

“In this drama of life, your love must be greater than your pain.”

Paramahansa Yogananda

CHAPTER FORTY

THE CORRECT WAY TO DISSOCIATE AND RE-ASSOCIATE

Nearly everyone has the ability to selectively dissociate. *Temporary* selective dissociation is a hallmark behavior for a mature person: a person who is able to temporarily compartmentalize certain thoughts or feelings so that he can process them at the most appropriate time.

An example: shaking at the knees

When my husband orally presented his Master’s degree thesis, he was perfectly calm and collected. Several hours later, when he was safe at home, his knees started shaking and his heart pounded a bit. When he felt these sensations, he realized that they were a delayed reaction. He sat for several moments feeling the nervousness that he had subconsciously felt but had not manifested during his oral presentation. These fear symptoms had been put on hold. He had temporarily selectively dissociated from them.

At home, when he felt safe, he re-associated with his delayed feelings and symptoms of fear. His knees were so shaky he had to sit down. Then, he processed the fear. That is to say, with full awareness his fear, he nevertheless took a deep breath, gave a bit of a shudder, and felt relaxation spreading through his body – thus neutralizing the fear. More colloquially, he “collected himself,” he “got a grip on himself,” he “realized he was OK,” he “shook it off.” We use these various expressions to refer to the act of processing trauma; they all refer to a very specific physiological process that humans and many mammals use following an episode of pain, fear, hypothermia, or any event that temporarily destabilizes the autonomic nervous system.

Some PDers have created a mindset in which they can never feel completely safe. Therefore they cannot re-associate. They cannot experience their temporarily delayed pain – pain that has been put on hold until a “safe time.” But there never is a safe time. Therefore, their physical and emotional pain must remain in the subconscious, in a state of dissociation.

Alternately, some PDers have forgotten how to relax: to access at will the feeling that accompanies expansion in the chest and which can be spread throughout the body, thus neutralizing any destabilizing event. Therefore, they cannot process, they cannot neutralize their pain.

Some PDers have both of these problems. They can no longer access (re-associate with) or process their experiences. But they can be taught. This chapter will explain, in minute detail, the physiological processes involved in re-association and processing.

New terminology: stabilization and destabilization of the autonomic nervous system

As you will recall from the chapter on heart-brain entrainment, a person is most electromagnetically stable when the heart and brain are entrained – working in sync. During

times of stress or trauma, heart rate variability patterns are chaotic, and brain waves are not in sync with heart waves.

We might say that, when brain waves are *not* entrained with heart waves, a person's core regulatory system, the autonomic nervous system, is, from an electromagnetic point of view, somewhat destabilized.

Restabilizing the autonomic nervous system after fear or stress

When the emergency, stress, or trauma is over, the heart waves settle into a steadier pattern; brain waves once again become entrained with the heart waves. When the heart waves and brain waves are once again working in sync, a person is *almost* in parasympathetic mode again. His heart and mind can begin to be calm from a *vibrational* standpoint, but the more crude connection between the brain and the heart, the *nerve* connection, may still be predominantly oriented towards the heart's spinal nerve – the sympathetic system nerve pathway.

At this point, a calm, deep breath and a simple shudder running through the body from head to chest, or even down to the toes and out the arms, can help complete the physiological part of the process of switching the heart's signals over to the vagus nerve and away from the spinal nerve. When this nerve switchover is finished, the person is firmly established in parasympathetic mode again. The entire process may require no more time than it takes to take a deep inhale and exhale.

When the heart and brain wave patterns are in sync *and* the heart primarily is using the vagus nerve, a person is in parasympathetic mode: heart rate and breathing are relaxed, good digestion can occur, and a person has maximum ability to use his heart to resonate with, to feel, his internal sensory experiences.

Most adults are able to temporarily dissociate from a stress or fear and then re-associate with it and process it later on, when it is safer or more appropriate to do so. This temporary, selective dissociation from a pain or fear symptoms is a normal function of the sympathetic mode. For example, this ability allows a person with a broken leg to run away from a tiger and process the pain of the broken leg later, after getting to a safe place.

A more detailed continuation of the example

Before my husband could *process* his Master's thesis fear and shakiness, he had to *feel* them. In order to do this, he had to re-associate with them. In order to re-associate, he had to feel safe.

When he got home and was feeling safe, his heart rate variability patterns stabilized. That is to say, his heart patterns ceased to be chaotic. His heart and brain began to work together. When heart and brain wave entrainment occurred and he had the leisure to think back over his day, his brain automatically brought forth the events from which he'd temporarily dissociated.

His brain waves, entrained with his "safe heart" waves, were in parasympathetic mode. His brain's neural connection to the heart was still in sympathetic mode: he was still suppressing his fear symptoms. As he calmly, contentedly thought about his thesis presentation, he re-associated: his temporarily dissociated fear and his fear symptoms came to the fore. He started shaking. He was no longer dissociated from that particular fear.

In this stage, his heart *wave* patterns were calm and steady. He was amused by the whole thing. But because his heart *nerve*s were still in sympathetic mode, his overall body was half-lodged in sympathetic mode – shaking with fear.

For a brief moment, he was a mixed bag. His wave patterns were calm but his nerve patterns were shaky.

At this point, still mildly amused by his delayed fear response, he could process his fear. He took a deep breath and shuddered ever so slightly. These actions signaled his body to make the heart nerve switch over to the vagus nerve. When his nervous system shifted into parasympathetic mode, it aligned with his wave patterns that had already made the jump to parasympathetic. His whole body was now in parasympathetic mode. In this mode, he *could* relax. So he did relax.

When I say relax, I mean he allowed himself to *feel* a wave of expansion: first in his chest; and then throughout his body. He simultaneously *felt* the shaking and fear. The expansive feeling neutralized any negativity (fear) in the shaking. With the fear neutralized, the shaking stopped. He had processed the fear.

His thesis experience, delayed fear and all, was now a united memory in his mind. No significant part of the thesis experience was compartmentalized out from normal consciousness.

More about processing

This is so important that I'm going to repeat some of the above, with more detail. When I say that my husband "processed" the fear and the fear symptoms (shaking knees, pounding heart) of presenting his thesis, what exactly did he do? He did the normal, healthy series of biological events that an emotionally mature person automatically uses to return the autonomic nervous system to parasympathetic mode once it becomes safe to do so:

He *felt* his fear symptoms. Even as he noticed them, he was slightly amused at this manifestation of a delayed response. He *felt safe* even though he was shaking. His shaking was post-traumatic shaking. He was safe, and shaking from an experience that was finished and done with. Because he felt safe, his heart pattern remained calm. His brain stayed entrained with his heart even though he was shaking.

