

RECOVERY SYMPTOMS: BRAIN SHIFTS – AND MORE HYPOTHESES

Some of the most delightful symptoms of recovery, symptoms that could not possibly have been expected by anyone, were the intra-cranial brain reorientation movements.

These movements, which I named “brain shifts,” were fleeting events that felt as if the left and right brain halves were shifting position relative to each other.

There were three types: front to back, top to bottom, and side to side.

Front-to-back brain shift

In what we called a “front-to-back” brain shift, a person felt as if the front and back of his brain had moved further apart.

The shift often started with a feeling that the frontal bone (forehead) was gently pulling away from the rest of the cranium, moving forward a fraction of an inch. Just after the head felt very relaxed and light due to the decrease in internal pressure in the cranium, a sensation occurred as if the front lobe of the brain was gently floating upwards and forward. The back of the brain moved slightly down and back at the same time or a moment later.

The sensations passed very quickly, in the time that it takes a muscle to relax. The sensations were non-dramatic, and were followed by a faint awareness of decreased tension in the head.

Top-to-bottom brain shift

The top to bottom shift sometimes felt as if an enormous internal pressure was compressing the brain down onto the brain stem. This brain shift was described several times as feeling “as if a too-tight swim cap” was compressing the head. During this brain shift, people sometimes felt a strong urge to stomp the feet, almost as if they were trying to tamp their spines down into a better position while the head pushed down on the spine, as well. There were variations that didn’t include the “too tight swim cap,” but which seemed overall to fit the idea of a top-to-bottom brain shift.

For example, one person gave this description of the event: “I was sitting in the concert hall listening to a piano recital, and all of a sudden I turned my head and there was this deep piercing pain in the very center of my head. It went from the very top of my head down to the neck part of my spinal column. How can I describe it? I could say it’s like I pulled a muscle or something, but that wasn’t really the feeling. I was like a big train running through the center of my head down to my spine. Was it painful? Well, it didn’t really *hurt*. The big shock went away in a few minutes, but the aftershock stayed for about twenty minutes more.”

Another person said, “A massive weight was bearing down on my head, and it made me want to stomp the floor. My husband just stared at me with raised eyebrows as I vigorously raised alternating legs and brought them down hard on the floor. It felt so good. It seemed as if I stomped for ten minutes, but it might have been a much shorter time than I thought. When the pressure and tightness around the head stopped, I stopped stomping. And then I felt really relaxed inside my head.”

Side-to-side brain shift

The side-to-side adjustment was the most strange and glorious. It usually began on the healthier (less PD-affected) side of the brain, behind the ear, just above the mastoid process.

It started off as a low rumble, so slow as to be barely audible. At this stage, it was almost more of a feeling than a sound. As the vibration picked up speed and rose in frequency to an ever-higher pitch, it vibrated through the very center of the head. At this point, the PDer sometimes found himself thinking with awe and acceptance, "Wow. I'm about to die." The vibration continued to increase in speed and rise higher in pitch until it made its way out through the opposite side of the brain, in the area near the temple. After this, a deep stillness was felt in the head.

After the vibration exited out the side of the head, the internal tremor (the drum master that sets the beat for the visible, external tremor) was sometimes truly over, or it was greatly diminished.

The sensation of internal stillness that followed the side-to-side shift was so profound, so peaceful, that some PDers assumed, for a moment, that they had died.

After experiencing a side-to-side brain shift, a PDer sometimes needed a few moments to ascertain that, *despite* the interior stillness, he was still alive. Sometimes, only after noticing that he was breathing, did the PDer realize that he hadn't died.

Years before any symptoms of Parkinson's disease had appeared, many PDers had long felt the presence of a constant internal tremor, a tremor that eventually drove the physical tremor. Others had not suspected that an internal tremor was firing off, driving the visible tremor. Either way, it felt unbelievably good when it stopped.

The side-to-side brain shift was usually a deeply significant moment in recovery. Some people slept right through it, and only realized that it must have happened because they woke in the morning with no ability to activate a tremor and with a sense that something unspeakable was gone.

