

*I know you believe you understand what you think I said, but what you fail to realize is that what I said is exactly what I meant.*

*- slight twist of a commonly quoted phrase, original author unknown to me*

## CHAPTER FORTY-ONE

# SEMANTICS

This subject has been touched on briefly in the main part of the text. Chapters forty-one through forty-three primarily discuss helpful meanings for words that are often misunderstood by PDer. These chapters are included in the Treatment Techniques section because the PDer may need to do some real work to learn the more helpful meanings of these words. Mastery of these words may prove extremely helpful in understanding the entire book. Several PDers have said that, after learning the literal meanings of many of the words in this chapter, they went back and reread the whole book: and got an entirely different understanding. As one PDer said, “Hey! When you say heart, you mean it the way they use it in literature!” I replied, “Yes, I mean it literally.”

Not until 2008 did we realize that many PDers have created nearly opposite meanings for recovery-crucial words such as feel, safe, and heart.

The wrong word meanings created by PDers had us going in semantic circles for years before we figured out what was going on. We were dealing with people who had dissociated from their ability to feel their *hearts*. The key to turning off the heart dissociation is the ability to feel *safe*. It turned out, most of our partially-recovered patients had no idea what we meant by either “heart” or “safe.”

For example, we’d say, “Try to feel your heart.” The PDer might say, “OK,” and start mentally affirming, “I should do good for others.” If we asked him to relax and enjoy a calm feeling of safety in his chest, he might mentally go through the checklist of all the things that he was supposed to do that day.

For the most part, we meant the words literally. PDers, unable to fathom how those words might be meant literally, had usually invented creative, but very often *opposite* meanings for our words.

PDers had also invented their own meanings for words like calm, vibrant, surrender, imagine, and neutralize, to name a few. They had also invented their own meanings for common phrases involving these and other words.

In order to recover from Parkinson’s, a PDer will need to know what these crucial words actually mean, even if he has emotional reasons for avoiding the correct, literal meanings. This chapter will only touch very briefly on the semantics problems, just enough to give the reader a hint at the nature of the beast. More specific information about semantic errors that stand in the way of recovery is included in the chapters on treatment techniques.

## DEFINING HEART

The heart is an organ in the chest. When I use the word heart in a therapeutic instruction, I am not referring to thoughts of goodness, religious or spiritual thoughts, or

any sorts of thoughts. I am referring to the heart: its physical structure and its sensory abilities.

### ***Defining “open your heart”***

The general public, including young children, usually understands that “open your heart” means: allow yourself to feel the physical sensation that starts in the heart area of your chest and which expands when relaxing. It also means to allow yourself to feel the sensation that burgeons from the vicinity of your heart when you experience a mentally wordless perception of beauty or grace.

The physical sensation is sometimes referred to as calm, peace, joy, or bliss. These are *sensations*, not thoughts. You can feel these sensations more clearly if you shut down the unguided monologue that usually natters through the undisciplined mind.

The PDer who is stuck in partial recovery may have *no* idea what “open your heart” means, or that it relates to a physical sensation. Many PDers cannot feel this heart opening sensation due to the depersonalization brought on by selective dissociation. However, they *are* able to think. Therefore, they usually *decide*, incorrectly, but based on context, that the not uncommon phrases such as “open-hearted” and “open your heart” *must* mean “kindly” or “think kind thoughts; do what is logically perceived to be kind or spiritual.”

The actual meaning and the PDer meaning are almost opposites. The actual meaning refers to the physical sensation a person enjoys when his heart’s electrical circuitry re-orientes towards the vagus nerve. This re-orientation occurs when a person instructs his mind to recall and *recreate* the physical sensation of calmness that his heart has felt in the past, and to recall and recreate the *sensations* of expansion that accompany this heart-nerve shift. The correct meaning of “open heart” has to do with physical sensations of calmness and expansion in the chest, in the vicinity of the heart.

