ushered them home to the comfort of their mother.

Liz was traumatized. She experienced flashbacks to that dreadful day all her life. She would take shelter in the house whenever a storm cloud approached. She unplugged all the appliances.

She answered the phone only to ensure her loved ones were safe inside. She prayed, sang hymns, and crocheted until the storm passed.

Lora, on the other hand, turned in a different direction. She looked at the situation and decided to find a way to help her community. Lora worked with the fire department and community groups when she grew up. She learned about the weather and how to promote safety during storms and other events.

What was the difference between these individuals from the same family, age group, and experience? It was the way they were thinking.

There is an inner resilience that allows people to move through trauma with minimal distress. The philosopher Sydney Banks discovered these principles in 1972. These fundamental truths lead to understanding how people view life. The paradigm teaches that our psychological experience is created from the interplay of three principles, Mind, Thought, and Consciousness, and that all people have innate resilience that they can realize, access, and live regardless of past circumstances, present stressors, and traumatic events encountered over time.

The Universal Mind is the intelligent energy that animates all of life. It is the source of wisdom, insight, peace, love, innate health, and resilience. We are connected to this universal intelligence from birth to death.
this pure state, we have natural mindfulness and are completely one with the moment. The universal mind gives us the power to have consciousness and create thought.

Thought refers to thinking and creating a psychological experience from within. We create thought constantly, twenty-four hours a day, seven days a week. Even though we create thought, we don’t control what we create. We do control what thoughts we latch on to and what thoughts we let pass on by. Some thoughts are good, some bad, some angry, and some evil. Every thought we have has a feeling attached to it. Our feelings become a barometer of our thinking. If we feel tense and anxious, we have tense, anxious thoughts. If we feel quiet and peaceful, we have peaceful thoughts.

Consciousness is the awareness of information that we access through our five senses as interpreted by thought. Consciousness allows us to notice people and events happening around us. If we are lost in thoughts of the past or future, the events and surroundings go unnoticed.

We can see the impact of the principles through implications. Keith Blevens, PhD, identified these implications through his work as a psychologist.

1. Flat earth thinking. We all have obsolete thinking that does not serve us, and we innocently believe it to be true. This thinking preoccupies the mind. Liz latched on to the same thinking she had as a girl, which preoccupied her mind whenever there was a storm. Lora replaced old thinking with new thinking through training in handling emergencies.

2. Separate realities. One of the implications of the principles is that no two people think the same. We all live in separate realities. Whenever Liz heard a storm warning or saw a storm cloud, her thoughts would return to the past and that dreadful day. She would latch on to thoughts that created fear and anxiety. Liz decreased her anxiety by connecting with her higher power through prayer, hymns, and crochet work. She was able to relax when she knew her family was safe. Lora had the opposite reaction. A storm warning or storm cloud created a need for action to help care for her friends and family. She responded to the emergency to help ensure safety.

3. Our feelings come from our thinking one hundred percent of the time. The paradigm has no exceptions. Liz’s thoughts produced anxiety and fear. Lora’s thoughts created a feeling of empowerment.

4. The Future is an incomplete equation. We don’t have all the information to predict it. We imagine future scenarios that rarely happen. Liz anticipated her family would suffer bad outcomes from being caught in the storm. Lora stayed in the present and dealt with problems as they occurred.

5. Who’s got the power? When we understand this inside-out paradigm, we are not bound by circumstances or the past. Circumstances happen, but they do not have the power to dictate how we feel. It is our thinking about the circumstances that create the feeling. Liz focused on the past event every time a storm cloud appeared. Lora stayed in the present. Living in the present gives us the power to feel in control and see what resources arise to handle the situation.

6. We can handle the truth. Knowing that our feelings come from thoughts in the moment narrows time to the present. We can deal with whatever comes up. This awareness provides us with a sense of control and power.
One of the implications of the principles is that no two people think the same. We all live in separate realities.
7. There is no other place to be than the present moment. The past only exists as a memory, which is a thought. There is truth and insight now in this present moment. Once we see the value of this insight, we will find ourselves in the present moment more often.

