



Collision of Traffic & Triumph

**Kip Flock's Life Crises
Resilience Strategies**

**I dedicate this book to my wife Judy,
whose love and support
inspired me throughout my journey back to health.**

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Intensive Care Emergency Awakening

I don't remember the crash. I'd just dropped my grandchildren off at their home after seeing a movie at the mall. I woke up in a strange place, having fleeting memories of being covered with glass and someone asking if I could move my leg to get me out of my car. I remember getting onto a gurney, followed by hazy glimpses of the inside of an ambulance.

When I opened my eyes in the medical center, I was disoriented—unaware that I'd been hit almost head-on by a drunk driver.

Slowly, I began to recognize my wife Judy and other familiar faces staring at me. I wanted to smile, and I tried. But tubes in my mouth and nose made smiling difficult. I wanted to talk, but I couldn't do that either. So I signaled for something to write with, even though my right hand was in a cast. With my left hand, I scribbled, "What happened?" They told me that I'd been in a car accident and was in the intensive care

unit at the hospital. I had already endured several operations. I wrote, "Was it my fault?" They assured me that it was not, and they shared that my car was demolished. It was now Saturday.

I had arrived at the emergency room with extensive injuries and internal bleeding on February 24, 2017. My wife had become anxious when I was unusually late coming home from the theater. She called all the local police stations, only to find out that I'd been involved in a collision. She headed to the emergency room right away—terrified when asked to give permission for immediate surgery.

The trauma team had much work to do. They removed an 18-inch section of small intestine since blood flow had been cut off. They bolted external metal braces into my shattered left leg because the femur had been smashed above the knee and crushed into the joint. The brace protruded from my skin, positioned from my thigh to just above the ankle.

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Unfortunately, the swelling in my leg was so severe that the surgeons had to delay placement of a permanent plate for support, which meant more surgery. To complicate matters, my back had been broken in two places. Compression fractures had partially blown out one lumbar vertebra and completely blown out another. Worse yet, my bladder function had stalled, so the doctors had to insert a long-lasting Foley catheter, which was painful in more ways than one. I was afraid that normal functioning might never return, and I winced at the thought of how many more catheterizations I'd have to endure until it did.

This was a lot to take in and bear. With a broken wrist, leg, sternum and back, along with multiple fractures on both sides of my ribs and a bulging artery near my heart, I was almost completely immobilized. I couldn't move anything without pain. However, doctors told me that if I hadn't been in such good physical shape, then I probably wouldn't have survived the accident. I even overheard staff marveling at my vital signs and readings. They commented to each other that my readings looked like those of a much younger man than my age of 68. I wanted to tell them that I was a trained yoga instructor and that for the last five years, I had practiced a daily, health-fortifying routine of stretching and meditation. But those tubes up my nose and down my throat made it impossible to talk.

Inpatient Rehabilitation

Within five days I'd had four operations. The plate for my left knee and femur was the last one. I have a scar that's over a foot long on the outside of my leg—from my upper thigh to below the knee. I counted over 35 staples, but there might have been more. It hurt too much to move for a look.

When I was transferred to the inpatient rehabilitation center, I could still barely move. My right wrist was in a fiber cast, and I couldn't write without considerable pain. I could only brush my teeth in bed with my left hand, using a kidney-shaped bowl for a sink. I was also confined by a white clamshell brace for my back with "BLT" orders—no bending, lifting or twisting.

Unfortunately, my bladder function had not yet returned, so the catheter had to stay in place. At my rehabilitation appointments, I had to hook a urine bag onto my wheelchair so that it wouldn't spill and so that the tube wouldn't get tangled in the wheels.

My bladder had to be monitored with ultrasound to make

sure that I voided enough urine, which would prevent complications and ultimately eliminate the need for a catheter. Thankfully, the time came to remove the Foley. This time, the nurse looked at me with a confused expression after running the ultrasound over my bladder area. She said that there was no urine registering on her instrument—that she had never seen this before. You see, she had no idea that the specter of a catheter being inserted was enough incentive for me to try anything I could think of to avoid that intrusion again. So I figured out how to press on my lower abdomen with my hand in such a way that would reduce the volume of urine in my bladder after I pushed out as much out as possible naturally. Progress!