Again, the PDer definition has to do with *thinking* about behaviors or qualities such as kindness.

From a heart/brain point of view, these two meanings are opposites. Many PDers, due to heart dissociation, do not experience heart feelings. Being emotionally unable to experience the sensations of “open heart,” they assume that expressions such as “open hearted” and “open your heart” must be metaphors for “kindly” or “think kind thoughts.”

These dissociated PDers are wrong.

### ***Defining “open your heart” in Chinese***

Semantic twistings are not limited to *English*-speaking PDers who have dissociated from their hearts. The same exact error was made by a particularly rigid – both physically and emotionally – Taiwanese patient. While working on heart opening exercises, I asked him to recall the *literal* meaning of the Chinese phrase *Kai Xin*.

(*Kai* means “open” in the way that a flower enlarges as it opens up and *Xin* means the physical heart. This very common Chinese phrase is used to mean the happiness that comes from expanding the heart.)

He replied, “It means happy.”

“Yes,” I agreed, “but what does it mean literally?”

“It means happy.”

“What do the individual words mean?”

He had grudgingly come to my clinic at his wife's insistence. He now looked at me as if I were an idiot and said, "The characters means Open Heart, but the combination means happy."

I suggested, "Maybe it actually means Open Heart. Maybe happiness comes from opening the heart, letting the heart expand as if it is opening like a flower."

Now thoroughly convinced that I was an idiot, he replied, "That doesn't make any sense. A person can't open his heart."

I replied, as gently as I could, that maybe *he* couldn't, but that most people could, and that the opening and expanding sensation in the heart was the *basis* of happiness. He replied that "Kai Xin just means happy. It's just an expression."

As I tried in a dozen ways to describe the feeling of an open heart, he assured me that there was no such feeling. I asked him if he'd ever felt an expansion in the chest from feeling happy.

He thought for a long time. Then he remembered having felt good one time, many years ago, shortly after getting out of college. I asked him what the occasion had been. He replied that he felt good when he got hired to work in a bank. A bank job is a *highly* respected position in Taiwan.

I suggested that possibly what he felt when he got the job was relief, a decrease in fear, and not actually the sensation of an expanded heart and the sensation of calm that accompanies the feeling of safety. He said that he remembered how he felt when he got the bank job, and it fit the description of Open Heart, inasmuch as it had made him happy.

Yielding the point and agreeing that it may very well have been an open heart sensation, I asked if he could recall the sensation in his chest when he got the bank job and reproduce it right now.

He looked puzzled. Then he asked, "What sensation?"

He never was able to accept my statement that a person could feel a physical sense of expansion or "opening up" in the chest. So the problem is not limited to English speakers.<sup>1</sup>

## DEFINING "FEELING SAFE"

Feeling safe is a physical sensation: a sensation, not a train of thought.

When a person feels safe, he experiences a sensation of calmness in his chest. Those PDerS who do not know what I mean what I talk about the sensation of expansion in the chest may also be unable to feel the calm sensation in and around the heart that is called "feeling safe."

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<sup>1</sup> Merely having words for the sensation of joy that can expand in the chest is no guarantee that a person will not develop Parkinson's. The French, with their phrase *joie de vivre* (joy that comes from being alive), are not immune to *la Maladie Parkinson*. I have had several French patients. As a side note, it was a Frenchman, Charcot, who named the illness in honor of James Parkinson, the Englishman who first wrote up the symptoms. Back to the point, merely knowing the meaning of words and phrases such as *Spiritus Sanctus* and "open heart" do necessarily enable a person to *feel* the sensations implied by the words. Just knowing the correct meanings of the key words does not, alas, prevent Parkinson's disease – but it's a help when trying to recover.

PDers who get stuck in partial recovery have often determined that “feeling safe” must refer to harm avoidance. By being guarded, they imagine that they have made themselves “feel safe.” They are wrong. In some cases, they have made themselves anxious or paranoid. They have *not* made themselves able to feel the heart sensation that we know as “safe.”