8. Sometimes we see it, and sometimes we don’t. The view that the outside-in illusion of circumstances causes my reality is deceptive. We all fall into this trap. An example is “The storm made me anxious.” Sometimes, we are not even aware of the fact that it is what we are thinking about the circumstance (storm) that is causing our feelings and reactions.

In summary, we create our experiences from within. We can use our ability to think to improve our mental health when we know how our psychological lives work. We can become less attached to negative personal thoughts and more able to connect to thoughts that lead to resilience and innate health.

---

Carla Hay-Perdue has been a registered nurse since 1976 and a family nurse practitioner since 1993. She served as the nurse practitioner for Palo Pinto Rural Health Clinic in Gordon, Texas for 25 years. Carla earned a Doctor of Nursing Practice from Texas Tech University in 2015.

Carla holds a certification as a Nurse Coach through the American Holistic Nursing Credentialing Corporation. She also completed the training and has been teaching the Three Principles of Mind Thought and Consciousness since 2017. She is recognized as a practitioner with the Three Principles Global Community. She currently works as an Adult Nurse Practitioner and the Health and Wellness Educator/Coach for Palo Pinto General Hospital.
MISMATCHED: YOUR BRAIN UNDER STRESS

6-part documentary series exploring stress and what we can do about it

FEATURING SOME OF THE WORLD’S LEADING EXPERTS ON STRESS

Stress is literally the spice of life. It has been said if you don’t experience stress you’re not alive. Stressors are everywhere. They come at you from the environment you live, work and play in, from other people and mostly, from inside your own mind. Stress is defined as our reactions to change. Like everything else, you can learn how to master your stress to live a more peaceful, productive, and happy life. Mismatched: Your Brain Under Stress will tell you how.

CLICK HERE TO ORDER

Rosch STRESS Profiler

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.
NAVIGATING WORKPLACE STRESS: UNVEILING TOXIC PATTERNS AND INITIATING CHANGE
In the ever-evolving landscape of our workplaces, it’s crucial to pause and reflect: Are we fostering a healthy group dynamic? Are our actions in alignment with our mission, or do we find a troubling gap between intention and reality?

Have you noticed a decline in energy during meetings, a palpable lack of enthusiasm lingering in the air? Perhaps conversations have grown stifled, with cliques forming and leaving you questioning your role within this ecosystem.

If your genuine efforts seem fruitless, leading to outcomes contradictory to your intentions, and if the experiences of employees, or even your own, diverge from the desired trajectory, it’s time for introspection. These subtle cues often herald the emergence of a toxic, stressful culture — a stealthy infiltration that leaves us grappling with seemingly unbreakable norms.

As we embark on this exploration, we’ll delve into the intricate web of workplace stress, deciphering the signals often overlooked. These intricacies not only shape our daily experiences but also contribute to the chronic stress underlying toxic work environments. In the following sections, we will decode signs of workplace stress, shedding light on these subtle signals and their broader implications for organizational well-being.

Cracking the Code: Decoding Signs of Workplace Stress.

First, let’s unravel the cryptic language of workplace stress. Silence becomes the harbinger of toxicity in the complex vernacular of workplace stress. Unspoken moments permeate a culture where challenging workplace tensions become the exception rather than the norm. Cliques form, united by a silent acceptance of sacrificing personal well-being for the organization’s perceived greater good.

In boardroom settings, fear of judgment stifles voices, breeding an atmosphere of shame and gaslighting. Speaking up risks ridicule, and personal well-being often takes a backseat to work commitments. Strategically imposed arbitrary deadlines perpetuate a culture of incessant busyness and chaos — reacting constantly but never truly responding. Unraveling these subtle signs unveils the true story of workplace stress.

Recognizing Toxic Work Environments: Familiar Patterns or Unseen Realities?