Almost instantaneously, he took a slightly deeper than usual breath. He let a mild shudder pass through his body from the head down to the bottom of his feet. This subtle shudder helps reconnect the heart and brain's *physical* connection (the nerve connection, as opposed to the *wave* entrainment). This reconnect reset his autonomic nervous system to parasympathetic mode.

Then he exhaled and felt the expansion sensation (the feeling that accompanies inhalation and which is the source of one's ability to feel) spread out from its center in the chest to throughout his entire body. This phenomenon is more commonly known as "relaxation." Internal sensory awareness returned to his mind and body. He had re-associated the events of the day, and having processed them, was now able to relax deeply, feeling his internal vibratory sensations resonating with the sights, sounds, and smells around him and also resonating with himself.

While he was shaking and manifesting fear, he was in partial sympathetic mode: he was only able to feel his external physical symptoms such as shaking of the knees. He was *not* able to feel his internal sensations. By shuddering and relaxing, he was able to turn off the sympathetic mode.

By performing these two processes, his nervous system re-established the connection between the brain and the head (the shudder) *and* re-established an internal sense of positive feeling, thus ending the shaking.

Re-establishing the internal sense of feeling is an important part of processing fears or fear-initiated symptoms or pains. A person cannot fully feel his internal vibratory sensations if he is in sympathetic mode. In order to restore the internal feeling of well-being, a person (or animal) must invoke sensory feeling in his chest and command the feeling to spread throughout the body. This sounds very glorious and dramatic; actually, healthy people do this regularly, they do it automatically, they do it without even thinking about it. Most PDers who get stuck in partial recovery do not do this. They also do not know how to feel safe.

Because PDers are going to have to relearn this innate process by mastering the mechanics of it, the next section is going to dissect and describe in minute detail the events involved in re-associating.

RE-ASSOCIATION AND RELAXATION

Healing from a dissociated pain, shock, or fear can be divided into three stages: 1) recall: recalling the feeling of calmness in the heart and then recalling the traumatic event, and recalling the pain from which one has temporarily dissociated. rerealization of safety 2) the deep breath and shudder 3) sending feeling capability from the heart outwards to the skin. Let's look at these three stages one at a time.

Recall

Recalling the feeling of calm in the heart: the realization that one is safe

Feeling safe is the first step. Feeling safe calms the heart. If a person feels safe, any temporarily repressed or unhealed pains can come to the surface. If a person does *not* feel safe, he cannot perform the shudder and relaxation. Even if a person is not *certain* that he is safe, he might not be able to convincingly perform the shudder and relaxation.

Semantics: the difference between feeling safe and feeling relaxed

Feeling safe is a condition in which the heart wave variability patterns are stable. Relaxation is a body-wide experience of expanded internal sensory awareness of a vibrant feeling of well-being. A person cannot relax if he does not first feel safe.

When a person feels safe, he can express his troubles and manifest his pain, chills, or fear. Then, to process these manifestations, he must relax, particularly in the area of the manifestation. He must simultaneously feel the problem *and* the vibratory relaxation that surrounds and permeates it.

Feeling safe is a heart feeling. The feeling of safety can be disrupted or prevented by negative or fear-based thoughts. The feeling of safety can also be re-installed by remembering a happy or peaceful event and instituting in one's heart the heart feeling that occurred during that happy or peaceful event.¹

¹ In our limited experience, most partially-recovered PDers cannot perform basic, general public-oriented, feel-safe heart stabilization techniques. Actually, they usually can't even understand the instructions, let alone do the techniques. To calm their hearts, PDers usually require very literal and sequential, PDer-oriented instruction. As you can imagine, a person who cannot even imagine that he has a heart will have a difficult time performing techniques that are designed to modify his heart's wave patterns. A person who has chosen to dissociate from his ability to feel may not be able to reinstitute a past feeling of heart stability. This is why dissociation from the ability to feel is so much more devastating, eventually, than mere temporary dissociation from an event. In order to re-associate, a person needs to feel safe: feel the heart and re-establish in the heart a previously felt pattern of calm. If a person has decided to not feel his heart, he will not be able to perform this basic process.

Feeling safe and dopamine release

Feeling safe is the trigger that causes dopamine release in the brain. Many people think that feeling good causes the release of dopamine. In fact, feeling safe causes the release of dopamine. The release of dopamine then allows a person to imagine himself doing various activities such as truthful speech or singing, locomotion, manual dexterity, hearing, seeing, and feeling good. When a person can imagine the sensory *feelings* of doing these things, he can then execute these imagined events.¹

Extremely important new research with mice

New brain research has discovered what happens when an animal feels safe: he has a surge of activity in the substantia part of the brain and is then able to move freely and relaxedly.

This research was conducted on mice. Laboratory mice can be trained to either feel fear or safety in response to specific sounds or tones: pavlovian responses.

While the mouse is neither afraid nor particularly safe, if placed in an enclosure, he will generally amble near the perimeter. When the researcher subjects the mouse to the fear-tone, the mouse severely limits his movements: he stays fairly still. When the mouse is subjected to a safe tone, the mouse experiences a surge of activity in his brain's substantia. If a mouse is let loose in an open field and is then subjected to the safe-tone, it will "stop acting defensively. The mouse walks into the center of an open field as if it owned the place, showing no signs of fear."²

When a mouse "feels safe," he moves freely and shows unrestrained curiosity. Brain scans of the mice show that, in "safe mode," the mouse has a surge of activity (abrupt release of dopamine) in the substantia area of the brain.

In the case of my husband and his Master's thesis, he had only dissociated from the fear of the event. He had not dissociated from the event – he could remember the event in great detail. He had not dissociated from his ability to feel, in general. He had not shut down his heart. He had not slid into automatic dissociation. He had simply dissociated, temporarily, from the fear portion of the event by sliding into sympathetic mode during his oral presentation. In healthy sympathetic mode, a person temporarily dissociates from any pain or fear so that he can deal with the emergency at hand. This is a normal part of the sympathetic process. What PDers do, dissociation from the *heart* in a manner that induces automatic (pre-death) dissociation, is a far more dire type of dissociation. What PDers do requires a conscious decision that one might be better off dead, or at least pretending to be dead to certain circumstances. Over decades the number of qualifying circumstances tends to increase.