Being guarded is the *opposite* of feeling safe. If a person is careful and guarded, it means that he does *not* feel safe.

Some PDers tend to think that “feeling safe” is a condition that can be attained by self-monitoring their behaviors to reflect whatever they think is “good” or expected, or by pretending to be calm, or even deathlike. A PDer who thinks he can attain “feeling safe” by being ever ready to protect himself from danger or by being numb to pain is also very likely to be a PDer who is going to get stuck in partial recovery.

A healthy person understands that “safe” is how he feels when there *is* no danger. When there is no immediate danger, a person relaxes; his heart grows calm, his chest expands. Then, while feeling these sensations of *interior* calm, he can go about his vigorous or gentle, productive or contemplative, activities of the day.

When a person feels safe inside, no safety from externals need be attained through wariness. Safe is not dull or cautious; safe is sweet and leads to expansion of the heart.

Feel-safe mode is a physical condition that generates a physical sensation. Feeling safe is not a thought-based condition. However, negative thoughts can prevent a person from being able to experience a safe-feeling heart. When a person dissociates from his heart, or when a person shifts into a predominantly adrenaline-based, sympathetic mode, his attention shifts away from inner-chest sensation and towards thought. This shift towards thought is what prevents a person in these modes from being able to *feel* his heart. These modes also shift the heart’s electrical signals towards the heart’s spinal nerve, and away from the heart’s vagus nerve connection. When the heart is more oriented towards the spinal nerve, the heart does not *feel* safe. In fact, the heart hardly feels like anything at all while a person is focused on his thoughts instead of his physical sensations.

In chapter xxx, I discussed new research that showed “feeling safe” causes a surge of activity and a release of dopamine in the brain’s substantia. I mentioned the research to many PDers. I asked them for their personal take on the phrase “feeling safe” or how they go about acquiring the feeling.

Their replies were usually something along the lines of “I make sure all the doors are locked,” or “I don’t ever get caught with my guard down,” or “I try to be alert to any potential danger: I stay safe by being wary.”

I replied every time, “But those are activities that you do because you *don’t* feel safe. You take those steps to try to make yourself feel safe because, apparently, you aren’t automatically safe unless you protect yourself. Protect yourself from what? What are you afraid of? What do you do when you want to shake off that fear mindset and remind yourself that, ultimately, there is no harm; you are *already* safe even without doing anything?”

They ask me what I'm talking about.

I say, "Feeling safe is a feeling, a sensory (feeling) experience – *not* a mindset. The physical heart grows calm and a physical wave of peace comes over you – that's *feeling* safe. If a person loses that safe feeling, for a moment, he can regain it as soon as he remembers that, despite all the worries and warnings of the world telling him otherwise, he is ultimately safe. No matter what happens, he is safe."

A common PDer response to this has been, "Only an idiot could ever feel that way!"

Many PDers tend to think that wariness and being careful *makes* them safe. They have taught themselves that they are not *inherently* safe. But the problem is that no amount of caution and correctness can ever make a person actually feel safe if his underlying platform is that he isn't safe. If a person does not feel that his basic starting point is one of safety, an infinitude of Yale locks, vitamins, and socially "correct" behaviors will not make him feel safe.

I know I am being repetitive, but I have found that PDers need to hear this several times before they begin to suspect that what I am saying is *not* what they think I am saying. I repeat: being guarded is the *opposite* of feeling safe. If a person is careful and guarded, it means that he does *not* feel safe. If he imagines that by being guarded and careful, he will be able to feel safe, he truly does not understand "feeling safe."

I need to restate the above many times to most PDers who become stuck in partial recovery. It may take months before they begin to differentiate between their own definitions of "feeling safe" and the correct one. When they finally do grasp the difference, they are often stunned.

