

*“Tell me, tell me why?”*

*- The Four Aces - 1951 hit song*

## CHAPTER THIRTY-NINE

# FSR: HOW DOES IT WORK? A HYPOTHESIS

This chapter will offer some thoughts on the how and why of Forceless, Spontaneous Release and all other forms of light-touch therapy. We do not actually know exactly why light touch therapy is so effective. The following explanation is only hypothetical. Even so, the explanation below seems to make sense, and it is supported by the results. By understanding the thinking behind it, some of the theory, a practitioner might be better able to master the techniques. Therefore, I am including this refreshingly short chapter.

The basic premise is this: when tissues are held in such a way that the holder can't really detect the holder, it may be that the tissues, unable to tell that the support is coming from outside the body, assume that the support in the area of holding is coming from inside. The muscles and such then reduce their tension-holding levels to accommodate for the extra support that is coming from the hands of the practitioner.

### *Conversations between brain and muscle*

The muscles of a healthy person, even when relaxing, are never perfectly rigid nor perfectly limp. Muscles work in opposing pairs, and the two paired muscles are always performing a balancing act in order to create the effect of “being relaxed.” They each are always tightening a little and then relaxing a little and then tightening again. The brain is always sending signals to the various muscles saying, “You seem a little tight; loosen up.” This is followed by, “Now you're a little loose; tighten up.” This type of back and forth goes on constantly between the brain and the body parts.

If a health practitioner is able to hold onto the skin of a limb or body part with the right amount of pressure and support, the limb or body part won't suspect that extra pressure is being added to the system. When the brain sends its usual inquiry, “How are you, too tight or too loose?” the body part answers back, “It's just fine, but maybe just a tad too tight.” The brain tells the muscles in the area to loosen up. Then the brain sends another query, “How are you now?”

If the health practitioner is continuing to hold with that steady level of imperceptible support, the response from the muscles to the brain will be, “Just fine, but maybe just a little tight.” The brain instructs the muscles to loosen further. Meanwhile, the practitioner continues to lay low. “How are you now?” says the brain. “We're just fine, but maybe we're a little tight.” The brain instructs the muscles to loosen up just a skooch, and then it asks, “How are you now?”

Over a period of an hour, even a body part that has been fairly tight will usually have loosened up enough that the tension in the area has relaxed somewhat. If this tension was holding some joint, tendon, ligament or muscle in an incorrect position, that body part can start sliding back to a more comfortable place: the place where it's supposed to be.

When some body part returns to its correct place because the system was relaxed, that body part will not return to the incorrect place even when the tension resumes. Why? Because the tension will not resume. The tension is usually working to maintain the incorrect position into which the body part was forced during some injury or application of force. The tension is there to

prevent the body part from being shoved any farther out of alignment than it already is. If the body part moves back, closer to its original position, the tension in the area has no reason to resume.

During many types of forceful therapies, a body part is jammed back into the vicinity where it belongs, and then, over the course of a few days or a week, the underlying tensions – which have never let go – assure that the body part goes right back to the incorrect place that it occupied prior to the therapy.

Light touch therapies are becoming popular with practitioners and patients who have noticed that the relaxations achieved by light touch therapy last longer. Also, some of the tensions that cause pain or illness are very subtle and due more to fear than to actual physical impediment, such as impingement on a nerve. Shoving a bone or muscle may not relax a body part that was in the grip of terror. Support, support, support may allow the dread, panic, shock, or alarm to dissipate. After that, the movement of the associated tissues will occur naturally, without the use of force.

### **More theory: how some people tighten up in response to a blow**

Injurious impacts don't necessarily cause an injury that won't heal. Most of the usual blows that we receive heal by themselves with nary a second thought. But in cases where the body doesn't snap right back, due to fear or a tension holding pattern, the injury may take more time to heal.

In the case of displaced tissues that do not go back into place following an injury, very often the problem is retention of the force of the incoming blow. The body stops the incoming blow through muscle tension and then continues to hold indefinitely.

Very often, a person who braces himself for an incoming injury tightens up more than he needs to and never lets go. The force of the incoming blow is stopped – and retained – by the defensive mechanisms in the body. This tightening is not necessarily a good thing, as the story below will demonstrate.

### ***Different styles of response to injury***

Some people respond to injuries with tension. Others never get tight. Here's an example of someone who didn't tighten up.