I read somewhere that the Heartmath Institute, which successfully uses the "recall a peaceful event" technique while working with disparate groups ranging from fourth graders to CEO conferences, has approximately a 96% success rate with their heart calming techniques. In my experience, unmedicated PDers cannot do these exercises. I can't help but notice that 4% of the US population develops symptoms of idiopathic Parkinson's by age 70. I have to wonder if the idiopathic Parkinson's population might also be the 4% of the population that is unable to do the Heartmath Institute's very simple heart calming techniques. If so, these techniques could be used to predict if a person is on the road to developing Parkinson's disease. A person who is diagnosed with difficulty in understanding and performing basic heart stabilization techniques could be retrained in how to use his heart without waiting for the symptoms of Parkinson's to arise. He might never go on to develop Parkinson's. Or if he did, recovery would be a simple matter of addressing the unhealed foot injury.

¹ In sympathetic mode, a person performs necessary locomotion, ego-based (and not always truthful) speech, necessary manual processes, looking instead of seeing, and listening instead of hearing.

² *In Search of Memory: The Emergence of a New Science*, by Erik R. Kandel, Nobel prize winner; p. 350.) The text for the mouse research has an accompanying diagram that shows the trajectory of the "safe" mouse; the diagram shows that the mouse ambles all over the field, crisscrossing from one side to the other.

This finding is consistent with our work with partially-recovered PDer. They can move easily when they feel safe – they behave as if they are experiencing a surge of dopamine release. However, they almost never feel safe.

Reciprocity: inducing safe feeling by moving easily

We know that many body processes are reciprocal: cause and effect may be reversible. When a person feels elated, he may burst into spontaneous song or dance. In this case, the elation-based surge of activity in the substantia nigra results in uninhibited movement. However, the reciprocal is also true. A person who is in a fearful or negative mood may generate a surge of activity in his brain by allowing himself to spontaneously burst into song or uninhibited dance. The joyful movement can serve as a “reminder” of a time when the heart wave pattern was stable, and can thus stabilize the heart. The heart stability, in turn, causes a person to feel safe. The feeling of safety causes a surge of activity in the substantia nigra, and results in an uplifted mood. In the first case, feeling safe (elated, in this case) resulted in a physical expression of joy. In the second case, a physical expression of joy resulted in feeling safe. Thus, reciprocity.

Via negative or positive bioelectrical and biochemical feedback loops, many body processes are reciprocal. What this means to the PDer is that, by refusing to feel safe, he is inhibiting activity in his substantia nigra. By indulging in behaviors that are wary or which are designed to protect him from what he imagines to be omnipresent risk, he is telling himself that he is not safe. He is actually inhibiting the very neurotransmitters that would allow him to feel good. By *logically* trying to make himself safe through practicing caution and inability to feel his heart, he inhibits the *feeling*, he inhibits the physical sensation, of genuine safety that would permit his heart to stabilize.

As long as his heart pattern is chaotic, he is afraid to feel his heart. As long as he cannot feel his heart, his heart wave patterns will be chaotic. As a side effect, as long as his heart wave variability pattern is chaotic, his brain will not release the surge of dopamine that leads to full sensory function or imagination-based, normal movement.

Reciprocity of heart chaos and dissociation

If, due to extreme loss of blood or perforation of the flesh, a person slides into dissociation, his heart wave patterns become very small and chaotic and dis-entrained from the brain. His heart waves cease to resonate with sensory experiences. He does not feel safe: his brain cannot release dopamine.

If a person decides to pretend that his heart is very small and unable to feel (to resonate with sensory experiences) and that he is not safe, a biological reciprocity kicks in: he behaves as if he has received an extreme loss of blood; symptoms of automatic dissociation manifest; dopamine cannot be released.

In the first case, dopamine is inhibited because a person has received an injury that has altered his heart wave function. In the second case, inhibition of dopamine release in a person who is otherwise physically recovered from the immobility-producing injury is a *side effect* of his selective dissociation from his heart.

I'm rather beating this into the ground in order to make the case that, in order to fully recover, a PDer must feel safe regardless of circumstances. Feeling safe maintains the healthy, normal heart mode for humans. PDers who get stuck in partial recovery do not feel safe. Those

PDers who have recovered quickly have felt safe and grateful regardless of their circumstances – even *before* they recovered.

Recalling the event and the pain

After a person has made his heart resume its calm, steady rate, usually by recalling how the heart *usually* feels – also know as feeling safe – he is ready to recall the events that he has put on hold. For a person who has recently been through a harrowing event, this recall will be somewhat automatic. For a person who is recalling something long buried, he may need to have a bit of a talk with himself to point himself in the right direction so that he can start digging up his unprocessed pains and fears.

Techniques for helping PDers learn how to most efficiently point their thoughts in the right direction and recall their dissociated pains and fear are included in the techniques chapters.

THE SHUDDER

The shudder that runs from head down to the bottom of the spine or down to the toes serves to physically re-establish the brain-heart link. The shudder is a physical event that serves to jerk the two out-of-sync systems back into kilter: a physical jostle to reorient the heart's nerve priority. The shudder can be small or large, barely discernable or quite obvious.

The shudder of relief is *not* the chill of fear, or the frisson of thrill that occurs in response to an intense reaction. The shiver or frisson of fear, cold, or shock is a cousin to the long-term, internal tremor of Parkinson's disease: a reaction that occurs when the autonomic nervous system is destabilized. The shudder is the antidote to the shiver.

The shudder of relief is used to “get a grip,” to shake off the shiver, chill, or frisson. The shudder is used to stop the physical, nerve-based heart-brain destabilization that we refer to as sympathetic mode. In sympathetic mode, heart signals are sent to the brain primarily via the spinal nerves. The shudder re-establishes the brain and heart connection and shifts the majority of the heart signals over to the vagus nerve.¹

An example

When a person sits through a scary movie, in which the sound track, lighting, and events are intentionally designed to destabilize the heart wave patterns, he may find himself shaking or gasping with fear. As he exits the theater after the movie, he may notice that he is still a bit shaky. He may say to himself, “Wow. That was a great movie. Now I think I'll go for a pizza.” He mentally reaffirms that it was only a movie, i.e. he is actually safe. He reasserts his separation from the movie via some simple action such as looking for his car keys or thinking about dinner. As he does this, he may also take a slightly deeper breath, shake off the thrill of the movie (shudder), and exhale while sending a surge of feeling to the perimeter of his body.