In terms of getting up and around, the farthest I could move for quite some time was from bed to wheelchair. I had to lean on a platform walker with my right forearm to stand and use a "hop-step" to follow the no-weight directive for my left leg. Besides, I had very little range of motion in my knee.

When I could finally walk a few feet at the gym, my right shoulder began to hurt from the awkward position required to use the platform walker. So, I used 3-part breaths to sustain me in my efforts to regain mobility. I focused on one

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point ahead of where Joseph, my physical therapist, directed me to go, and I always took an extra step or two. I remember a great sense of accomplishment the first time I walked 15 feet. I felt pain in most of my body, but I kept reminding myself of one of the four steps of Jnana Yoga: *I am not this pain. I am aware of it, but I am not defined by it.*

I did whatever I could. While in bed, I used my left hand to do alternate nostril breathing, which is a yogic technique that resets and balances the nervous system. This made it easier to breathe because I wasn't able to take a full breath without pain.

When I could move my neck and shoulders, I started my modified yoga/meditation routine. It would have been easy to watch TV and tell myself that since I couldn't do my usual stretches, I'd just wait until I was finished with rehab in a few months—that since I was so limited in movement, any effort to stretch wouldn't be worth the pain and discomfort. But I ignored the negative self-talk that what little I could do wasn't worth it. I prayed constantly for help and courage to honor my commitment to stay in the here-and-now and do what I could in the moment to heal. I used the permission of adaptive yoga training to “do something” rather than nothing while confined to bed or my wheelchair.

Besides, I was told that for every day I didn't get out of bed, I'd need a week longer of rehab. So I thought, if I do one minute of healing practice now, I'll

shave seven minutes of recovery time off the back end of treatment. I constantly asked myself, “What can I do in the next five minutes that could help me now, no matter how small?” And when I started to contemplate the worst-case scenario or a possible lifetime of disability, I switched my thinking to “What can I do now that could give me more healing traction, even without any noticeable evidence of progress?”

It became clear that fear was not my friend. If I stayed in the fight/flight mode of panic, then the restorative function of my brain would shut down. I realized that my only job was to remain calm, and I decided to stop catastrophizing about the consequences of the accident and horrible future outcomes that would leave me debilitated. Those thoughts did nothing but increase anxiety and perpetuate a chronic state of stress. If I could stay out of the way of my body’s healing functions, then I could possibly even accelerate my recovery.

My stress management training taught me that the relaxation response was my salvation—that in order to maximize the restorative functions of my brain, I had to release tension. I also had to resist feelings of resentment.

You see, for many years, I’d been helping alcoholics make changes to sustain a lifestyle of sobriety, and now I’d almost been killed by a drunk driver. The irony was striking, but I refused to indulge “why me” self-talk. I couldn’t afford to go there. Bitterness would only compromise my peace of mind and block recovery functions.

I chose to avoid thinking that I’m a victim. I used neural conditioning training, stress management techniques, meditation and breathing practices to stay in the moment—a place where I had some power to make a positive difference amidst challenging circumstances.

This was especially helpful when I was alone at 2:00am, listening to someone else moaning in distress. At that time, I was more vulnerable to feelings of terror. *What if this inpatient rehabilitation team couldn’t help me? What if I couldn’t work again? What if we ran out of money? Will my marriage of only six months survive this strain? Was I being punished? I’m helpless—what kind of man am I now? What else could go wrong?*

In those most desperate moments, I first centered myself by naming things in the room. I became more aware of the triggers—pain or thought—so that I could get in the

here-and-now sooner the next time. Despite limitations from rib fractures, I took the half-breath I could, just before reaching my pain point. I pictured myself walking hand-in-hand with Judy on the golf course road near our home—free from the walker, clamshell and back brace, and with full function of my body. This image brought me relief and hope. I did this again and again. I was relentless in my commitment to keep the healing part of my brain on-line and efficient in restoring the bones of my leg, wrist and back. I used mantras and spiritual imagery to maintain inner states of peace. I used the sequence of body, breath and changing the focus of mind to shorten reactivity and prolong my sense of well-being. The truth is that I was OK, taken care of and loved. I wasn't willing to let my "monkey mind" hijack my drive to recover.