A friend of mine who used to drive an ambulance often regaled us with his stories of the poignant and the bizarre. He told us once, "The alcoholics never get hurt as badly as the sober ones. They just sort of flop around. It's not fair." He had the following example to back him up.

One memorable night, he got a call to rescue a man who had driven his car off a bridge near the levee. The car had broken through the bridge's guardrail and was upside down in the river. Fortunately, the river was only several feet deep at that time of year. The car was in the water, upside down, the wheels in the air.

The ambulance team expected to find a person strapped in his seat, upside down. If he was alive, he might have a broken neck or back; he would certainly have a whiplash injury. He might be unconscious; his head might be under water. As they scrambled down the riverbank in the dark, heading towards the car, they were prepared for the worst.

Instead, when they got down to the water's edge, they saw the driver of the car staggering around aimlessly in the water, chuckling to himself. When the driver saw the ambulance drivers, he peered at them questioningly through the darkness. Then, giving up hope of identifying them, he giggled sheepishly, "Oh wow. I must be really messed up!"

Upon investigation, they found that this carefree person's blood alcohol level was at high tide. He was apparently uninjured except for a few inevitable bruises. He certainly wasn't tensed up or holding on to anything. He incurred no lasting injuries.

### ***Ski lessons***

Skiing teachers usually tell their students to "go limp" when they lose control or are about to crash. A limp, relaxed body will allow the power of a forceful blow to pass through the body and out the other side. There may not even be any whiplash type of movement if the person is limp enough to allow for perfect follow-through of the forces of impact.

After the force of impact has passed through, even if injuries are sustained, the injuries can set to work healing themselves; there is no residual tension preventing relaxation and healing.

On the other hand, if the body tightened up during the dangerous event, the tension may depart slowly, or never. The physical displacements from the injury will probably not be able to set themselves aright until the tension is dispersed.

The innate healing force in the body can heal just about anything. But when fear rears its head, and our minds get in the way of healing, either through retained fear, which can manifest as adrenaline and/or through retained tensions, that's when our innate healing force can't do its job.

### ***To brace or not to brace, that is the question***

When a person does not brace himself for an incoming injury, he very often does not have the same level of injury as a person who stiffens up in anticipation.

This principle is demonstrated frequently by inebriated people: they often walk away somewhat unharmed by a blow or fall that might have killed a sober person. The corollary is this: a person who sees an incoming injury and braces for it may actually do himself more harm by stiffening up.

Where this principle ties in with our work is this: sometimes a person stiffens up in response to an anticipated or actual injury and then never lets go, or doesn't let go completely. Yin Tui Na allows the muscle to let go.

Also, the immediate pain of an injury can trigger a normal, protective, immobilizing response on the part of the muscles. If this immobility is not relaxed, the tension will stay in place indefinitely.

Westerners are trained to respond to pain by diverting the attention away from the pain. As children they are taught to distract themselves from the pain. A candy, a diverting toy, a verbal instruction "don't think about the pain," may be proffered as helpful amelioratives. According to eastern theory, faster cessation of injury pain can be attained by focusing on the pain.<sup>1</sup> Where the mind's attention is focused, there the life force and healing energy of the body is likewise focused.

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<sup>1</sup> When I was in college and trying to distract myself from a painful sprain via aspirin, a roommate said to me, "In China, when they get hurt, they focus on the pain. If you confront your pain, it can't hurt you anymore. The injury goes away faster."

I assumed that my roommate was an ass, and took another aspirin.

Her words stuck with me, however, and over the next few years I experimented with focusing my attention on pain. After taking up the study of yoga, I added another component: when I was injured, I would immediately stop what I was doing and focus all my attention on the injury site. I would gently tense and relax the muscles in the

## ***Energy is neither created nor destroyed***

When an injurious force makes impact, the force of the incoming injury may not even be allowed to follow through the body. The area may tighten up, absorbing the force of the impact, and by holding tightly, prevent the force from dissipating throughout the body. If this happens, the energy behind the force, being neither created nor destroyed, remains in the body, held in place by muscle tension. To hold the impact in place, the force of the body's tension has to equal the force of the impact; this can be a lot of force.

Very often, all of the tissues are involved: the skin tightens up; the muscle tightens up; the fascial linings get twisted; one bone may be displaced or broken and the muscles that hold the bones in place may get torqued.<sup>1</sup> The blood vessels themselves may become twisted and then hold onto that twist.