¹ Actually, most humans need to have some small amount of sympathetic system heart-brain communication via the spinal nerve at all times. The sympathetic system regulates breathing rate, heart rate and blood pressure. Unless a person is able to slip into a state of perfect calm and become breathless, he needs to have some small amount of activity in his heart's sympathetic system. Or you might say the reverse: only when a person is able to shut down all fears and feel truly, utterly safe, can he stop breathing for an extended period. Accomplished yogis and mystics of all faiths are able to attain this extraordinary state of fearless, pure feeling, in which they can “die daily,” as Paul refers it in his letter to the Corinthians (New Testament).

The whole thing is very, very fast. It is automatic. A healthy person does it anytime he has been slightly shifted into a heart-brain mode that is more dis-entrained than he is accustomed to – as soon as he realizes that he is actually safe and doesn't need to be stressed.

People who get stuck in partial recovery from Parkinson's disease very often have no idea what I am talking about when I describe this shudder and relaxation process.

One PDer, when I explained to him about shuddering, said, "I know what a shudder is!" And he demonstrated by shaking his head from side to side as if he was conveying the word "no." I told him that he needed to have a shake that went from his head down to his chest, or maybe even his tailbone. I demonstrated a quick little shudder that wiggled all the way out my arms and down to my knees. He looked at me in astonishment and replied, "I don't even know how even *think* about activating any muscles that would do *that*."

I assured him that, if he was sincere about wanting to recover from Parkinson's disease, he was going to learn how.

Another example

Chris's dog, Malik, was a particularly boisterous, effervescent dog. His joy and excitement incited joy in other dogs when he arrived at the local leash-free park. But one day at the park, a new, very big, very menacing dog confronted Malik. Malik stared back at him. They stood rigid, facing each other, hackles raised, both poised for a fight or flight response, until the other dog's owner saw the situation and removed his dog from the scene.

As soon as the other dog was gone, Malik started to scamper off. But his legs weren't moving quite right: they were somewhat stiff and mechanical. (One moves powerfully but mechanically when in sympathetic mode, as opposed to the flowing effortless movement of the parasympathetic mode.) Malik stopped walking and gave himself a good hard shake. His shake went from his head all the way down to his tail. Then he started to trot off again but his legs still weren't working quite right. Again he stopped walking and this time he shook himself hard, repeatedly, several times. Then, when the tension was shaken off – when he had physically jerked his heart back to its vagus nerve posture and away from its spinal nerve posture – he was able to bound back into the normal play at the park.

A yogic form of the shudder

Paramahansa Yogananda taught a yogic technique for shifting the heart nerves back to parasympathetic mode: Place a hand over the left side of the chest, draw the hand towards the sternum, and then let the hand rest momentarily on the sternum. The movement is repeated until the fear departs. A silent mental affirmation accompanies the gesture: "I am tuning out the fear from my heart's radio." The hand movement is significant: it helps physically reorient the heart towards the vagus nerve and away from the spinal nerve. The shudder that animals and healthy humans perform instinctively serves the same purpose: it physically jerks the heart out of spinal nerve mode and resets it into vagus nerve mode.

RELAXATION: THE RETURN OF FEELING

Relaxation, felt as an physical sensation of expansion in the chest of the vibratory feeling that accompanies inhalation that travels from the center of the chest all the way out to the periphery of the body (the skin), re-establishes awareness of healthy internal sensation.

The feeling capability – a sensation – that is sent from the chest to the periphery is related to the sensation that occurs in the chest in conjunction with the feeling of expansion that a person feels when experiencing something of great beauty, grace, or profound calm. It is a vibratory feeling. There is no word for this physical sensation in English. However, many languages do have a word for this feeling. Further descriptions of this feeling – a feeling that is scarcely known or remembered by most PDerers who have gotten stuck in partial recovery, will be addressed in the next chapter.

The main thing to bear in mind is that there is nothing tricky, occult, or spiritually advanced about this sensation: relaxation can be summoned up, any time, at will, by an emotionally mature adult.

Two feelings at once

When a person feels his pain, his fear, or in the case of many PDerers, his wounded heart, he must simultaneously feel relaxation, particularly in the part of the body that is feeling pain.

As he tries to feel both sensations – the pain and the relaxation feeling – he notices that it's easier and more interesting to focus on the relaxed feeling. The pain feeling becomes harder to notice. At some point, he primarily feels the relaxation in that area; the pain becomes a mere background sensation. At this point, he can forget about the pain. He will not be dissociating from the pain when he forgets about it: he will be forgetting about it because he has processed it and turned the healing work over to his brain.

Summary of the three step process

This three-step process – recalling the calm of the heart and recalling the pain, the shudder, the body-wide return to healthy feeling – is so quick, so automatic, that very few people ever consciously think about what they are doing when they perform this little stabilization trick. Nearly all adults are very familiar with the process even if they've never done it consciously. And yet, PDerers who get stuck in partial recovery often have no idea what I am talking about when I describe the process. The following vignette demonstrates:

The hypothermia example

I have sometimes used the following example of restabilizing the autonomic nervous system while talking to a PDerer and his/her spouse.

“After swimming in a cold mountain lake or the ocean, a person may start shivering hard as he makes his way back to his beach towel. At some point, he becomes very aware of the shivering. He takes a deep breath, and physically asserts that he is actually OK by giving a quick, body-wide shudder, exhaling and simultaneously letting his heart feeling reassert itself throughout his body.”

When I say the above to a partially recovered PDerer and spouse, the spouse smiles in recognition and says, “Oh yeah!” The spouse knows exactly what I'm talking about, even though he or she may never have initiated it *consciously*.

The “shaking off the cold shivers” shudder is usually done without even thinking, in the same way a dog shakes off after getting water up against his skin.

And then I look at the PDer to see if he can relate to the example. The PDer usually responds to my raised eyebrow by saying something along the lines of “I get really cold after swimming,” or even, “Huh?”

To be fair, some partially-recovered PDers do remember having shuddered in the past to stop themselves from shaking. However, it’s usually been a long time since they’ve done it, and they may not be able to recall the experience of an internal sensation of relaxation going out to the skin. If, from past experience, they do know what I am talking about, they still might not be able to perform the process on command. They can no longer invoke, at will, an expansion throughout the body of the feeling in the chest.¹

Techniques that may be helpful for teaching a PDer how to recall the feeling of safety in the heart, recall the event that led to dissociation from the heart, shudder, and feel, are included in the chapters on treatment techniques.