In my occupational therapy and physical therapy sessions, I always did a little more than I was directed to do, such as take extra steps, increase repetitions or hold postural stances longer. I asked for a few seconds more when they manually moved my leg to extend range of motion, no matter how painful. When I got to the maximum 40 degree movement of my brace, I held that position while I sent my breath into it. This is a pranic healing technique, which is the use of

energy to accelerate the body's ability to heal itself. I also used this technique on my wrist and back. I sent healing imagery constantly to these areas and my ribs, celiac artery and resected bowel. Even though stress begins in the mind, I remembered that the sequence of stress reduction begins with the body, moving from gross to subtle (changing thoughts). I was grateful for my many hours of daily meditative practice before the accident. When I needed their benefits most, they were there for me, in muscle memory and in the cells of my body.

I remembered, too, that many stress management professionals draw first from the mind to change the inner state of arousal. As a result, the effort doesn't work, and people get discouraged, often fighting self-contempt. The mind is much harder to direct when the brain is preparing neurologically to deal with what it perceives as a physical threat.

Biophysically, the calming part of the brain needs to be engaged through the body first, before attempting to change cognition, using words, mantras and positive expectations of the future. The mind is much easier to refocus when the body is more at ease through stretching, deep relaxation and

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breathing techniques. I was grateful that I didn't have to figure all this out or remember each detail of the healing sequences.

Thankfully, my daily, pre-accident efforts to calm and clear my mind were on autopilot. However, I admit that at 3:30am, when no one else other than medical staff was around, it was a constant challenge to redirect my focus to what little I could control. I had to remind myself that although my stretch range was very limited, life meant movement, no matter how small. Where I focused my awareness, I brought healing to my body; and where I directed my breath, I brought oxygen and awareness. I believed that as long as I avoided contempt for my limitations and brought loving attention to my injuries, then I would heal much faster.

Through years of daily repetition of my yogic practices, along with neural conditioning techniques, I had created a healing autopilot. I hadn't planned on using these skills to maintain a positive outlook after a near fatal car crash, but if I hadn't, then I wouldn't have recovered as efficiently in the next phase—rehabbing at home.

To move the process along, I constantly asked the nurses to walk with me up the hall to get a little more work. Starting at about a 10-foot walk, before I had to return to bed, I worked my way up to 40 feet at the farthest nurse's station and back to my room. I was not yet cleared to use the walker on my own, as there was a universal fear of falls in the rehab for every patient.

3.13.2017

I knew that if I fell, then the physical consequences would be severe. I had to be honest about my fatigue level on these walks—to push toward my limit but not beyond my ability to stay upright on the hard tile floor. Yet when one medical professional after another told me that I had a rarely-seen optimism in the face of extremely trying circumstances, my sense of determination got stronger.

I let my occupational therapist and physical therapist know that I wanted to take any extra rehab sessions at the gym whenever they were available. Soon, I was approached often by other PTs and OTs to do sessions that their patients didn't want to do or couldn't do. I was getting the reputation as the fill-in guy when staff needed to plug gaps in their schedules.

One PT was working my leg to increase my range of motion without the leg brace. I pushed through considerable pain for the first time past the original 40-degree limit. He said that he wished I had been his patient because I was so willing to work. This was good for me, because any small recognition of competence and courage fueled my drive to keep on keepin' on.

It also increased the amount of time I spent with the staff,

which delivered an unforeseen benefit. I started to talk to them about how they took care of themselves while they treated suffering patients day in and day out. When they found out that I was a yoga instructor, they were willing to share more as peers about how we could all benefit from self-care practices, including ones relevant to my own recovery.

For example, the nurses told me that they wished they could relax. One PT said that he wished the yoga class that was discontinued on-site for the staff was still available to them as a stress reducer. I began to realize that the healers in my life didn't know how to manage the long-term effects of vicarious trauma.