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area of injury. Usually, my entire mind was screaming at me to do the opposite. In particular, my mind did not want to involve the muscles closest to the injury site. However, I found that if I forced myself to gently tense and relax the very tissues that were most afraid of being tensed, the pain level would suddenly drop. If I continued for a few minutes more, all the while imagining sending light and fearlessness into the wounded area, the injury would sometimes heal instantly.

Twenty years later, I had an opportunity to put this theory to a strong test. After a very steep, four mile descent into Yosemite valley on a trail that might as well have been made of polished glass, and which was liberally scattered with tiny round stones that acted as ball bearings, I finally reached the valley floor. My knees had been in a state of terrific tension during the descent, as slippery slope, combined with the deadly drop-off that lined one side of the trail all the way down, forced me to hold each footfall in place with supreme tension until the next foot had found certain footing.

As I was striding to the end of the trail, my parked car a mere fifty yards ahead of me, my right knee suddenly buckled, the knee cap jerked over to the side of the leg, and a burning sensation shot through my knee. I let out a scream as the pain dropped me to the ground. I had torn my left knee ligament years before and knew the feeling. This time I was certain I had done it again, on the right.

Probably the extreme tension that I had held in my knees while on the trail had finally let go, and the resultant extreme relaxation allowed my knee cap, tibia, and femur to each go their own independent way. The result was a major blow-out of the knee. I could not take a step. I was shaking and gasping for air.

The car was in sight. My husband and son asked if I could make it the rest of the way, hobbling, if they supported me.

I thought about it for a moment, and then told them that I was going to be fine but that I needed to stay right where I was for a moment. Then I sat down in the scrabbly dirt and held my knee in both hands. I thought about oh-so-gently tensing the knee, counted to ten, and then thought about relaxing it. My mind was telling me to do anything but this, but I kept at it. After a few exercises in thinking about tensing the knee, I found I was able to actually get a tiny bit of tension response in the knee, a tension that corresponded to my thoughts of tension. Then I began in seriousness to gently tense the knee, hold the tension to a count of ten, and then relax. I was utterly focused on what I was doing. My entire mind was paying attention to the knee. It soon stopped hurting. I kept going. It was as if I was mesmerized. I lost awareness of my husband and son who, when I'd last looked, were asking if I was OK. I kept focusing on the knee: gently tensing it, holding the tension, and then relaxing. At some point, I could sense that light was flooding into my knee. When my knee was gently tensed, the light grew stronger. As I continued, it seemed as if the sun itself was radiating from within my knee. There was no pain whatsoever. I have no idea how long I sat there, enjoying the rare sensation of having a bright light filling my right knee. And at some point, I opened my eyes and announced to my worried ones that I was perfectly OK. I stood up, warily, and tested the knee. It was very slightly swollen. The kneecap had moved back into place, the leg bones were lined up. I could easily bear weight on the knee but the joint felt a little warm and tender inside. I walked slowly, carefully, back to the car under my own steam.

My roommate had been right. As to her claim that the entire Chinese population treats injury in this manner, I cannot know. But I do know now that this manner of working with injury is far more effective, in both the short term and the long run, than the method of distraction and denial.

<sup>1</sup> A reminder for those who have joined us lately: "fascial" means "related to the fascia." The fascia is the extremely thin, transparent tissue that surrounds all the various membranes and organs of the body.

## **Healing**

Techniques that supplant the tension in the body with externally supplied tension can allow the twistings and torsions to relax and unwind. As long as the body thinks that the correct amount of support is being supplied to the injured area, it will relax to the greatest extent possible within that context of support.

The seemingly miraculous bone settings and pain relieving changes that occur in response to externally supplied support are not really miracles. FSR provides enough support so that the body can relax, let the tissues drift back into their correctly tensed position, and then heal themselves.

The healing of FSR is about as miraculous as the healing that happens when a parent holds a child. A mildly injured child, when held snugly, will very soon relax enough so that the force from his injury is able to dissipate. When the force is gone and his body tissues have drifted back into the right position, the child may want to linger for just a moment longer. Though the child may not realize it, he is waiting for the channel Qi to start running correctly. As soon as the force of the injury has dispersed itself throughout his various tissues or even into the mother, as soon as the tissues have settled back down into their comfortable and correct position, and when, finally, the channel Qi is sending a signal to the brain that says healing may commence, the child no longer wants to be held quite so tightly. At this point, he may even get up and resume his play, as if he was never hurt.<sup>1</sup>

If the injury is worse, he may need to be held longer. Even if the holding goes on for a longer time, the principles are the same. When the child feels snug enough, when he is being held tightly enough, he is able to relax.