Most of the PDers who were awake during the brain shift say that they assumed that they were dying. And when they decided that this death was going to be OK, even wonderful, that's when the vibrating rose in pitch and finished its work. The word surrender comes to mind...

One person who experienced the head shift but who continued to tremor slightly told me that, even though she was still trembling, it was only a physical tremor and not nearly so annoying. She explained further, "There's no tremor in my head any more. I have a shake in my arm when I'm standing, and it's in my hip when I'm lying down, but it's more just a shaking, not a tremor. It's not nearly as annoying. Before, *I* was shaking; something inside of me was shaking. Now just my arm or my hip is shaking. It feels more like a muscle habit; I can laugh at it, now." (As we were to discover, she still had yet another unhealed injury that was affecting her hip.)

In my office

I was fortunate enough to observe one person experience a side-to-side brain shift while she was in my office, while I was holding her shoulder, doing FSR.

Her eyes got huge. She brought her hands up to the sides of her head. Her mouth opened in a silent scream.¹ The whole thing lasted less than a minute. After several minutes of trying to describe for her husband and me what had just happened, she laughed and exclaimed, “I feel *good!*” She still had some recovery symptoms to go through, but she essentially felt, at her core, that she had suddenly, unmistakably, become “all better.”

After that, there was no way that she could go back to having idiopathic Parkinson’s. She couldn’t raise a tremor even when she tried: a few weeks later, her mother had to go to emergency room. The PDer felt guilty because “After all these years of tremoring when I was stressed, I wasn’t even able to get any tremor going when my own mother was in the emergency room.” She was never again able to get a tremor “going” for any reason. After the brain shift, she had no internal tremor; she never again experienced a visible tremor.²

One PDer’s description

The following is a partial transcript of a tape recording made in my office of a patient who had experienced the side-to-side head shift a mere four hours before coming to my office. “You’ll want to get this down,” he said, when he arrived for his weekly session. He was the first person to experience the side-to-side head shift. Since then, several others have shared similar stories.

“I had an awesome experience, just awesome...the upshot of it is that some life form, or some piece of me, some part of me, died during the night. And it may have been the Parkinson’s part...I had the feeling that something was coming to an end, it was as though I were dying, but I was aware that I didn’t think I was really dying...I wasn’t getting ready for my own real death, but as though some part of me or something in me was dying. And it was a totally unique experience. I went with it, breathing was fine, and whatever it was then moved to the point of dying, letting go...(long pause). And I still am not sure what are the best words to use. (His eyes filled with tears.) Time will get some perspective on that too. But it’s as though something was lifted. And I gave it plenty of time to go, and respectfully said goodbye to it. And then when I was sure it was gone, realizing that would be the end of whatever that was, I got up on the side of the bed. (Long pause.) At that point, I was aware, more keenly than before, that I was actually alive, that it was not a death experience, that I wasn’t getting ready to have a heart attack or die, but something was dead, something was gone, something was lifted and I had a strange experience of...lightness and ...smoothness (tears)...those two words were real clear. And I knew at that point that I was not dying, that I was not dead, that I was continuing to live...I was clear that this was an experience about me, and the interesting part was that I felt free of tremor, and it was unbelievable. But I’ve made a career out of being open to believing the unbelievable, so wait and see, time will tell, but clearly this was some kind of important experience.

“It was clear that I was tremor-free. I had a sense of balance and solidness that was new, that I didn’t really want to test, for fear that it wouldn’t really test out. So I started gently testing it. Oh. There was also a sense of symmetry that hadn’t been there before. So I kept testing it

¹ When another PDer emailed to me that he had experienced the side-to-side brain shift, he described it as being “a Silent Scream, like in the famous painting” by that name. The term fits so perfectly that I have used it often since then to describe the fleeting moment of seemingly altered consciousness that a person experiences when the brain hemispheres vibrate themselves back into their correct position.

² I write this in 2008. I saw her just a few months ago for a chest cold. She has had no Parkinson’s symptoms since her brain shift occurred in 1999.

putting my arms above my head, by putting them out in front (He gestured, with hands straight up, then out to the sides, then out in front and demonstrated the wrist movements.), looking for tremor, turning 'em, looking for cogwheel, not seeing anything, doing a bunch of touching, testing, touching the back of my head...and in the middle of this, I got up, twice, and tested my stability and balance, and ease of movement, and it was there!