Discerning toxicity’s subtleties and overt manifestations in navigating workplace dynamics are paramount. Identifying the intricate interplay of factors contributing to an unhealthy work environment is essential for fostering organizational well-being and individual flourishing. Drawing from my own clinical insights, principles of occupational
psychology and empirical research, here are common environmental behaviors and familiar patterns:

1. Relentless Micromanagement: Excessive oversight stifles autonomy, breeds mistrust, and hinders creativity, leading to diminished performance and productivity.

2. Communication Breakdowns: Poor communication leads to misunderstandings, conflicts, and a lack of cohesion, resulting in low morale and a surge in employee complaints.

3. Bullying and Harassment: Persistent mistreatment creates a hostile atmosphere, impacting mental well-being and leading to an uptick in illness, other health challenges, and accidents.

4. Unrealistic Workloads: Overwhelming demands result in burnout and compromised health, contributing to frequent labor turnover.

5. Lack of Psychological Safety: Fear of judgment hampers open expression, hindering collaboration and leading to subpar timekeeping.

6. Discrimination and Bias: Unfair treatment erodes morale and contributes to a toxic atmosphere, fostering lackluster motivation.

7. Unclear Leadership: Ambiguity leads to confusion and demotivation, resulting in absenteeism and diminished performance.

8. Inadequate Support Systems: The absence of resources leaves employees feeling isolated and overwhelmed, impacting overall well-being and productivity.

9. Constant Change and Uncertainty: Organizational upheaval creates stress and instability, resulting in a surge in employee complaints and incident reports.

10. Absence of Work-Life Balance: Blurred boundaries lead to chronic stress and diminished well-being, contributing to absenteeism and low morale.

---

Solutions for Initiating Change

Recognizing the need for transformative change, you might have observed stagnant patterns or encountered the signs mentioned earlier without knowing where to begin. Embracing change requires commitment and individual dedication.

Adopting a proactive stance entails becoming a catalyst for transformation, nurturing growth, resilience, and shared achievement. Initiate this process by taking the first step towards fostering a culture that values well-being and collaboration.

Now that we’ve identified workplace stressors and recognized their impact let’s explore solutions and actionable steps to address these cultural shifts.

1. Relentless Micromanagement: Encourage autonomy and collaboration through regular check-ins rather than constant oversight, fostering open communication and trust.

2. Communication Breakdowns: Promote transparency by establishing clear communication channels and fostering a culture of openness through regular team meetings. Encourage and accept feedback loops to address real-time misunderstandings.

3. Bullying and Harassment: Implement a zero-tolerance policy for mistreatment and provide accessible avenues for reporting. Conduct ongoing and engaging anti-bullying training and ensure swift, fair responses to reported incidents.

4. Unrealistic Workloads: Set realistic expectations, prioritize tasks, and promote a healthy work-life balance.
Silence becomes the harbinger of toxicity in the complex vernacular of workplace stress.
Regularly assess workloads, distribute tasks equitably, encourage breaks, and implement days of rest and rest to prevent burnout.

5. Lack of Psychological Safety: Cultivate an environment where diverse perspectives are valued and respected. Conduct workshops on inclusive communication and provide resources for mental health support to ensure inclusivity and well-being.

6. Discrimination and Bias: Implement diversity and inclusion initiatives, co-led by representation of your people, and address bias through education. Foster a culture of empathy and awareness by encouraging open discussions on diversity to promote this inclusivity and equity.

7. Unclear Leadership: Clarify roles and expectations while promoting accessible leadership. Establish regular communication channels with all areas of leadership and provide clear guidelines for decision-making to enhance organizational clarity and effectiveness.

8. Inadequate Support Systems: Develop robust support mechanisms, including mentorship and resources, and actively listen to identify support needs, implementing tailored support programs accordingly.

9. Constant Change and Uncertainty: Communicate changes transparently, providing context and support by developing a change management plan with clear communication channels and support resources.

10. Absence of Work-Life Balance: Get creative. Promote work-life balance through flexible policies and realistic expectations while encouraging regular breaks, discouraging excessive overtime, and providing resources for work-life balance education.

By addressing these stressors with proactive solutions and corresponding action steps, we pave the way for a healthier, more resilient workplace environment, fostering change through time, commitment, consistency, and accountability.