## ***Holding the baby***

Holding gently but snugly, until the injured area is fully relaxed, is the essence of Yin Tui Na. If this technique is miraculous, then so is the miracle of swaddling a baby. When a baby is screaming frantically despite being dry and well-fed, sometimes the only thing that can calm him is to be wrapped as firmly as possible in a tightly tucked swaddling blanket. As the baby's limbs become imprisoned and he feels the steady pressure of the blanket against his entire body, a deep relaxation comes over him. Swaddling is impersonal. A swaddled baby is content, not because "loving vibrations" are being thrust upon him, but because he feels safe at a deep, cellular level.

Ideally, Yin Tui Na is highly impersonal. The practitioner should of course have the best of intentions for his patient, but he should not be thrusting his intentions on his patient. When a baby is swaddled, he is transported back to a realm where he feels supremely safe. It is almost as if the pressure of swaddling allows the infant to cease, temporarily, to perceive himself as a separate being. Instead, he is allowed to feel once again the peace and pressure that he felt in the womb, when he was still a seamless part of the infinite mystery, before he was thrust, at birth, into the illusion of separateness and mortality. If a baby in the pressure of the womb is being held in the arms of love, it is not the love of the mother that is most dominant in that pressure,

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<sup>1</sup> For those who are reading the chapters on Tui Na and who skipped over the chapters on theory, "channel Qi" is the sum of the electricity-like currents that flow unceasingly in a well-known and well-studied circulating pattern close to the skin. Any of the cells or cell groupings (organs) in a living person's electrically-unified body can be accessed via these currents that run just under the skin. These particular currents are referred to as "channels," "meridians," or "pathways" depending on the preferences of the Chinese-to-English translator.

but the love of the cosmos. The perfect sense of unity and cosmic love is both personal and impersonal, with no sense of obligation.<sup>1</sup>

### **Mere physical injury**

Energy is never created or destroyed, and for every action there is an equal and opposite reaction. Most physical injuries are the result of incoming energy which assaults the body. There is some immediate movement of the body during follow-through to the blow. The body disperses the force of the blow over as wide an area as possible. Swelling occurs which allows room for microscopic separation of displaced tissues. These injured areas then have in the swollen area a bit of extra plasma to jostle around in as they settle back down into place during recovery. Most healing from injury requires no outside intervention.

But in rare circumstances, the injury is great enough that the body cannot restore the area to its correct position without help. This is the case with a compound fracture of a bone, for example. In this case, the incoming energy exerted a blow on the body which was not sufficiently absorbed by the surrounding areas to prevent injury. The bone is broken and displaced. There needs to be an equal and opposite force applied to put the bones back where they were.

This equal and opposite force is usually supplied by the attending physician. In most cases, the laws of physics are maintained in the healing process by adding the physician to the mix; the physician applies directionally opposite forces to restore the bone parts to their original position. If there is not an excessive amount of underlying tension being retained in the tissues of

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<sup>1</sup> Since we've compared Yin Tui Na to the swaddling of a baby, I might as well go a step further and compare Yin Tui Na to the way that we touch animals. Dr. Temple Grandin, possibly the world's most high-functioning autistic and a woman deeply empathetic to animals, is the premier designer of humane slaughterhouses. Her engineering designs incorporate features to make the animals feel as safe as possible as they go to a peaceful death.

In her writing, she makes the point that animals feel skittish when they are touched too lightly. A light touch is interpreted as the landing of an insect. A firm touch, with steady, even pressure, is relaxing to both an animal and, as she points out, to an autistic person – a person who is cut off from feelings.

In Oliver Sack's book, *An Anthropologist From Mars*, Dr. Grandin describes the machine she built for herself. She can lie down in her "hug machine" and press a button to bring the nicely padded walls of her machine snug up against her body. After a few minutes in her hug machine, she feels her body relaxing; peace steals over her body. As an autistic person, she is baffled by human emotions and does not desire physical human contact. She finds that, just as with animals, her body relaxes and feels safe in response to firm, steady pressure.