Looking ahead: word definitions in the next chapter

In response to my chilled-while-swimming example, the PDer may also ask what I mean by “heart feeling” or “the feeling in the chest that (etc., etc.).” Then again, the PDer may imagine that he does know what those phrases refer to, but it will nearly always turn out that he has no idea and has invented a completely wrong idea to make up for the fact that he doesn’t understand the word “internal feeling” or “heart feeling.”

PDers do not understand because they have not, in recent memory, perceived the feelings that these words refer to. This problem of non-comprehension is so pervasive and so crucial to recovery that the next chapter is devoted to trying to explain the correct meanings of phrases that many PDers do not understand. Even though the PDer reader may not know the meanings of many of the words I use in this chapter, I am going to plow ahead and move into the subject of emotional maturation: learning and practicing the method of calming the heart and processing negative experiences.

EMOTIONAL MATURATION: FROM THE CRADLE TO THE GRAVE

Infancy and early childhood

The cause of pain in an infant or young child: destabilization

When a very young child is hurt or frightened, the injury or fright causes some of his electrical currents to run amok in his body. The physical sensations set in motion by chaos in one’s internal electrical system is alarming. If the trigger is a physical injury, the injury signals

¹ Maybe our professional-musician PDers recovered so quickly from Parkinson’s because they have always been aware that they could “shake off” any unpleasant symptoms by mentally invoking or singing an appropriate song or snatch of melody. When stressed, they can mentally hear music that they know will create a feeling of joy. When they feel joy, their hearts calm down. When their hearts are calm, they feel safe. When they feel safe, they aren’t afraid of the unpleasant symptoms. They invoke a shudder and wave of feeling by continuing to invoke the music that generates a feeling of expansion in the chest. The entire process may only take a few notes of the music. All the real “work” is performed by brain, heart, and mind linkages; they execute their jobs almost instantaneously.

The music need not be fancy. I know one very musically sophisticated PDer who had always been able to pull himself out of any negative mood by bursting, full voice, into cornball Tin Pan Alley tunes from the 1920s such “Bye-Bye Blackbird” or any of Elvis’s lively rock and roll numbers. He recovered very quickly from early-stage PD, in a matter of mere weeks, as soon as his foot was fixed.

are sent to the brain via the nerves. When the injury signals and the chaotic electrical signals all get to the brain, the brain alerts the heart, and the heart wave variability pattern becomes chaotic. Brain waves are wrenched away from the stabilizing influence of the heart. Separated from the heart, the brain must handle the incoming irregular signals as if they are dangerous pain signals.

As noted in the previous chapter, the channel flow patterns are immediately altered when brain waves (thoughts) of pain or fear sweep over the body. The channel Qi alterations, together with the injury signals and the electromagnetic chaos induced by the injury are powerfully disturbing to the equilibrium of a young child's body.

Even if the trigger is only fear with no physical injury, for example, the fear induced by a loud, sudden noise or fear induced by the internal pain of colic, the same chaotic electrical processes can ensue.

In either case, fear or injury, the sum of the channel Qi shifts, the pain signals, and the electromagnetic chaos in the young child conveys an immediate sense that the body and the self are incorrectly connected, or even separating.

The very young child responds to this surge of disruptive destabilizing electromagnetic shifts by screaming. This scream of pain is very different from the whining cry of discomfort or the commanding cry of hunger.

The treatment for pain (destabilization) in an infant

When the young child screams out in pain, a loving adult is supposed to hold him, cradle him.

When a larger human holds the child, the child can still feel the pain and fear that is caused by chaotic electromagnetic forces surging through his own body, sending "error" or "danger! destabilization!" messages to his brain and heart and making his Qi run strangely.

But the calm electromagnetic field of the adult's heart waves is able to exert a stabilizing effect on the infant's heart. As the child's heart wave pattern becomes stable, his brain entrains with his heart. The child starts to feel safe. His brain releases a surge of dopamine. This takes care of the "feeling safe" phase of dealing with pain.

Next, the child shudders. Any adult who has comforted a very tense young child knows what I am talking about when I say the child inhales and gives a little shudder throughout his body a split second before he exhales and his body relaxes deeply.

The infant's fear or pain still needs to be processed. The presence of the adult performs the processing: the child's electromagnetic fields and channel Qi currents are influenced by the physically larger currents and fields of the loving adult.

The adult's electromagnetic channel Qi, moving correctly in the parasympathetic pattern, is physically larger than the child's temporarily altered electromagnetic field. The child's electromagnetic fields begin to resonate with the stable electrical patterns in the adult.

As the child's electromagnetic fields and currents begin to resonate with the much larger fields of the adult, the child's neural mode (sympathetic or parasympathetic) become resonant with the adult's neural mode. The adult, if he is mature and can place the needs of a child above his own needs, will have shifted himself automatically into full blown parasympathetic (maximum feeling and compassion) mode. The child, influenced by the adult's physically larger

parasympathetic mode, feels his own body slipping back into the calm electrical patterns characteristic of parasympathetic mode.

In this mode, a wave of feeling pours over and through him. The scary feeling that body and self were separating then ceases. The child feels that he is back in his body. After shuddering and shifting into parasympathetic mode, the child becomes peaceful and relaxed. He may snuggle up to the adult. He may look at his injury with curiosity. He may quickly lose interest in being held and may squirm to get free of the comfort-hold. The injury has not yet healed, but the fear and pain is gone, neutralized. The pain has been lovingly processed. The child is left with mere injury sensations such as gentle throbbing or heat in the injured area.

After the child's heart feels safe *and* the heart and brain re-entrain *and* body-wide feeling is resumed, injury sensations are not alarming – they are merely sensations. These sensations *must* be felt – they are sending important sending signals to the brain so that the brain can issue instructions for healing. When the body is in parasympathetic mode, able to feel pain sensations without feeling fear, healing is able to move forward.

Growing up

As a child grows up, he soon gets too big to be completely cradled in his mother's arms. When he is big and he receives an alarming, destabilizing injury, he may need to settle for a hug, since he no longer can be picked up and held. The larger child can no longer be “surrounded” by the adult's larger field. Instead, he must learn to *tune in* with the comforting feeling of being *adjacent* to the stable heart waves and the channel Qi patterns of parasympathetic mode in the other person's body and heart.

As he allows his heart to resonate with the nearby stable heart *and* recalls his memories of a calm heart, his heart rate stabilizes and he feels safe.¹ He shudders to shift the heart-brain neural connection into parasympathetic mode. Then, he resonates with the larger electromagnetic patterns of the parent's body *and* invokes remembered feelings of relaxation in the chest and the feeling of being inside his own body.