When anyone is in proximity to physical and emotional pain, they are traumatized too. Over time, this secondary trauma can take a heavy toll, resulting in anxiety, depression and physical illness. The staff was curious about my self-care practices, and it dawned on me that they were unaware of the hazards from and prevention practices for medical staff burnout. When caregivers are exposed to the pain of others over a long period of time, mirror neurons replicate the inner state of those for whom they care, and they suffer as

well. They can become victims of their own hard-wired brain functions that facilitate socialization through unconscious, primitive, empathic mechanisms for human connection and affiliation for survival.

I witnessed caring people increase their risk of the consequences of reduced immune system effectiveness, heart disease and other medical conditions because of their careers as caregivers. Living with a chronic stress response sets caregivers up for bodily systems imbalance and ultimate failure. I began to wonder if I could help. I had burned out twice over the years in my role as a psychotherapist. However, my immediate goal was to finish my own rehab before I ventured into bringing healing to the healers in the medical profession. I knew that I had a long, hard road ahead.

Home

I went home from inpatient rehabilitation to a hospital bed that had been set up in the living room. Thankfully, a dear friend built a ramp so I could get through the front door with a walker or wheelchair. I couldn't climb stairs, which meant that I couldn't get up to the bedroom or bathroom on the second floor. For the next three months, my wife slept upstairs, and I slept downstairs.

The home health staff noticed my relaxation and breathing practices between exercises. Several said that they could never sit still and remain calm—that they needed to keep moving and distract themselves to feel alright. I realized again that caregivers need training to offset secondary trauma and compassion fatigue and maintain their own resilience, while helping people like me recover from medical tragedies.

When I was alone at night in the living room, I felt tremendous loneliness. When anxiety began to mount, I reminded myself to get grounded by naming things around me in a whisper. I didn't want to wake Judy up in the loft above. I prayed for help, many times in tears, and I asked my

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higher power for calmness and courage. I named objects in the room when I couldn't sleep—light switch, refrigerator, air vents. I then took 3-part breaths with an exhale longer than the inhale, a technique that engages the vagal system, a part of parasympathetic nervous systems that calms us. I visualized being on a south sea island, feeling and hearing a gentle waterfall on my shoulders, with feet in the sand at the bottom of a small, peaceful lagoon. I visualized Judy nearby, smiling at me.

I did deep relaxation exercises to support my body's restorative functions, tensing and releasing body parts that didn't hurt. I used my mind to give each body part the message to relax. I chose not to go down the path of despair, but rather to picture joyful scenes, such as the cliffs of Mendocino with the surf breaking softly upon the rocks.

I repeated those emotionally self-regulating steps constantly since sleep eluded me for four to six hours in the middle of the night, week after week. I could usually fall asleep fairly quickly, but I'd wake up an hour later, sometimes due to pain and discomfort, and other times because I was afraid of almost dying and uncertain about how much functionality I would recover. I was triggered frequently, so I had to be vigilant and choose hopefulness, minute by minute most nights. I used Benadryl and melatonin to get a little sleep, usually right after bedtime for about an hour before I'd awaken again. I would finally get some sleep around 6:00 to 9:00am. I'd given up the strong pain killers totally, a week before I left the rehab.

3.22.2017

My wonderful wife, Judy, took care of me, cooking all meals, emptying urine bottles, washing clothes, sheets and towels and setting up a sponge bath so that I could wash in bed, left-handed. It took some time to wash up just before lights out, but she always encouraged me with a smile. I so appreciated her tenderness and thoughtfulness. She worked hard, constantly managing the household along with my care. She herself was also sleep-deprived for months, exhausted and overwhelmed by the ceaseless demands of caregiving. I had a lot of follow-up, hospital and outpatient rehabilitation appointments for my wrist, leg and back. I couldn't drive, so she chauffeured me to what seemed like an endless series of medical assessments. With every trip to the hospital, she suffered from anxiety—worrying about what news we'd hear and revisiting memories of that dreadful night when I didn't come home, back to the scene where her worst fears had come true.