This brings me to another aside. In high school, I noticed that one of my friends had a wonderful way of putting a hand on someone's shoulder or holding the hand of a person who was feeling out of sorts. I asked him how he had developed such a kind way of touching. He explained that his family had a small, family-run dairy. If a dairy cow is unhappy or doesn't feel safe, she can't let her milk down. He said to me, in full seriousness, with no joking whatsoever and with the highest level of respect, "I always try to treat a person as if he were a cow."

Although a person with Parkinson's may think that he is able to consciously address his foot injury, you will see, in the next chapter, that, more than likely, his consciousness cannot even begin to approach the injured area. Even though a PDer may have learned, as an adult, to be aware of his emotions and his body, the injury received while still a child, the injury received in fear, may not be accessible to the conscious mind. That injured area may behave more like a frightened animal or a sentiment-absent autistic child. The most appropriate treatment for the injured area may be firm, gentle holding, such as one would give to a dairy cow who has just heard a scary noise, or to a newborn baby who can be comforted only by snug, firm swaddling that compresses his entire body into a tight package.

the injured person, a simple repositioning of the broken bones is all that is necessary for healing to commence.<sup>1</sup>

### ***Parkinson's disease: physical injury with emotional stonewalling***

In Parkinson's disease, there is a more profound type of injury. In nearly all cases, the injury to the foot was never even mentally acknowledged. A force was applied to the body (injury), it was absorbed by the surrounding muscle, holding the injury in place so that no further damage could occur, and then the force was retained. No equal and opposite reaction ever occurred. The injury just sat there, an energetic time bomb. The injury very often never swelled, or never swelled to the normal extent. The injury may very well have never given a pain signal. The force of the PD-causing injury still is sitting right where it was at the point of impact. The injury just sits there, with all the energy of the incoming blow being retained by mental and muscle tension.

Until that energy is released, responding with equal and opposite force, the force of the injury will just sit there in the foot. The foot remains injured though the conscious brain and the rest of the body may have long forgotten the event. But the body has been using energy, for decades, to prevent the injury from going any further. This is the injury that must be cajoled out of its hiding place to begin the healing work in Parkinson's disease.

### ***Foreshadowing the neck injury***

Most PDers have a neck injury as well as a foot injury. We have begun to suspect that the neck injury is set in motion by the foot injury. While working on some patients' feet, we have sensed, in a few cases, a violent release of energy in the neck a split second after the foot injury relaxes. Other PDers have had their foot injuries successfully treated but still have tension in the neck that needs to be addressed separately.

A chiropractic researcher in Colorado has noticed that PDers usually have a displacement in the cervical vertebrae. When she restores these neck bones to the correct position, the PDer feels increased energy and improved mood for up to a week. However, the neck bones invariably creep back to the incorrect position. We suspect that the reason the neck bones will not hold their adjustment is that they are intrinsically connected to the foot injury. Until the foot injury is relieved, the neck must maintain its accompanying displacement.

The subject of compound injuries and neck injuries will be discussed in a later chapter. However, the subject also applies to this chapter: **retained tensions can prevent healing, even if displaced bones are shoved back into their correct location.**

### ***A hammer and chisel treatment***

A PD patient of ours who wanted to accelerate his recovery went to an osteopath to have his foot bones realigned. The osteopath was puzzled by the extreme tightness of the navicular

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<sup>1</sup> This is why those people who are drunk or otherwise uninhibited in expressing response to injury are able to heal easily. However, as all of us in the medical realm know, sometimes a doctor sets a bone but the bone fails to knit. Very often, because the hurried doctor does not assuage the retained tensions, the bone parts are not able to stay in the correct place after being reset. When bones are not able to stay in their repaired position due to retained tensions from the injury being held in nearby tissues, modern doctors use screws and/or glue to hold the bone pieces together. Such joints usually heal very slowly and never function quite as well as before. By the way, such "screwed up" bones cannot respond fully to FSR treatment; the tension of the injury has been screwed permanently into place. If the screws are removed at some later date, these injured areas might then be responsive to FSR.

bone (the bone between the ankle and the cuneiforms) and his inability to make it budge. The doctor used increasing levels of force. Finally, he reached into his cupboard and pulled out what the patient described as “a hammer and chisel.” No doubt these were rubber implements, and yet their purpose was evident: brute force was about to be applied.