Notice that, as the child grows, he becomes able to contribute to his own stabilization process. Like training wheels on a bicycle, loving adults continue to lend stabilization to the child's heart and electrical system when needed. But over the years, the child finds increasing pleasure in learning to stabilize himself.

As the child recalls the feeling of a calm heart, shudders, and spreads Feeling throughout his body, his pain becomes neutralized and converts to the curious, even boring, sensations of mere injury. If the child feels compassion for the injured spot, he may suck on the injured finger or rub the spot where the injury sensations are located just as an injured animal will lick his injured place, thus helping improve Qi flow through the injured area. As he cares for the injury, the injury has ceased to be a source of fear: it has become bearable, healable.

As the child matures, he learns to draw increasingly on his own memory of what it feels like to have a calm heart. When the larger child gets a hug or a pat on the back, he can use proximity with a caring person's heart *in conjunction* with his own steadily growing ability to recall and invoke calmness in his own heart. When he needs to neutralize the pain and resume

¹ Notice my use of the word “allows.” As the child grows up, an element of free will is introduced. The child can actually choose to stay in a snit, if he so desires.

feeling throughout his body, he can use the proximity of a compassionate person together with his own invocation of parasympathetic feeling to shift himself back into parasympathetic mode.¹

As the growing child repeatedly does this in response to the thousand slings and arrows that the flesh and ego are heir to, he learns that he can always restore calm in his heart anytime that he becomes electromagnetically deranged.

Then, he can shake off the temporary heart-brain disconnect and feel relaxation, a return of internal sensory awareness, spreading through his body. He can then feel the *localized* electrical disarray of pain or injury while simultaneously feeling his much larger, body-wide stabilizing energetic patterns.

When the stable pattern is larger than and permeating the injury or pain pattern, the pain becomes neutralized: it becomes mere sensation.

Partially-recovered PDers who have mastered these techniques have discovered, much to their amazement, that physical or emotional injury *without* pain or panic generates a feeling that is actually rather boring. The alarming pains of even fairly severe injuries become merely

¹ In *Train Your Mind, Change Your Brain*, author Sharon Begley presents new research that proves that thoughts cause brain chemistry and brain electrical functions, and not the reverse. The “human as machine” model, so popular in the twentieth century, has been found to be incorrect. This archaic mechanical model hypothesized that all thoughts were the result of chemistry, and the chemistry was triggered by fairly inflexible nerve wiring patterns.

New research, often using as subjects monks who have spent at least 10,000 hours or more in meditation, shows the opposite: “[conscious] attention can alter the layout of the brain as powerfully as a sculptor’s knife can alter a slab of stone.” “Even when the monks were not meditating, their brains were different from the novices’ brains, marked by waves associated with perception, problem solving and consciousness... monks with the most hours of meditation showed the most dramatic brain changes.” “Monks had much greater activation in brain regions called the right insula and caudate, a network that underlies empathy and maternal love...there was a strong hint that mental training makes it easier for the brain to turn on circuits that underlie compassion and empathy.” By training themselves to consciously keep the heart calm and by keeping their attention on Feeling, monks can achieve a high level of contact with the part of the brain that registers maternal love. The process by which a child learns to comfort himself and process pain is similar: the child recalls the calm-heart feeling and relaxes, thus restoring himself to the physical posture that he learned in some loving adult’s arms.

Another example of the effectiveness of brain retraining is cognitive behavioral therapy. For the last twenty years, research on depression, an illness long thought to be the result of wrong chemistry, shows that the single most effective treatment for depression is thought retraining. People who are easily or deeply depressed tend to “calamitize” events or see things in black or white, with few shades of gray. Thought retraining to enrich these immature mental patterns often results in a lasting decrease in depression – the results are far better and longer lasting than any antidepressant medications. An abundance of books is available on the subject of cognitive behavioral therapy.

Bringing the subject back to Parkinson’s, many PDers have assured me they cannot recover because they had insufficient mothering. But sociological research has shown that a person can be emotionally balanced so long as there was one person, any person, in the child’s early years, who demonstrated compassion. The story of Remus and Romulus, among others, suggests that the “one caring person” might even be an animal! At the opposite side of the spectrum, research on orphans that are institutionalized at birth shows a high death rate from no apparent cause in infants who are not physically held once in a while. From monks to orphan hospitals, evidence abounds that we need to actively calm ourselves after a trauma. When we are young, we are assisted. When we grow up, we can learn to do it ourselves. The more often we consciously work on it, the better we get at it: our brain actually changes shape and activity level to reflect our practiced ability to calm ourselves.

Many PDers, on the other hand, have practiced a lifetime of wariness. Their brains have become oriented towards wariness, constant suppression of dissociated thoughts and the suppression of dopamine. These bad habits are not irreversible. New habits can be learned. There’s no time like the present!

sensations – throbbing, warm, or twisting sensations – as soon as the fear and electrical disarray components are gone.

A baby needs an adult to lean on in order to re-stabilize after a disruptive incident. As the child grows in maturity, he is supposed to learn how to bring *self*-calming abilities into the process. While it is always wonderful to get the additional stabilizing support of friends and loved ones, a mature adult also knows how to rectify a destabilized electromagnetic field – how to feel safe – on his own, if need be.¹

¹ The adult process of relaxation or self-rectification of a destabilized system can be thought of as a purely self-induced event, but it is known in some cultures as “turning to a higher power” or even “giving it to God,” or similar language. The internal physical sensation in the chest that spreads through the body during relaxation is known by many names, even though we have no specific word in English that is universally understood to mean this feeling. Some of the names for this feeling are Love, Something within, the Comforter, the Protector, Om, Spiritus sanctus, Divine Mother, Soul, and so on. These names tend to have a spiritual connotation, because the feeling is a vibratory sensation and is not associated with a specific physical structure in the body. It is not even necessarily associated with the body: one’s own vibratory feeling can be perceived even after it becomes separated from the body at death.

When a person experiences depersonalization, he is feeling his waves of consciousness – a subset of his vibratory self (the whole vibratory self includes Love, which is often not noticeable while depersonalized, therefore I specify “a subset”) – while simultaneously not feeling his body. This pre-death state can come to feel somewhat normal for the type of PDer that ends up getting stuck in partial recovery. I know that some western readers may not “believe” that such a vibratory self exists. However, it does, and it contains an enormous amount of energy. And even the most skeptical reader who is loath to accept the new science findings that proves that our bodies are created from vibrations, or that atoms are created from vibrations, might nevertheless admit that some people can feel the vibratory field of a loved one from thousands of miles away. Mothers in particular are notorious for being able to feel their children’s vibratory fields from a distance.