“It was easy movement, it was as though I was without Parkinson’s...oh, then at one point, I said to myself, I wonder what my writing is like. So I have a pen, and a notepaper right by the bed, right by where I was sitting, to the left of where I was sitting, so I got that, held the little telephone note pad in my hand. So it’s not the steadiest thing, so I wrote something. What I wrote, interestingly enough, was ‘I am a renewing person. I am a renewing being’ and I (pause) looked at it and it was (tears again, choking a few times) luh, luh, large (choke) handwriting. (Crying.) Not micrographia! And it was a little scrawly, but then I reminded myself that my handwriting had always been scrawly, but it was just naturally as big as it used to be! (Gestures, thumb and forefinger showing an inch in height)...”

Other PDerS, after the side-to-side brain shift, also had a similar sense that Something Had Changed. Each PDer explained it differently.

Some PDerS experienced just one of the brain shift patterns. A few experienced all three.

Fleeting dizziness

Not everyone who recovered felt a distinct pattern of brain shift. Sometimes, recovering PDerS just had a moment of dizziness, as if the room was spinning, after which, they felt calmer inside and the tendency to tremor was gone.

One PDer told me that she’d been sitting on her living room couch next to her grandson, watching TV just prior to going to bed. When “the earthquake” hit, she dove to the floor and threw her arms over her head to protect herself from falling objects. When the shaking stopped, a few seconds later, she looked up at her husband and grandson who were staring at her in amazement. “Didn’t you feel the earthquake? It was huge! The whole room was spinning around.” They shook their heads. There had been no earthquake.

Another reported that he’d had a brain shift while he was relaxing, with eyes closed, during a plane flight. He felt the airplane dip one wing deeply to one side until the plane was almost sideways. Then the plane dipped deeply to the other side.

“Violent turbulence!” he said to himself. He grabbed onto his armrests, braced for anything, and opened his eyes. That’s when he saw that no one else around him was reacting. The flight attendant was calmly pouring a beverage. He looked at his own beverage. The liquid was not sloshing. The fleeting turbulence had been inside his head.

His tremor had been small and intermittent. After the “turbulence,” he never tremored again.

Various terms such as “room spinning,” “loop-de-loop” and “earthquake” have been offered to describe the fleeting perceptions that occurred while the brain was repositioning itself. These were painless, fascinating shifts that resulted in a decrease in internal tremor.

Again, many people never experienced these events while awake. However, they suspected that some distinct event, possibly one of the brain shifts, *had* happened to them at

night, because they woke up and felt unaccountably different: taller, calmer, and in some cases, permanently free from tremor.

A SPOT OF THEORY

If you'll forgive a bit of theory right here, a left-right brain hemisphere misalignment may be a perfectly normal shift that occurs when the Stomach channel makes its short circuit into the Gall Bladder channel at the corner of the forehead. Certainly, a sustained, asymmetrical (one side of the head only) surge of "severe injury: go to sleep" current can cause a slight shift in the left and right side *electrical* symmetry of the larger brain currents. Over years, this asymmetrical surge of "injury: go to sleep" current may be enough to cause a slight physical misalignment. This misalignment seems to be the source of the electrical "rattle" in the head: the internal tremor.

During the side-to-side brain shift, the sensation was sometimes described as a feeling that the two sides of the brain were vibrating themselves back into alignment. And when the alignment was correct, the internal rattling stopped. There was no more internal tremor. Period.

As mentioned many chapters earlier, many PDer's remember a moment, very often in their late teens or early twenties, when they experienced a fleeting, one-time sensation of buzzing, whirring, or spinning near the temple or even inside the head. They sometimes said it felt as if the room was spinning, or the inside of the brain was spinning. A PDer's pathological cerebral shifts and, very often, the first faint drumbeats of the internal tremor, may stem from that moment.