I felt defective, as I couldn't help out with the simplest tasks. I couldn't give her any relief by emptying the trash or dishwasher. I couldn't even pick up a sock off the floor if I dropped it. I was aware that shame was the most debilitating feeling. I didn't know when or if I could go back to work. There was no income along with a looming prospect of

bankruptcy. We were both terrified that we'd run out of money and resources while piling up more debt. I tended to see myself as a failure. Yet my meditation practices were within reach when shame reared its head. I was able to engage negative projections through awareness with corrective tools that I had cultivated and honed over many years of practice. I was so grateful, and at the same time, I was frightened about the uncertainty of the future.

Despite that I couldn't contribute or be productive in a normal way, day after day, I chose to stop shame spirals as they threatened to consume me. I asked myself over and over, "What can I do in the next moment to make things better, no matter how small?"

I could hardly move without pain and visceral self-contempt for feeling so useless. I chose to release thoughts of "giving up" immediately before they could take me into the gut-churning vortex of despair. I chose to counter these feelings of defectiveness, amidst their relentless torrents, with the balm of neural conditioning and stress management techniques. I used meditation practices sometimes every 30 seconds to reset back to center, to calm and clear my mind.

I knew that I was the author of my own feelings of inadequacy. I reminded myself that I couldn't control the events that got me here and caused my physical limitations. I could control my response, though. I was determined not to let my mind make things worse than they were.

For many years before the accident, my mind had distracted me ad nauseum with the self-talk that I couldn't take the time to meditate, but I did it anyway. I'd been meditating consistently for almost five years. As a result, my self-regulatory yoga/meditation practices never failed me, even when I bordered on despair. To my surprise, I was able to shift inner states from bile-heaving-like dread to a peaceful state of mind, or at least to a more neutral emotional center. If I had to remember what to do while immersed in the turmoil of fear, then I wouldn't have been able to do it.

I was so grateful that my prayers were answered time and again to help me stay committed to remaining positive about my view of the future, to get up the next morning and function as well as I possibly could with every fiber of my being. Before breakfast, as soon as I awakened, I started a sequence of rehabbing my leg, wrist and back in bed, interspersing pranic healing, meditation and modified yoga

stretches to restore and keep my mind from wandering. I was convinced that by remaining calm, I could focus my mind more effectively on each movement and maximize my body's healing capacity. Later in the morning, I would sit in my wheelchair or stand at the table to continue the routines that incorporated strength and range of motion exercises. I wrote down goals for the day and checked them off as I made progress. From the moment I opened my eyes, I chose to be grateful and stay engaged by pushing the limits of my recommended recovery activities. If they said do ten repetitions of thumb-to-finger ten times twice a day, then I did fifteen, three or four times a day. That I could do.

It turned out to be three months until I could see clients again. I continued with my daily campaign to heal while surrendering to the reality of my disability. I chose not to watch television, despite that the lure of that distraction was there. I figured that TV would divert my awareness from the most effective use of my body's natural healing ability. I wanted to make every second count.

I worked from morning until night with the goal of pushing my leg and wrist past the last measured limit at my regularly scheduled rehabilitation sessions. I set my daily goals with

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the last range of motion measurements in mind and then pictured myself at next week's session, five degrees farther. I made progress every time but one, when I slacked off on my wrist for a week to focus more on my leg. The stall really drove home the reality that consistency of effort and frequency was essential. I made an adjustment and got back on track with my wrist goals.

I envisioned full range of motion before each exercise. I'd learned from my training with Dr. David Krueger of MentorPath® that intentionality works best when we imagine achieving our goals as though they already happened. Instead of thinking "someday I'll be without pain," I thought "now I'm easily walking along the ocean with Judy in the summer sun, listening to the surf."

I'd been practicing and teaching this way of envisioning a "new story" for several years before the accident. I'd been using this style of goal achievement as a part of my coaching regimen with clients and as a component of my own efforts toward personal transformation. This new resilience story technique was yet another recovery tool that engaged almost reflexively after the crash. I had a dawning awareness, too, that any medical patient could benefit from what I'd learned and experienced—that I had inadvertently prepared for maximizing my quality of life while enduring a harrowing journey back to health.

Judy would sometimes lie beside me in the hospital bed. The closeness was so comforting. But I couldn't hold her for too long without physical distress.