In conclusion, by championing a culture of openness, inclusivity, and continuous improvement, we can create a supportive and sustainable work environment.
improvement, asking thought-provoking questions, participating in transformation, and committing to conscious meeting guidelines, we pave the way for a healthier, more resilient workplace where everyone feels heard, respected, and supported. The journey towards collective success begins with each of us contributing to a workplace free from toxic stress.

**Carrie Freshour** is the driving force behind Carrie Freshour Consulting, LLC, and is a seasoned Licensed Clinical Social Worker with over 25 years of experience. Her firm is a catalyst for empowering individuals and teams, fostering resilience, and dismantling stigma within workplace culture. Weaving her lived experience, clinical acumen, and executive leadership, Carrie leads with unwavering purpose.

Fearlessly confronting challenges, Carrie initiates those difficult conversations that propel teams toward breakthroughs. Her extensive career spans program development, policy creation, and curriculum design across diverse settings. A captivating speaker and facilitator, she navigates community conversations and wide-ranging assessments.

Carrie’s journey is defined by a commitment to creating inclusive cultures and driving transformative change. Rooted in empathy and accountability, she pioneers a path toward a world where stigma is shattered, bravery is celebrated, and everyone has a voice. Connect with Carrie at [https://www.carriefreshourconsulting.com/](https://www.carriefreshourconsulting.com/)

---

**References**


---

“Meditation is the best form of stress management and this is the best meditation course.” - Dr. Daniel L. Kirsch, President of The American Institute of Stress

**The Nuuria Method® Course, plus free membership**

**LEARN MORE**

---

**90-DAY RESULTS**

- 65% reduction in anxiety
- 72% reduction in frustration and overwhelm
- 67% reduction in stress
- 70% reduction in despair and hopelessness
BUILDING RESILIENCY DURING A MASS DISASTER
We often view trauma through a lens of adversity and struggle. However, a paradigm shift that started more than twenty-five years ago is gaining new momentum as evidence mounts to suggest that trauma can catalyze positive transformation and personal growth. This phenomenon, termed post-traumatic growth (PTG), holds profound implications for our understanding of human resilience.

The COVID-19 pandemic stands as a monumental collective trauma, leaving in its wake a trail of emotional exhaustion, burnout, and profound distress. Shockingly, one-third of the workforce opted to leave between 2020 and 2022, while managers and caregivers grappled with unprecedented levels of burnout. The mere thought of returning to the traditional five-day office grind has met fierce resistance, with employees staunchly advocating for a shift to a four-day workweek despite attempts by companies to incentivize compliance.

My collaboration with Dr. Jeff Jernigan made it clear that a mere pause and a return to the pre-pandemic status quo would not suffice to address this global crisis’s deep-rooted impact. Many organizations have found themselves stymied by a silent rebellion from their employees, akin to expecting an athlete with a torn Achilles tendon to resume marathon racing after a brief hiatus. However, by peering beneath these turbulent waters, we uncover insights that beckon us toward a fresh approach to fostering resilience.

Amidst this upheaval lies an opportunity for profound growth and fortitude. Drawing from my experience as an executive coach guiding individuals and organizations through the tumult of stress, burnout, and trauma, I’ve witnessed firsthand the transformative power of resilience. It’s not merely about reverting to our pre-crisis state; it’s about emerging from the crucible stronger, more agile, and imbued with greater compassion. In the following article, I will impart practical strategies and insights to empower you to cultivate resilience and flourish in the face of adversity.

My Journey with Crisis and Growth

My interest in post-traumatic growth (PTG) was born from over 20 years of navigating personal and professional crises. In 1999, I moved my family to a new VP job. Within two years, the dot-com bubble burst, our revenue dropped 70%, my 10-year contract was ripped up in front of me, and I had the choice to leave or take an entry-level sales job.