Very possibly, a pathological shift in brain hemisphere orientation is a healthy event that follows on the heels of a severe injury that has not been addressed even after a long time has passed. In an emotionally healthy person, this pathological brain shift creates an internal discomfort that should cause that person to actively seek comfort and healing for his nearly forgotten injury. After the injured person lets himself be comforted, healed, and is feeling safe, the pathological brain shifts have done their job. The hemispheres can then relax back into their correct orientation. In an emotionally healthy person, the tremor may serve as a reminder signal that the injury hasn't yet been addressed. Seen in this light, the tremor is helpful and healthy, not pathological.

During recovery from Parkinson's, the brain-shifting experiences were very possibly healthy, corrective movements in which those injury-based cranial shifts were being reversed: the brain parts were able to slide back to their correct positions. It certainly felt, during and after the head shifts, as if the muscles around the cranium were relaxing *and* the various parts of the brain were realigning themselves.

After experiencing the side-to-side brain shift and going on to become fully recovered, some PDer's suspected that, even in the *decades* prior to the external tremor becoming obvious, the left-right misalignment of the brain hemispheres had been the cause of their faint, internal tremors. These vibrations had been such a part of their lives for so long and had been so constant that, when they stopped, the PDer's could not remember having experienced such internal stillness: many of them thought they must have died. Certainly, the internal vibration long preceded the diagnosis of Parkinson's disease.

We now suspect that, not only does the brain misalignment cause an internal tremor that might lurk for years prior to the onset of Parkinson's disease, but it also causes a person to be more likely to launch into an external, visible tremor: setting the stage, as it were.

Thanks to the tremor-stopping, side-to-side brain shifts that we saw in or were described to us by recovering PDer's, we now have a much better basis for hypotheses about what used to be the most baffling symptom of Parkinson's disease: tremor.

If we can conclude, based on the tremor stopping, side-to-side brain shifts, that a hemispheric misalignment is at the root of the Parkinson's tremor, we can draw up the following hypotheses about the apparent variations in Parkinson's tremor.

Tremor hypotheses

Resting tremor

As the PDer's brain hemispheric misalignment worsens through the years, the internal vibration finally becomes large enough that it becomes apparent in those body parts that have lost their connection with the motor control area of the brain.

For example, in classic idiopathic Parkinson's disease, the muscle between the thumb and forefinger, the muscle against which the shaft of the pen rests when a person writes, very often becomes atrophied. When the internal tremor first manifests visibly, it is often in this atrophied, mentally-disconnected region of the hand. This is a resting tremor: it occurs when the PDer is not using his hands. If he does use his hands, the activity in the other muscle sweeps the atrophied area along in the movements, and so the tremor appears to stop. But when the PDer is sitting still, the disconnected bit of muscle in the hand vibrates in time with the only signal it can still perceive from the brain: the internal tremor.

Over time, as more and more body parts become disconnected from conscious control, the number of areas in which tremor can manifest increases. Instead of just a small, index finger vibration, a PDer may eventually end up with resting tremor down the entire length of the arm(s), and/or the leg(s) and/or the chin. As the Parkinson's worsens, the resting tremor often increases in amplitude and in the number of areas that are affected.

In addition to the increase in the number of disconnected body parts, the brain's hemispheric misalignment, which causes excess electrical activity in the brain, may also become more pronounced over the years. As it worsens, the amplitude of the tremor (the *size* of the back and forth motion) increases.

Fear-based tremor

At some point, the resting tremor may feel as if it has been joined by a tremor that is activated by stress or any negative, anxious, or worried thought. The negative thought may be as seemingly benign as the waking realization, "Today's a work day," or the self-conscious, "My hair looks lousy."

The stress- or fear-based tremor can seem like the exact opposite of the resting tremor, which appears when the PDer is sitting around calmly.

However, the resting tremor and the fear-based tremors are related. When a PDer happens to feel a small amount of fear, enough to cause a faint, internal trembling, the trembling resonates with the internal tremor, enhancing it. This enhancement of the internal tremor by what would ordinarily be a faint, invisible, internal shaking from fear causes amplification of the internal tremor and consequently, amplification of any external tremors.