The patient was uncertain whether or not he wanted to have the hammer and chisel treatment. The doctor agreed to let him go for a walk and think about it. During the walk, the patient decided that he really did want to get his foot fixed as soon as possible, and so, despite uncertainty, he returned to the office and told the doctor to do his best.

The doctor gave several mighty whacks with his tools. No business resulted. Following that session, in addition to the jammed navicular bone, the patient had a new set of bone displacements. His Tui Na practitioner was eventually able to get rid of them.

## **Adrenaline**

The body does not heal while it is locked into the sympathetic mode. The body waits until the emergency is over before it starts the healing process. People with PD are often locked into some number of sympathetic modes, including, sometimes, dissociation. Very often, their mental attitude dictates the use of adrenaline. Their never-ending, PD-causing foot injury seems to serve to enhance the release of adrenaline. With most PDerS, even if they try to relax, they can never calm the anxious, relentless stream of negative thoughts. Though they may be able to relax superficially, they are always tense in their minds and in their injured body parts.

We use FSR to allow the tension to ease up around an injured area. When the patient’s injury-induced tensions/torsions are relaxed enough and the retained forces from the injury are dispersed, the injured parts of the body that had been tensed or displaced during the injury event are then able to fall back into their correct position. Once the tissues in the injury area resume their correct position, the nerve signals that have been sending panic/red alerts from the injury to the brain can cease. Pain subsides. Adrenaline drops. Rapid healing might then commence at the site of the injury.<sup>1</sup>

Then again, *it may not*. If the PDer has created a mental stonewall around the point of injury, healing still may not begin. Although the emphasis in this chapter was on theoretical possibilities of how FSR helps address the forces that have been retained in the body, this chapter has not deeply addressed another key issue: how FSR helps address the fear that can occur during injury. I will simply say that having the foot held can sometimes ease the fear that has been holding the injury in place.

Then again, those people with Parkinson’s who have learned to intentionally dissociate from injury may not be able to respond emotionally to the supportive holding of FSR, even though the injury may respond and begin to heal. If the injury heals but the mind is still locked into fear, the patient may need to work on turning off his dissociation response. Instructions for that are given in another chapter.

## **FSR and non-tangible aspects of energetic blockages**

The fear and shock that are often experienced during an injury can create electromagnetic waves, including thought waves, that can lodge somewhere in the body and/or mind. These waves can set in motion tangible shifts in the physical body and/or can build mental barricades against recalling or healing the injurious event(s). Yet the force, in these cases, is ideational

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<sup>1</sup> If there is a mental attitude that also provokes adrenaline, then the injury may heal but the overall anxiety level and tremoring may remain. This will be discussed in an upcoming chapter.

rather than physical. This non-tangible force of shock or fear cannot necessarily be dislodged with a physical method such as chiropractic or acupuncture. The energetic disruptions set in motion by these non-physical wave patterns are part of the reasons that we insist on referring to “energetic blockages” throughout this work, rather than simply calling the problems “displaced or injured bones.”

The best way to dislodge the injury *and* get rid of the fear/shock waves is for the patient to fearlessly examine the long-ignored fear and/or shock, “look it in the eye,” confront it and evaluate whether or not it is still life threatening. If the fear/shock is no longer life-threatening, it is the job of the patient to let it go.

### ***Using FSR when the foot injury is healed***

Sometimes we use foot FSR on PDers whose foot injuries are healed but who still are working on turning off their dissociation response. A significant benefit of FSR, particularly when done on the feet – *even if the foot tissues have been completely restored to mobility and the foot can flex and extend in a healthy manner* – is that it seems to allow a patient a very unthreatening environment, one that is both symbolic and physical, in which to experiment with feeling, let alone feeling safe.

This section on FSR is finished. Much of the benefit of FSR will be purely mechanical: a relaxation in a previously tight body part may allow the tissues in the area to glide back to their correct position. Some of the benefit of FSR is more subtle: providing a neutral yet safe environment for the patient to mentally and/or emotionally review some thought wave patterns that may be contributing to the inability to heal.

While performing FSR correctly is the responsibility of the health practitioner, deciding whether or not to let go of the retained vibrations of fear and/or shock is, ultimately, the responsibility of the patient.

For those people who, on top of everything else, are intentionally dissociating from sensory awareness, they must take responsibility for their dissociation; they must relearn how to feel.