Over the next five years, I slowly climbed back and left the industry to start and build a strong consulting practice, only to have COVID-19 wipe out 95% of my business overnight. This time, though, it took five months instead of five years to recover. What changed? In the interim, I distilled six principles that allowed me to bounce back stronger, which I’ll share later.
Crises reveal and forge character. They push us to our edge, where we’re forced to break down or breakthrough. We all have that choice. My passion is equipping people and organizations to break through by fostering post-traumatic growth.

The PTG Pioneer – Dr. Martin Seligman

Dr. Seligman became interested in the concept of post-traumatic growth through his work studying resiliency in soldiers. As an esteemed psychologist, he was brought in by the US Army to investigate why some soldiers returned psychologically destroyed by combat trauma while others proved resistant and even grew from it.

What he discovered was that the most resilient soldiers possessed certain attitudes and behaviors that moderated their trauma response. Intrigued, Seligman wanted to understand the factors that could explain why some people break while others become strengthened by hardship.

Seligman partnered with the University of Pennsylvania to research this under a grant sponsored by the U.S. Army called the Comprehensive Solider Fitness program. The goal was to identify and teach skills that foster resilience and post-traumatic growth to help soldiers thrive before, during, and after combat. As part of the research, Seligman and his team closely studied and interviewed numerous soldiers, including ones with varying degrees of trauma, to understand their psychological experiences.

Several vital patterns emerged that differentiated those soldiers who were crushed by trauma from those who grew because of it:
1. Higher levels of positive emotion
2. More emotional engagement in life
3. Deeper social connections
4. A sense of meaning and purpose
5. Feelings of accomplishment

Based on these findings with soldiers, Seligman formulated his renowned theory of the five building blocks for well-being and resilience known as PERMA:
P – Positive Emotion
E – Engagement
R – Relationships
M – Meaning
A – Accomplishment

The PERMA elements capture the attitudes and behaviors that separate those who succumb to trauma from those who rise above it. This discovery of the pathways to growth from adversity led Seligman to later expand his research to other trauma-exposed fields like first responders and groups who endured abuse, loss, or assault.

While Seligman’s PERMA model illuminated key ingredients for resilience, subsequent research around mindset, performance science, positive psychology, and coaching several hundred leaders before and through the pandemic led me to build off Seligman’s framework to include new insights and apply them to the marketplace for coaches, managers, and human resource professionals.

Introducing the Six Disciplines for Post-Traumatic Growth

The six disciplines stack together to build holistic resilience. I’ll explain where we have added to or adapted the PERMA model.

The six disciplines that foster PTG are:
1. Resilient Mindset
2. Activate Strengths
3. Social Support
4. Energy
5. Purpose and Meaning
6. Small Daily Improvements

PERMA elements capture the attitudes and behaviors that separate those who succumb to trauma from those who rise above it.
Let’s explore what each entail:

**Discipline 1: Resilient Mindset**

In cultivating a resilient mindset, I advocate for integrating three essential elements: grit, growth, and gratitude. Many of my clients, particularly amidst and in the aftermath of the pandemic, found themselves clinging desperately to sheer tenacity — motivated primarily by fear and the urge to survive. However, it’s crucial to recognize that sustainable resilience goes beyond mere endurance. Drawing from the insights of Stanford psychologist Carol Dweck, embracing a growth mindset becomes paramount. This mindset, centered on the belief that one’s abilities can be developed rather than fixed, transforms obstacles and setbacks into fertile ground for learning and improvement rather than insurmountable barriers.

Grit, as defined by psychologist Angela Duckworth, serves as the engine that propels the growth mindset forward. It encompasses perseverance and unwavering passion directed toward long-term goals. Grit and a growth mindset operate symbiotically — where grit provides the stamina to weather hardships without succumbing, a growth-oriented framework extracts valuable lessons from setbacks, fostering continuous development and resilience.

Additionally, Dr. Amit Sood’s research from the Mayo Clinic emphasizes the profound impact of gratitude on stress reduction and overall well-being. By daily listing and reflecting on three things to be grateful for, individuals can gradually rewire their brain’s negativity bias. Initially met with skepticism by some clients, this seemingly straightforward exercise proved transformative over time, anchoring them in a mindset of abundance rather than scarcity.