Again, fear-based trembling, a normal, brain-based event, very possibly resonates with the PDer's internal tremor and amplifies it.

If the PDer becomes increasingly inclined to anxiety or wariness, he will also be inclined towards increased and amplified tremoring. At some point, it may seem to the PDer as if he is *always* trembling: when he is at rest, the tremor is milder. When stress or anxiety is added, the tremor increases in strength. But in general, the tremor no longer goes away.

As untreated PDers' conditions worsen, they usually become far more susceptible to this type of fear-induced tremor. And because their brains' hemispheres are increasingly misaligned, the PDer is increasingly likely to launch into amplified tremor from the least little addition of fear or stress.

Resting tremor as opposed to active tremor

When the tremor becomes somewhat constant, the PDer may no longer consider himself to have a resting tremor. However, inasmuch as the tremor may decrease slightly or even cease temporarily when a limb is in action, it is still a "resting" tremor from the perspective of medical terminology. In this case, the term "resting" tremor is used to differentiate from *active* tremor: a type of tremoring that occurs in some people, *not* PDers, in which the limbs do *not* tremor when a person is resting, but *do* tremor faintly when the limbs are overstretched, fully extended, or doing work.

Eating-based tremor

Yet another factor that can worsen the tremor for a short time is eating. When a PDer eats – or tries to eat – the energy level in his Stomach channel is automatically increased. The Stomach channel is the one that is damaged. The extra energy in the channel that comes from eating or trying to eat joins the backwards-flowing Qi in this channel. If the push of backwards-flowing Qi is what causes the hemispheric misalignment, an increase in this pattern can increase the amount of the misalignment, increasing the stress. This can lead to an increase in the amplitude of the tremor.

This increase in tremor can be stressful: the PDer's tremor can increase in amplitude yet again because of the *stress* of having an eating-based tremor. The combination of stress and the increased backwards Qi from eating, added to the constant, internal tremor, can cause a veritable explosion of external tremoring at meal times.

As an aside, the increased tremor, pain, or electrical shock that occurs when an acupuncturist ignores the traditional warnings and inserts an acupuncture needle into any channel that is flowing backwards is similar to the alarm that is triggered by trying to eat while the Stomach channel happens to be flowing backwards.

Healthy tremor

When a *healthy* person (a non-PDer) experiences a shift into predominantly sympathetic mode, he often tremors when the activating event is over. For example, a person exiting a scary movie may be surprised to find himself trembling a bit as he leaves the theater. He instinctively gives a little shudder, or as it commonly expressed, he "shakes it off." The intentional shake or shudder causes his brain and heart to shift back into parasympathetic mode. Likewise, a person may shiver violently for a few seconds after a swim in a cold mountain lake. Even before the swimmer gets to his warm towel, he gives himself a small shudder or shake, and his body relaxes

back to parasympathetic mode. A frightened child will tremble in his mother's arms until he feels safe again, at which point he will give a little shiver to reset his body's heart and brain orientations to those that are characteristic of parasympathetic mode. A person who was in shock often finds himself trembling until he physically "snaps" himself out of it with a little shake when he realizes that he is OK.¹

A steady shiver, a slight tremor, even a body-wide tremor, can be a healthy, perfectly normal event. It usually occurs after a person has had a strong startle, a bad chill, or moment of fear: anything that triggers a large sympathetic system response. The tremor stops when a person thinks to himself, "I'm safe." These thoughts may take the form of "It was only a movie; I'm OK," or "That was intense, but I'm OK now," but these are just variations on the idea "I'm safe again," or "I'm safe after all." The thought, "I'm safe," is the first step that a person needs to start the relaxation process so that he can shift back into parasympathetic mode.

Sadly, many PDer's have a very hard time feeling safe. After having been diagnosed with Parkinson's, many PDer's respond to the slightest manifestation of tremor, not by affirming that they are actually safe, but by invoking the thought, "Oh no! My Parkinson's is getting worse!" This affirmation of doom usually serves to amplify the push towards the sympathetic nervous system and *increase* the intensity of the tremor, if anything.