4.20.2017

It was excruciating for both of us when I'd tell her to leave so I could change to a less painful position. Sometimes she'd notice me wincing, and she would voluntarily part from me. My leg was always the biggest problem. The slightest movement in the wrong direction would send shooting pain through my swollen knee. It was most tolerable when I'd lie on my back with a pillow under my knee. I yearned to lie on my side to hold Judy even for a brief moment, but we could only embrace in an awkward position with me half lying on my back for a short while. We both had tearful moments at such sorrowfully precious times. I missed her presence and the way it used to be. I vowed never to take life for granted.

I had to put my back brace on every morning before attempting to sit up. I remember the pride I felt when I first learned to take it on and off by myself with minimal pain. The brace was hot, uncomfortable and irritating, physically and mentally. I tried to normalize as much as possible, such as sitting at the table to eat, but it wasn't easy.

One time, in the second month, we went to a restaurant. I clamored in with the walker, looking like a giant white turtle. I couldn't keep my leg straight, so a booth was out of the question. Further, since I couldn't make it to a public

restroom if necessary, we had to time our trips out in the world so I could get back home in time to take care of business. Even so, despite that I was in pain the first time I ate out, I felt triumphant.

As I got stronger, I started walking outside the house in my white, plastic armor-like, clam suite with a walker. Every day I went a little farther. I'd hobble with skip steps in circles around the parking lot. At first, I'd go back and forth on the sidewalk outside my door. I timed myself, starting at ten minutes before my arm and back started to hurt. I paused a lot to rest, breathe with mantra and pray. I used the rapid breath technique to oxygenate and energize after my ribs and sternum had healed enough to take deeper breaths.

After awhile, I was able to walk more than an hour without sitting down. I had to be honest with myself when dizziness occurred and resist a "gut-it-out" mentality. I was still terribly afraid of falling. I finally convinced Judy to run errands when I walked. She was afraid to leave me alone for fear of me injuring myself by taking too many chances. I respected my body's cues—I got close to the edge but did not exceed my fatigue limits.

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I sure got to know my neighbors better. People would stop and chat while walking their dogs and roll the window down as they paused in their cars to see how I was doing. I couldn't wear regular pants for the longest time. I looked like quite a strange sight in my white back brace, black leg brace and white yoga pants, but everyone was pulling for me.

I could only sit up on the edge of the temporary hospital bed and the wheelchair at first. I couldn't sit on the couch and push up to stand. Later, I could transfer from the wheelchair to a dining chair without falling or getting stuck. I would never again take the benefits of ambulation for granted. When the weather was wet or cold, I walked in circles around the living room in tight quarters. I ruined our rug and scraped the tile with my equipment. But I would have made just about any sacrifice to stay as active as I could. Movement was life, and inactivity meant decay.

I'd be so frustrated when I couldn't sleep much for hours on end at night when I was obviously fatigued. As tired as I was, I was told not to take naps during the day so that I could retrain myself to sleep better through the night. That would be a long time in coming. Sometimes I'd nod off while sitting up meditating. But I avoided the temptation to climb back into bed during the day, even though it seemed to call out to me during daylight hours.

I started to hear from my physical therapists that I was making great progress. I saw bones filling in on the successive x-rays of my spine and leg. I began to

believe that what I was doing was really accelerating my comeback. I imagined infinite healing power intensifying in a laser-like stream coming through the crown of my head with each breath in passive pranic healing, letting divine energy go where its wisdom directed throughout my body. In this practice I don't have to be the director of the energy but rather the willing recipient of a beneficent higher power.

My spine doctor said that the vertebrae were healing ahead of expectations. She kept asking if I had any pain. I said no. Near the end of our follow-up appointments, she said that they rarely see such a full recovery from injuries like mine, especially without some residual chronic pain.

My wrist surgeon said that my break was one of the worst breaks he'd ever seen. In my last appointment he told me that I finished in my recovery well ahead of a man with a similar break who had been injured three months before. The doctor said that he was only halfway through his rehabilitation period when I was finished with mine. He said, "You're awesome." I beamed.