Reflecting on my own experience of losing 95% of my income practically overnight in March 2020, I can attest to the transformative power of the grit/growth/gratitude triad. After a few weeks
of disbelief and fear, I quickly shifted to my years of practicing a growth mindset. I imagined what my business might look like if I never got on a plane again and pivoted to envisioning the new possibilities. I also contacted my inner circle of friends and colleagues to gain the support and expertise I needed to turn my office into a studio and move to a new business model. Practicing gratitude daily was a lifeline; it grounded me through the difficult learning curve in faith rather than fear.

It's crucial to recognize that these disciplines do not operate in isolation but form an interconnected ecosystem of resilience. Just as a sturdy lattice requires multiple interlocking components, resilience necessitates the integration of grit, growth, and gratitude. This triad enables individuals to bend without breaking, fostering adaptability and strength when facing crises.

**Discipline 2: Activating Strengths**

Seligman identified “engagement” as one of the core pillars for resilience and flourishing after adversity in his PERMA model. Intentionally engaging your innate strengths is vital to tapping into one’s intrinsic motivation mechanisms.

My framework builds on his research, providing practical activation tools. I have used CliftonStrengths as a simple starting point for identifying each of my client’s unique constellations of strengths. After reviewing the top five strengths together, I have clients create a “Genius Portrait” – a concise embodiment of their best self. This portrait becomes their North Star, clarifying what optimal performance feels and looks like specifically for them.

Regularly revisiting your Genius Portrait reinforces the thoughts, emotions, and behaviors you experience when operating at the top of your game. When mental simulation of your peak performance moments is combined with linking these to your strengths, your brain undergoes what top athletes or musicians experience when they mentally rehearse their performances. The same areas of the brain are activated in these rehearsal moments as during actual performance, further strengthening these neuropathways. Over time, playing to your strengths becomes second nature. It also elicits the confidence, inspiration, and positivity that strength immersion brings.

Additionally, Gallup’s research confirms that frequently immersing yourself in activities that leverage your natural strengths releases feel-good neurotransmitters like dopamine, endorphins, serotonin, and oxytocin. These fuel an intrinsic reward cycle, providing a profound sense of motivation, enjoyment, and well-being.

Especially during turbulent times, regularly reinforcing positive emotions becomes crucial protective armor. The natural high of strong engagement offers a buffer against draining negative states like anxiety, depression, or cynicism, which trauma can catalyze. Possessing an accessible way to self-generate positive emotional boosts and enter nourishing flow states acts like an internal respite.

Beyond emotion, applying strengths enables higher functioning, enabling you to see new solutions and take bold action during stuck periods. Gaining inspiration, creativity, and empowerment to move forward is restorative. Progress begets progress when you build on innate talents. Activating core strengths provides the wind in your sails amidst stormy seas to keep forging ahead and rejuvenates grit reserves.

That’s why the engagement discipline is pivotal in my PTG system. Look at peak performers — they have reservoirs of grit and default to their strengths to refuel purpose and positive energy. Developing your capacity for perseverance and tapping into what naturally engages you establishes...
Foster your “Circle of Five” — Five individuals you know would show up to support you regardless of circumstance — acts as a crucial anchor through adversity.

Discipline 3: Social Support or Your “Circle of Five”

One of the most essential skills for Post-Traumatic Growth (PTG) is nurturing social connections. Unfortunately, it is alarmingly neglected. Loneliness is a widespread problem; over 60% of people suffer from it persistently.1 The average adult has at most two close friends they can rely on for support. Having insufficient social bonds rapidly deteriorates mental health. A multi-year Harvard study on adult development tracked relationships and well-being.2 They discovered the happiest participants had 4-5 intimate friendships where they shared vulnerable emotions and asked each other for support.

Intentionally fostering what I call your “Circle of Five” — Five individuals you know would show up to support you regardless of circumstance — acts as a crucial anchor through adversity. This group provides a multi-layered harbor when storms hit that a sole friend or family member cannot.