TREMOR INHIBITION

Temporary relief from tremor

Many PDer's work at achieving the almost-asleep stillness that temporarily quiets the fear-induced portion of the tremor. PDer's are often keen to describe to me in excessive detail their "discovery" of some type of massage or some meditation tape that miraculously makes the tremor "go away" for awhile. They do not realize that tremor *always* ebbs when a PDer slides towards the unconsciousness of sleep. These "discoveries," these short-term relaxation tricks, have *nothing* to do with healing and actual recovery. As soon as the meditation or deep breathing is over, the PDer is just as susceptible to tremor as he was before.²

Practicing being nearly asleep or numb does nothing to get rid of the underlying problem: the brain hemisphere misalignment and a predisposition to thinking that one is not inherently safe.

In fact, PDer's who work hard at techniques to *temporarily* calm themselves are missing the point: they need to practice affirming that they are *always* safe, that they have *never* really

¹ The old myth that shivering is a mechanism to warm the body after a chill, a myth that is still taught in medical schools today as "recognized fact," is incorrect. A person can "shiver in fear" even if the day is warm. For that matter, shivering from cold, unless a person recognizes the shiver as a warning and takes steps to warm himself, makes a person feel colder, not warmer. All of the various events that can provoke shiver and/or tremor relate to the phase that *follows* powerful activation and use of the sympathetic nervous system, prior to switching back into parasympathetic mode. The healthy shudder that occurs in response to the shiver may be a part of the switching mechanism.

² Very possibly, since the whole purpose of tremor is to convey a message to the consciousness to "Remember you are safe, after all: shake off the feeling that you are stuck in fear," the tremor ebbs when the consciousness ebbs during deep relaxation and pre-sleep: no point in sending a message if there's no one on the receiving end. It is curious to note that some PDer's *do* tremor while they are dreaming – when they are relatively more conscious than when they are in dreamless sleep.

been in danger, after all. This “always safe” or “safe after all” mindset is the one that healthy humans use to turn off the trembling that occurs after a sharp shock or fear.

Many PDer's who have gotten stuck in partial recovery have told me that, having been diagnosed with Parkinson's, they cannot avail themselves of this attitude. Because they have Parkinson's, they will never be “safe” again: a self-fulfilling prophesy.

Unless the PDer gets rid of the root cause of tremor, it doesn't matter how many times he *temporarily* stills the tremor by turning off his full awareness; the tremor, if any, will reappear every time that he has a return of full awareness combined with negativity.

Inhibiting the PD tremor by using adrenaline-based activity

Sometimes, the PDer's tremor can be inhibited by activity. By actively *using* adrenaline, by physically acting as if he is in a condition of genuine emergency and taking action, the PDer may be able to control the tremor in those body parts that are still under mental command.

After all, tremor in healthy people does not occur during an actual emergency, when the adrenaline is flowing. Tremor begins when the life-saving run for safety, the heart-pounding swim in the icy lake, or the intense psychodrama of the movie comes to an *end*.

Tremor is a gentle signal that the brain and heart are still in fear mode even though the emergency is over. Tremor is a signal to the body that it's time to shake off the fear and get back to relaxed, contented mode.

PDer's, because of the internal injury and the long-standing internal tremor, cannot get “back” to the relaxed mode: their basic situation is one of injury and brain misalignment – conditions that signal “Get to where it's safe and then relax, so that you can heal.”

Many PDer's have no idea how to relax. Many do not actually know what relaxation even feels like. For them, tremor is not a gentle reminder to go back to feeling safe or feeling relaxed. For them, tremor is a baffling manifestation of the fact that they are subconsciously still hiding an injury *and* that they are *not* safe. (The subconscious hiding of the injury can be what makes it so baffling.)

In these people, tremor – a manifestation of the dreaded Parkinson's – reminds them that they do have *cause* for *conscious* fear. An increase in fear increases the tremor: a PDer's tremor, if he notices it or merely *thinks* about it, often leads to greater tremor: tremor over a larger area or tremor of greater amplitude.