The bone in my leg healed completely within three months after the accident. My leg surgeon said in my next-to-last

meeting that I could lose the walker after the next visit, but that I would have to continue to leave the black leg brace on when I moved around, indefinitely. I was elated at the prospect of walking under my own steam again. At least I could go out in regular pants with the leg brace on the outside. However, at my next follow-up, he said that the x-rays were excellent—and that I no longer needed the brace or the walker. I was free.

Both my wrist and leg physical therapists said that I was ahead of the curve, that I'd made considerable progress in good time. For example, one exercise required that I stand on my injured leg while lifting the other for 30 seconds at a time, allowing a half minute of rest in between. The therapist was amazed that I accomplished it so fast while staying in balance.

He then asked me if I could do it while standing on a foam rubber pad, which was wobbly and far more challenging. I sure felt the muscle strain in my formerly broken upper left leg, but I accomplished the mission without holding on to the railing for support, just like I did the first time. He smiled and shook his head saying, "There are a lot of much younger people who could never do that."

Who knew that the many years of practicing balance poses in yoga would have such a fun benefit as that moment.

Perspective

I am convinced that the many prayers I received from friends and church congregations had an undeniably positive impact on my treatment outcome. I'm not surprised. I was trained to accept the quantum field's responsiveness to both individual and group intentionality.

I'm also clear that I recovered so miraculously because of the years of repetitious yoga stretches and meditation practices. The medical staff constantly remarked that my positive attitude was so important for my accelerated progress. By combining the neural conditioning process for changing inner states of mind and the holistic healing perspective of yoga, I was able to reclaim my emotional and physical health.

I'm convinced that my efforts to keep a calm mind in the aftermath of serious traumatic events enabled my body to heal on a fast track. I'm certain that medical patients as well as caregivers could benefit from the training that sustained me through the biggest challenge of my life. I'm also aware that the

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6.12.2017

resilience I demonstrated over the last five months is not intrinsic to my genetic make-up or character. Rather, it is the result of excellent training and practice of restorative routines, the integration of a 5,000-year-old tradition and contemporary brain science.

I won't take credit for the miraculous healing by my wonderful body. I will take credit for knowing well enough to stay out of its way.

A Message from Kip

I am living without pain now. I have excellent range of motion. I'm capable of completing an entire daily yoga stretching routine. I'm blessed with a full recovery from my 2017 traffic collision injuries.

I remain active in my coaching practice and grateful for my deeply loving relationship with Judy. I can put on my own socks, pick a dime up off the floor and buckle my belt without wincing.

In the darkest hours after the accident, I thought that I wasn't lovable or deserving of kindness. I imagined being alone, unwanted and rejected as a burden. I couldn't imagine that anyone would want to be around such a broken, useless man. In those desperate moments I remembered that I had a choice not to go there. Evidence supported that I was loved and worthy of care. I constantly refocused my mind on gratitude instead of past regrets or future catastrophe.

I'm still doing mindfulness practices at least an hour a day in addition to yoga stretches. These commitments enhance my mindset of peace and healing. I'm content now.

I'm choosing ongoing connection to this salvation in the midst of the Covid-19 crisis and the fallout from political unrest. I'm in awe of the spiritual resources available to all of us. I encourage anyone experiencing a catastrophic event or major life challenge to keep a positive, possibility mindset.

I urge those engaged in service professions to initiate breathing, meditation and prayer for protection during compassion fatigue, vicarious trauma and burnout. I'm convinced that anyone in a traumatic situation will be served well with intentional grounding in the eternal moment of resilience that is ours for the asking.

Be well.

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Kip Flock, LCSW, BCD

Kip Flock is a Mentor Coach who specializes in restorative techniques, yoga and meditation. He has worked in a variety of medical settings throughout the last decade, helping organizations and professionals create successful resilience strategies.

Certifications include Stress Management, Meditation, Yoga, Training & Development, New Life Story[®] Wellness Coaching and New Money Story[®] Coaching.

Kip is gentle, compassionate and wholly committed to integrating the restorative power of mindset into the lives of his clients as well as his own. He has overcome several daunting challenges and brings deep empathy to every engagement.