Speaking of the various names by which this feeling is known, the Chinese medical term for this feeling is Wei Qi. Wei Qi is often translated into English as Defensive Energy, but it is more accurately translated as Protective Energy. It is synonymous with the terms such as Comforter and Spiritus Sanctus listed above. Wei Qi is described in the ancient Chinese classics as being inside the body but located “not in the vessels of the body” (not a part of the chemical or structural part of the body.) The Wei Qi is the vibrational essence of the soul that remains unchanged even when the body’s electromagnetic field is disrupted. Hence it can serve as a comforter – an energy field that one uses to re-stabilize the heart and channels after the body has been physically destabilized. In this role, it serves the same function as the loving mother who cradles and re-stabilizes the screaming child.

Because Wei Qi is translated as “defensive energy,” English-speaking practitioners of Asian medicine often assume that Wei Qi refers to the cellular components of the immune system. It does not. However, the extent to which a person *feels* the protective Qi has a large effect on how well his immune system will work. To increase his Wei Qi, a person must increase his Kai Xin

(Kai Xin translation: Open (in the sense of opening like a blossoming flower) Heart, sometimes translated as happiness, but literally meaning Open Heart). In other words, the more a person opens his heart (allows himself to feel the vibratory feeling of which we are speaking), the more he can attune himself with the protective energy that surrounds and permeates him.

I recently read a proposal that the immune system components might be named *Nei Wei Qi*, or *internal* protective energy. The word internal suggests that these components are solid, tangible bits of physiology, “internal to the vessels,” as opposed to the vibratory energy of the Wei Qi that is “outside the vessels.”

Just as radio waves are always present and passing through seemingly solid objects but remaining true to themselves and “outside” of the objects through which they pass, the energetic wave patterns that define the universe and that define a given person from the moment of his soul’s inception are always present and feel-able – if one’s internal radio is consciously “tuned in” to the correct frequency. Names for these waves abound, but possibly the most common names in modern English are the Om or the Spiritus Sanctus. (A cagey reader will recognize that neither of these words is actually English.)

Getting back to the subject at hand, one might say that re-stabilization of the body’s electromagnetic fields, or “giving the pain to a higher power” if you wish, is merely re-attunement of the physically deranged patterns of

Adults can process their own pain

By the time a child becomes an adult, he is supposed to have learned how to be in control of his own consciousness. He is supposed to know how to invoke at will a feeling of calm and peace in his heart or chest. When, due to pain or fear, his core ability to feel becomes small or constricted or disappears (depersonalization), an adult is supposed to know how shake off his temporary foray into sympathetic mode and resume his body-wide self-perception as soon as his heart is calm and he feels safe.

Staying in parasympathetic mode

If an adult is truly mature and does not succumb to fear, which is to say, his heart stays always calm despite outward circumstances, he doesn't need to go through all three of the steps outlined in this chapter.

Because his heart has remained calm in spite of his physical or emotional injury, he never slides into sympathetic modes. He does not need to shudder and re-establish feeling after receiving an injury. Instead, a calm adult who becomes injured can comfort and treat the injury directly.

Caring for an injury in a mature manner

A mature adult who becomes physically or emotionally injured can focus for a moment on the pain sensation that is coming from the injured area: he feels the pain.

Note: many PDerS do not know that emotional injury can cause physical pain. It can.

The pain of emotional injury usually manifests as a lump in the throat, a tightening of the stomach, a stabbing behind the eyes, a twisting in the gut, or the pain of some other channel Qi congestion. A mature adult who feels the physical pain of an emotional injury focuses on that pain; he does not pretend that it is not there.

While feeling the pain of the injury, he simultaneously feels the vitality sensation for which there is no word in English, but he focuses on feeling that vibrant sensation in the area that has been injured instead of feeling it primarily in his chest.

The location of the Comforter

The pervasive vitality sensation is easiest to feel in the chest. However, the sensation actually pervades the entire body. A mature adult can attune himself with that sensation in any part of his body, at will.

When the mature adult simultaneously feels the pain of the injury *and* the sensation of vitality and comfort surrounding the pain and permeating the pain, the pain quickly neutralizes: it becomes bearable; it becomes mere sensation. The pain has been processed. We may say that the adult has paid attention to the pain.

In a way, the mature adult has played the same comforting role for his injured body part that, years earlier, his mother or some other adult played for his injured infant body when he was young.

channel Qi, brain waves, heart waves, and so forth, with the larger, *unchanging and unchangeable* wave pattern that defines the true Self of that person. This larger wave pattern *can* be felt. Our physical perception of these powerful, larger, body-creating waves of energy – the sixth sense - is the root source of our ability to perceive the five branch senses: sight, smell, taste, touch, and hearing.

Brother donkey

The adult treats his body with the calm and the compassion that it deserves. As Saint Francis used to say, the body is Brother Donkey. Treat it as well as you would any dumb beast.

When the great yogis say “dissociate from your pain,” they use the word in its sociological meaning: they mean stop *identifying* with pain. They mean that one should not imagine that his real self has been injured just because his physical body has a pain.

When the yogi’s body experiences a pain, the yogi quickly and lovingly cares for the injury just as he would care for any dumb beast or any human infant: he surrounds the awareness of pain with awareness of [the word that we don’t have in English: the feeling that accompanies expansion in the chest when perceiving something of great beauty or grace].

He feels his body’s pain, he feels compassion for the body that is experiencing the pain, and he feels himself cradling the pained place in the bosom of peace and joy that underlies every atom of every physical structure in his body.

As calm feeling pervades the injured feeling, it neutralizes the painful, “pay attention to me!” feeling. The pain of injury becomes the mere sensation of the injury, with no fear or drama attached to it. The injury can begin to heal.¹

Of course, a mature adult will also make use of friends and loved ones who step up to provide comfort and stabilization in times of hurt.