Inhibiting the tremor by performing dopamine-based activity

Some PDer's can slide, now and then, into normal, tremor-free movement. This occurs when the PDer is doing an activity that he has decided is safe. What constitutes “safe” is completely random, and varies from one PDer to another. We've seen “safe” activities that range from singing to doing the crossword puzzle.

When this happens, the PDer is using dopamine. The internal tremor, though still present, does not manifest as an external tremor during these times. The dopamine-based feeling of safety is able to override, and possibly even sedate somewhat, the internal tremor. However, as soon as the PDer returns to his wariness, the tremor returns.

As an aside, this temporary cessation of tremor and movement inhibition symptoms during safe activities should have gone a long way to inhibiting the spread of the grossly inaccurate and inadequate “dead dopamine cell” theory, but it has not. Almost seems as if the battle cry of grant-dependent researchers is: “When the theory doesn't fit the facts, ignore the facts!”

Nevertheless, if a PDer's tremor goes away when he does laundry or when he does some other activity that gives him quiet pleasure, the logical PDer should take this as proof that his *mindset*, not "dead dopamine cells," is contributing to his tremor situation. Realizing that the tremor calms down temporarily – even during full wakefulness – during activities or moments that the PDer considers "safe," should help the PDer realize the importance of affirming that he is *ever* safe.

During recovery, if a PDer was healing or healed from his foot injury *and* was able to perceive the physical sensations of expansion in the chest that occur when one feels truly safe – no matter *what* his life circumstances happen to be – *that* was when the brain shift was most likely to occur. The brain shift happened when the PDer was able to *feel* (not think, but *feel*) the way a person feels when he is safe. The PDer who could *feel* safe – even if he thought he was about to *die* – could surrender enough to allow his brain to drift back to the healthy position. When this happened, the tremor was gone for good.

Fear of the brain shift

As you have no doubt already guessed, some PDers have told me that they dare not enter into a recovery program because they might experience a brain shift while driving. And by now you can probably provide the same reply that I gave them: brain shifts have only occurred when the PDer felt deeply peaceful. These events have not occurred during times when alertness or adrenaline was called for.

PDers experienced their brain shifting events while resting, daydreaming, or while half-awake. Others concluded that a head shift must have occurred during sleep because, upon awakening, the head felt different or else the internal tremor was gone or they felt a new sensation inside: profound stillness.

No one, in our experience, underwent a head shift while driving, while bustling about, or while highly alert.

CLOSING THIS CHAPTER

Healthy people respond to a post-sympathetic mode tremor or shivering by remembering that they are no longer at risk. They reinstitute the safe feeling in the chest, give themselves a little shake or *frisson*, and the tremor goes away.

Most of our PD patients responded to tremor or even the thought of tremor by worrying about what the tremor might signify, or worrying about what other people might think if they saw the tremor. These responses caused amplification of the tremor.

The most paradoxical aspect of the recovery brain shifts was that a PDer had to feel truly safe in order to experience them. Safe. Not calm, not sleepy, not restful, but safe.

After brain shifts occurred, PDers felt profoundly peaceful: safe. Especially after the side-to-side brain shift, many PDers noticed that no stressor was able to induce a tremor again even if they found themselves in a stressful situation.

In other words, a brain shift allowed PDers to feel deeply at peace – you might say it allowed them to feel utterly safe. But in order to *initiate* the brain shift...they had to feel safe.

The answer to the paradox appeared to be *surrender*. The word "surrender" came up often with fully recovered PDers. When they spoke about surrendering, they meant it in the sense of surrendering from their posture of perpetual wariness, cleverness, defensiveness, or

heightened alertness. The “surrender” was simply the admission that, no matter what, *even if they did nothing* in self-defense or self-maintenance, they were actually safe. And when they decided that they were actually safe “after all,” and let themselves *feel* safe (not think, but *feel*), their bodies responded with relaxation and a brain shift that brought about an end to their tremors – and an even fuller feeling of safety.

And yet, how many PDers have responded with hostility to my suggestion of surrender! I can picture several of them: trembling violently, hunched over, rigid, with an expressionless face and barely able to get the words, out, proudly exclaiming, “It’s my refusal to surrender that’s got me where I am today!”

They have no idea why I smile and say, “Yes.”