If you need a solid social circle, prioritize adding two to three additional supportive friends. Going through hard times together can help build relationships faster because vulnerability draws people closer. By demonstrating compassionate listening without constantly trying to fix things, you can establish a mutual understanding that will blossom into trust over time.

Discipline 4: Harnessing Energy for Resilience

In the turbulent aftermath of the pandemic, it is essential to restore depleted physical reserves to strengthen resilience. I realized I lacked basic physical health when I was thrown into chaos during the dotcom crash. To rebuild my life and achieve resilience, I had to make fundamental changes to my health. I’ve consolidated the critical components of sleep, diet, and movement under the theme of energy management.

Prioritize Sleep for Optimal Resilience: Matthew Walker’s seminal work, “Why We Sleep,” under-scores the indispensable role...
of sleep in bolstering resilience and overall well-being. Needs a citation. Sleep is the ultimate fuel to navigate loss and emerge stronger amidst adversity. Walker elucidates that sufficient sleep is crucial for memory consolidation, emotional regulation, and immune function, facilitating the processing of emotional experiences and fostering resilience against stressors. In implementing Walker’s recommendations, individuals must prioritize consistent, high-quality sleep, monitoring quantity, consistency, and quality indicators to replenish energy reserves and fortify resilience.

Opt for a Natural Plant-Based Low-Carbohydrate Diet: Dr. Lustig’s book "Fat Chance" highlights how excessive sugar consumption can negatively impact metabolic health and resilience. To stabilize your blood sugar levels, optimize energy production, and support your overall well-being, it’s advisable to avoid processed sugars and refined carbohydrates and switch to a natural low-carbohydrate diet that’s rich in whole foods. Lustig suggests that we focus on nourishing our bodies with nutrient-dense foods to enhance resilience against the adverse effects of stress and promote sustained energy throughout the day.

Embrace Regular Natural Movement: Drawing from Tom Rath’s perspective in "Eat Move Sleep," I practice integrating regular, low-intensity movement throughout the day to bolster energy levels and resilience. Rath’s insights highlight the transformative power of simple lifestyle changes, such as taking short walks, utilizing standing desks, and engaging in household chores, to promote continuous movement and combat the passive nature of modern life. By prioritizing consistent movement, individuals cultivate resilience, improve mood, and enhance

BODY ELECTRIC
Electroceuticals and the Future of Medicine

A documentary film to revolutionize the way we think about health and the human body.

The American Institute of Stress is an executive producer of Body Electric: Electroceuticals and the Future of Medicine, a documentary film aimed to revolutionize the way we think about health and the human body. This 68 minute movie, by British producer/director/writer Justin Smith, is available online through AIS.

Now available for free at stress.org
overall well-being, aligning with Rath's holistic approach to energy management. **Discipline 5: Clarify Your Purpose and Find Meaningful Outlets**

Abraham Maslow shed light on a universal pursuit: the quest for purpose, the aspiration to reach our fullest potential. He articulated this notion succinctly, stating, “What you can become, you must become,” likening it to the determination of a drowning individual striving for the safety of the shore. I find the Genius Portrait derived from CliftonStrengths to be a valuable tool for clarifying one’s purpose. Starting from this point tends to alleviate much of the anxiety associated with discovering the ideal path, role, or occupation that fulfills one’s desires. This approach diverges from the prevalent emphasis on beginning with why or purpose, instead advocating for commencing with who: Who are you at your best? Subsequently, one should consider in what context or environment they excel most. Activating strengths and clarifying our universal purpose is rooted in intrinsic motivation, aligning with Maslow’s belief that the journey toward realizing one’s highest potential yields happiness and fulfillment, transcending mere goal attainment. Next, I ask them to identify roles and activities that demand their best, allowing full application of their capabilities. This allows incremental progress.

Closing the gap daily is the third piece to put the pursuit of purpose into practice. This includes regularly assessing where I am currently on my mission and whether I am showing up at my best. What are my next steps to improve and actualize potential? Staying focused on the process sustains motivation.