The point is not that an adult needs to be lonely and self-sufficient; the point is that an adult is supposed to know how to employ internal resources so that, in times of pain, he can face the pain, care for it correctly, and process it – so that it can heal.²

The commonplace nature of shuddering and relaxing

The swimmer who gets a chill and then shakes himself and relaxes or the movie-goer who shakes himself and relaxes is doing a basic, everyday resetting of his heart-brain connection. The shivering of hypothermia, the shivering of fear from the movie, the trembling of a person coming out of shock and the tremor of Parkinson’s are all related. They are all signals being sent from the brain to remind the destabilized person to take a deep breath, shudder, and reset the heart-brain relationship back to parasympathetic.³

¹ I am describing how a mature adult deals with pain. There are plenty of immature adults who do not process pain in this manner. Some so-called adults deal with pain by making a scene, lashing out in anger, demanding attention, wallowing in self-pity. These people are fascinated with every little insult or injury and think that everyone else should be, too. These over-grown children focus on their pain, tell everyone about their pain, and cultivate their pain. When I refer to “adults” learning to deal with pain correctly, I am referring to mature adults, not the ones that cultivate their problems to glorify or draw attention to themselves.

² I recall a beautiful instance of one adult helping another adult in a moment of great panic. Moments after the San Francisco earthquake of Oct. 17, 1989, magnitude 7.1, the epicenter of which was a mere ten miles from my house, a momentary lull occurred before the thousands of aftershocks started up. During this lull, my neighborhood quickly gathered together in the cul-de-sac, away from our swaying, and in one case, shattered, homes. One of the neighborhood moms, Kari, was shaking terribly. An older, always calm neighbor walked up to Kari and hugged her for several seconds. In the years that followed, Kari referred many times to the powerful, transforming, calming effect of that brief hug. “I was instantly OK. Before she hugged me, I didn’t know what was happening, I was terrified. After the hug, I knew that, whatever happened, we were all going to be OK.”

³ MDs, having no idea of the various processes involved, concluded, incorrectly, back in the nineteenth century, that shivering was a method for working the muscles vigorously, thus warming the body. In fact, the *more* a

If the body has been profoundly destabilized, the brain will initiate trembling behavior in the body. In an infant, this trembling is a social cue: the baby needs to be held. In an adult, the trembling or tremoring may serve as a gentle reminder to the destabilized person that he is not dead, and needs to get a grip on himself: he needs to take a deep breath, shudder, and process whatever he is feeling.

In my limited experience, most of our patients with Parkinson's who have become stuck in partial recovery have no visceral understanding of what I am talking about in the above section, or even this chapter.

But the PDer should know that millions of people *do* understand what I am talking about. They may use different terms, and many use spiritual terminology to explain the process, but they do understand what I mean about dealing with pain by drawing on a power *larger* than the pain: a power that is filled with calm.

Many of our patients who have become stuck in partial recovery also have no idea that it is possible to experience real pain – really *feel* it – and not be threatened by it. To many partially-recovered PDers, the words “pain” and “threat,” or even “*mortal* threat,” are synonymous. They have no idea what I am talking about when I say that one must surround the pain with love until the pain becomes mere *sensation*, after which, it can begin to heal.¹

For many PDers, a major goal of life has been the denial or avoidance of pain. As our research continued, we began to suspect that PDers have attained harm and pain avoidance by shutting down their ability to feel, instead of by learning how to make pain bearable, then neutral, and then useful – as a prod to healing.

It is perfectly reasonable for a mature adult to temporarily dissociate from pain or fear if he deems the time or place is not suitable for a display of shivers, screams, or tears. However, as soon as the adult finds himself in a safe place, he reviews the negative situation, feels the dissociated pain or fear, gives a little shudder to reconnect with himself, relaxes, and then, with compassion, neutralizes into mere sensation any pains or physical symptoms that have made themselves known.

Correct processing of pain is the exact opposite of living a life of harm avoidance, denying the existence of pain, or, worst of all, dissociating from the heart's ability to feel pain: becoming numb to oneself.

person shivers, the more anxious – and thus unable to warm himself – he may become. As he becomes more worried or confused from unstoppable shivers, he is likely to become *more* destabilized and even *less* able to regulate body temperature. The myth that shivering is a process designed for warming the body has never been put to the test and does not meet the fact that people shiver in response to various strong emotions, not just cold. However, like much of medicine, the myth that “shivers are the body's way of warming itself” will evidently endure until, against much protest and resentment, a more glaringly accurate version of physiology is grudgingly accepted. I have heard that there are three stages of scientific change: the new idea is first gently mocked or ignored, then it is vigorously reviled, and finally it is accepted as self-evident.

¹People in the southern United States have an expression, “sweet pain.” Many PDers, though very intelligent, have no idea what *feeling* this phrase is describing. “Sweet pain” refers to sensations of pain that are bearable because they are surrounded by or filled with love, harmony, or understanding. Another example of emotional pain that is not a mortal threat is contained in Shakespeare's phrase, “Parting is such sweet sorrow.”

THE ROOT CAUSE OF IDIOPATHIC PARKINSON'S DISEASE

Looking at the big picture of Parkinson's disease, which can slowly be brought on by a mere dissociation from an injured foot or which can burst rapidly onto the scene by a sweeping, body-wide dissociation from the ability to feel anything (psychogenic parkinsonism), or which can be any conceivable blend of the two, we see that the root cause of Parkinson's, the grain of sand in the oyster, is the inability to correctly deal with pain.

A history of injury and/or emotional pain is not the real trigger for Parkinson's. Everyone has injuries. Everyone has pain. But most people feel their pain. Many immature people even cultivate their pain, dwelling on it and showing it off.

But PDer's selectively dissociate from their ability to feel their feet injuries. Sometimes they selectively dissociate from their ability to feel *any* of their own pains. Then, either they never feel safe enough to re-associate with their "temporarily" dissociated pain or they *enjoy* the "impervious to pain" numbness that they have learned to induce. Thus they render themselves unable or unwilling to process their physical sensations of pains and injury. The pains and injuries lurk in the subconscious, triggering symptoms of automatic dissociation whenever the PDer senses that some mood or event is coming perilously close to touching on the dissociated, hidden portions of his heart.

A yoga student asked Sri Sri Daya Mata, a world-renowned yogini (female yogi) and a living expression of compassion, "Why do people say that God never gives you more than you can deal with? I've known people who have fallen apart from difficult circumstances; God *did* give them more than they could deal with."

Daya Ma replied gently, "No. They fell apart because they *didn't* deal with it."

Injury and pain do not cause Parkinson's disease. Failure to deal with one's own injury and pain causes Parkinson's disease. In this drama of life, your love must be greater than your pain; you must feel both so that the love can neutralize the pain.