One PDer's statement that he'd had no idea what "feel safe" actually meant was particularly ironic; he had made a career for himself in the field of Risk Management. From a professional standpoint as well as a personal one, he honestly thought that feeling safe was the outcome of perpetual wariness and risk assessment. He had *consciously* thought that being *wary* and feeling *safe* are one and the same, even though they are obviously opposites.

### ***Broadest meaning of safe***

Many PDers think that "safe" only has to do with risk of grievous bodily harm. When I said to them, "You must learn to feel safe," they assure me that they feel safe all the time because they are always guarded and they know that no one is going to be able to hurt them. But they clearly do not feel safe. The following examples will demonstrate.

One brilliant PDer insisted she felt "safe" because she had a good, challenging job, a steady boyfriend, and all the trappings of a good life. However, immediately after her foot healed, she noticed a dramatic change in how she related to her co-workers. For twenty years, she and a small group of co-workers had gone for a half-hour walk during the lunch break. They chatted during the walk.

Following recovery from her foot injury and the heart dissociation that she'd used to maintain ignorance of that injury, the ex-PDer noticed a change in her conversation skills during the lunch break walk.

“In the past, I would follow the trend of conversation, and when it seemed that it was my turn, I would contribute something appropriate. It took a lot of mental effort and making choices so that I could be certain of saying the right things, and using up no more than my correct share of the time. But this last week, I just say whatever comes to my mind. I don’t keep track of whose turn it is or try to create an intelligent thread to link what everyone is saying. It’s fun! As I started being spontaneous with sharing my own thoughts instead of worrying about my “contribution,” I suddenly realized that everyone else was also just being spontaneous – and always had been. They’d been having fun; they enjoy sharing their thoughts! For twenty years, I had been making it so difficult for myself. I’d had no idea it was supposed to be pleasant!

“Feeling unsafe” can apply to the fear that makes a person rigidly self-monitor conversation and behavior. Feeling unsafe is *not* limited to life-threatening events. PDer’s behaviors may be consciously guided by a need to feel safe from social solecisms, from spiritual faux pas, or from any sort of mental, emotional, or physical behavior that the PDer might deem not quite correct. Many PDer’s also feel unsafe to the point of paralysis because of what *others* might deem incorrect.

For example, several PDer’s have been relieved to learn that they are not the only ones who are afraid to turn around and reverse direction when walking in public. If they suddenly realize that they have left something at the last shop, or forgot to bring an umbrella, they will not turn around in mid-stride. They will walk to the next corner, turn the corner, and turn the next corner, and so on, until they have made their way back to their goal without ever having abruptly turned around in such a way that a random observer might be able to say, “Look at that nut. He was walking one way, and then he suddenly turned and walked the other way.”

This bizarre fear of being observed doing something that might be deemed erratic or illogical – even to a perfect stranger, or to no one but the empty sky – is not uncommon among PDer’s. Like the woman who only spoke when she was certain her words and timing would be deemed “appropriate,” many PDer’s are terrified to move or speak in public in a manner that might be judged anything but “correct” or even “good.”

And yet, they do not imagine that they are feeling unsafe. They will argue that they always feel safe. However, the care that they take to be “correct” in front of perfect strangers *is* fear-based. They perform these carefully thought out actions because they would feel at risk if they didn’t.

Also, many PDer’s are terrified of criticism. If criticized, they might argue without end in an attempt to show that they had thought and behaved correctly. Many also have an absolute inability to laugh at themselves or tell funny stories about their mishaps and mistakes.

When I talk about PDer’s not feeling safe, I am very much including these *non-mortal* fears that reflect a lack of safe feeling in the heart.

### ***Some selective dissociations ceases during “safe” times***

Some PDer’s do feel safe sometimes. When they do, they stop dissociating from their hearts. It is fairly well known that some people with even advanced PD can move perfectly normally if they are doing what they consider to be a “safe” activity, which might be anything from the crossword puzzle to oil painting or playing the violin on

one's birthday. While doing those activities, the PDer is able to recall the feeling of calmness that is associated with safety. His heart tumbles down into "safe" mode. As soon as the "safe" activity is over, the PDer's heart is hoiked back up into the tense-and-wary positions of dissociation or emergency.