Part of finding purpose involves discovering meaning that extends beyond oneself, contributing to endeavors that endure beyond a single lifetime. Psychiatrist Viktor Frankl demonstrated that a sense of transcendence serves as a bedrock of resilience during periods of adversity. Clarifying your unique purpose not only allows you to optimize your strengths but also connects you with deeper meaning that aligns with a larger cause, establishing a solid foundation for sustained growth, drive, and fulfillment regardless of external circumstances. Furthermore, purpose catalyzes post-traumatic growth and intersects with various resilience practices:

- Having a clear purpose reinforces a positive outlook.
- Purposeful pursuits provide direction for achievements.
- Leveraging strengths with purpose enhances confidence and facilitates a state of flow.
- Shared purpose fosters social support and mutual motivation.
- Living with purpose makes self-care more manageable, as it involves serving something greater than oneself.

In these ways, nurturing purpose facilitates transformation by redirecting efforts toward endeavors that hold genuine significance, even amidst adversity. Purpose acts as a guiding light, steering individuals toward continued positive development.

**Discipline 6: Small Daily Improvements**

When British Cycling brought on a new performance director, Dave Brailsford, the team faced disarray. However, Brailsford introduced a philosophy centered on accumulating marginal gains — seeking one percent improvements in every aspect. Although these small adjustments initially appeared insignificant, their cumulative effect propelled the team to unprecedented success.3 This approach illustrates the compound effect of...
incremental daily enhancements in driving transformation. It also serves as a fundamental principle for fostering personal resilience and growth following adversity. After experiencing trauma or crisis, the journey to recovery may appear daunting, often leading individuals to focus solely on significant outcome goals. However, sustainable progress unfolds gradually, propelled by consistent efforts rather than sudden leaps.

Resilience, much like muscles, develops gradually through incremental steps. By implementing small improvements consistently such as dedicating an extra minute to self-care, sending a single appreciative text, or practicing mindset reframing for a brief period each day - individuals can systemize positive compounding effects, accelerating their recovery momentum.

In the wake of shared trauma, identifying one percent gains becomes crucial. By making daily choices aimed at enhancing mindset, health, relationships, purpose, or environment, individuals can initiate a transformative process. Over time, these incremental gains accumulate, fostering post-traumatic growth. Additionally, this forward momentum serves to fuel motivation. The key lies in avoiding the trap of waiting until feeling “ready” for comprehensive change. Instead, resilience is cultivated by initiating small steps and steadily progressing from there, starting today.

Closing Thoughts

We all have the power to rise stronger in the wake of adversity. By following the six disciplines for post-traumatic growth — embracing a resilient mindset, activating your strengths, deepening social bonds, managing energy, clarifying purpose, and focusing on small daily gains — you build the skills to thrive through challenges.

The foreseeable future seems unpredictable and volatile. Let’s create pockets of resilience, starting with friends and neighbors. It is time to come together and uplift our communities. I invite you to join me on this journey. As a first step, reflect on one area of growth you want to focus on and identify a small action to build momentum. Perhaps you’ll reach out to a new friend, carve out quiet time to write in a gratitude journal, or create your unique Genius Portrait.

References

Rex Miller, an expert in human performance and team dynamics since 1978, has significantly contributed to understanding team resilience and individual strengths through his work with over 19,000 individuals and numerous teams. His research intensified in 2015, focusing on education and workplace health, culminating in four influential books on chronic disengagement and physical and mental health decline.

A recipient of numerous awards, such as IFMA’s Distinguished Author and CoreNet Global Innovator, Rex has authored seven books addressing critical industry challenges. Beyond academia, he embodies the entrepreneurial spirit with ventures such as reviving a retreat ranch in Texas and founding a software company to support his latest book, Genius Spark, a guide for facility managers on potential unlocking. Rex’s ability to simplify complex topics makes him a visionary leader dedicated to fostering growth and innovation.
REDUCE YOUR STRESS.
Grow your happiness.

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.
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>Save 20% on years 2 and 3 with our 3 year plan</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>Requirements</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>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>
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.