### ***Feeling safe is supposed to be the normal mode, not a special condition***

When a person or animal feels safe, he can manifest that feeling through "seeking" behaviors: curiosity, eating, and self-expressive movements and vocalizing. Seeking behaviors are dopamine-driven. They are the neurological opposite of fear-based behaviors.

This is a very important principle for PDers to understand. In order to re-associate and deal with the submerged, dissociated pain that is paralyzing him, he must first recall how the heart feels when it is in normal, *safe* mode: *before* a person can "shake off" an intense adrenaline or dissociation experience, he must feel safe.

So, on behalf of those people who think that feeling safe means being wary, I will explain further. Those of you who understand what it means to feel safe, please jump ahead to the next section.

Feeling *unsafe* is only supposed to occur when a person's life, territory, or children is immediately threatened.<sup>1</sup>

This unsafe feeling should occur during life-threatening emergencies, but in our modern society with freeways and deadlines, it might also occur frequently throughout the day. Feeling unsafe should release a bolus of adrenaline. The adrenaline can be metabolically broken down and gotten rid of within about ten minutes. Then, if the emergency or threat is over, feeling safe automatically resumes. In healthy people, feeling safe occurs automatically when the unsafe feeling is finished. You might say that, for healthy people or animals, feeling safe is the default mode: what you might call the basic, or normal, mode. Unless there are temporary, extenuating circumstances, feeling safe resumes *automatically* when worrying stops.

Feeling safe *cannot* be attained by getting rid of danger. Danger will always exist. Trying to make oneself feel safe by getting rid of danger is like trying to get rid of the darkness in a room by removing it with a spoon – it can't be done: you can't *remove* darkness – you must turn on a light. In the same way, you can't remove danger – you must presume safety.

### ***The guiding force of a chicken***

Some PDers have protested that, by discussing safety as an ever-present condition, I appear to be talking about spiritual issues and faith. They conclude that, therefore, I am not being scientific. I disagree. Our culture has learned to associate some of these terms with spirituality, for obvious reasons. But a person need not be spiritually inclined in order to feel safe. He need not be religious in order to experience his living presence *inside* his body instead of mentally watching himself from the outside.

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<sup>1</sup> Appendix xxx, The Adrenaline-Dopamine Relationship, lists the highly specific conditions under which a healthy mammal temporarily slides into an adrenaline-dominant phase.

After all, dogs feel safe without going to church. And what about chickens? Almost anyone (except maybe a heart-dissociated PDer) who has spent a lazy ten minutes watching chickens scratching for food or rolling in the dirt (they *love* to roll in the dust!) will have resonated with their feeling of safety, that “not a care in the world” feeling that they project, and yet, chickens don’t ponder whether or not there is a Higher Good. As for cats, cats feel so darned safe that they do whatever they want, when they want, and no sermons or pastors required.

When these animals “feel safe,” they are feeling the sensations of vibrancy, of life within. They feel that vibrancy *inside* their bodies. They use that feeling of vibrancy to activate their bodies.

Of course, during an emergency, when they are being attacked, animals lose awareness of that sense of vibrancy. They shift into sympathetic mode for the duration of the attack. But when the immediate danger is over, they go back to feeling the vibrancy that is inside their bodies. They feel safe again.

Very possibly, one of the real differences between animals and humans is that humans have the potential to consciously remain in a calm, joy-filled state in *spite* of danger or pain. This requires enormous emotional maturity. Many PDers, oppositely, constantly anticipate pain or danger and are *unable* to even know what I’m talking about when I describe the feelings of a safe heart. Many of these PDers insist that they are spiritually advanced because they are emotionally rigid. They assume that, because they are numb, they are calm. They are wrong. Calmness is a sweet sensation that results from feeling safe. And feeling safe is a sensation that occurs in the heart – a sensation that they may not even remember.

### ***No particular religion is required***

No particular religious belief is required for a person to feel the vibrancy inside that directs his actions, thoughts, and metabolism. Many people who are utterly guided by their sensory feelings have no thoughts whatsoever of a “spiritual” plane. Again, any person or animal can feel the vibrancy within – no religion required.

*But* when a person or animal temporarily dissociates from his heart, he cannot feel that vibrancy within. Depersonalization, the sense of perceiving one’s body from outside one’s own body, is a common symptom of dissociation. And it is the opposite of feeling vibrancy *within* the body.

So, without forcing any spiritual meaning into it, I can say that feeling safe is related to being aware of the feeling of vibrancy *within*. Of course, people with spiritual leanings will say that what I am talking about is the soul or The Comforter or the *Spiritus Sanctus* or whatever, and they will all be correct.<sup>1</sup>

But for the person who shuns any religious reference, I can still say that the physical sensation of vibrancy that animals feel inside when they are not in a state of emergency is the same thing that partially-recovered PDers are selectively *lacking*.

What partially-recovered PDers have is a feeling of not being safe. The feeling of not being safe is associated with decreased awareness of the vibrancy inside the body.

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<sup>1</sup> I know that many of these terms have faith-specific nuances of meaning. A discussion of these finer points is unnecessary for the subject at hand and is beyond the scope of this book.

### ***Only an idiot***

Safety is dynamic and joyful; it can be spontaneous and it can be powerful; it is mother's milk and it is delicious. Safety is the opposite of caution and double-locking the doors.

When I explain safety in this manner, some PDerS say to me, "Then only an *idiot* can feel safe," putting a lot of top spin on the word "idiot." (PDerS tend to be highly intelligent, and often are very proud of their intelligence. Coming from a PDer, "idiot" can be a severe insult.)

If I know the patient well enough, I might lovingly retort, "Only an idiot would work at feeling *unsafe* to the extent that he tremors and can't even walk or swing his arms..."

### ***Don't have to be a saint***

A person can recover from Parkinson's disease even if he has no "spiritual" leanings. But he may need to let down intellectual guard down and learn to be at least "as safe as an idiot." If he hopes to recover, a PDer must learn to feel safe. Helpless, dumb (idiot?) beasts feel safe except for those fleeting moments when they are in imminent danger. PDerS must learn to feel as safe as a mouse.

## **DEFINING FEELING**

OK. Now I have to try to define feeling for people who can't or don't want to feel.

I have been trying to do this with PDerS for several years now. During these years I have developed greater compassion for Anne Sullivan. I've wondered how she must have felt as she tried to teach Helen Keller how to speak, spell, and read. Did she ever feel as frustrated as I? How can feeling be taught to a person who prefers to be numb? How can sensory perceptions be explained in words?

As the poet Rumi said:

"Out beyond ideas of wrongdoing and rightdoing,  
there is a field.

I'll meet you there.

When the soul lies down in that grass,  
the world is too full to talk about.

Ideas, language, even the phrase *each other* doesn't make any sense."<sup>1</sup>

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<sup>1</sup> *The Essential Rumi*, Coleman Barks translation, Castle Books, 1995, p. 36. The "field" of this poem is the locus of the sensory awareness of vibrations of love. When one lies down in that field, which is to say, "relaxes into those feelings that start in the heart," words are useless – they don't even make sense. "You" in this context refers to God, as well as to you, the reader, in whom the indwelling One God is manifested as your own unique vibrations of love.

A famous example of the inability to use words to define the feeling that I am trying to explain occurred at the trial of Jesus. Pontius Pilate asked Jesus "What is truth." The record shows that Jesus said nothing. Most people assume that Jesus was ruggedly inert during those answering moments. But Pilate's *response* to Jesus's moment of silence suggests that Jesus answered the question.

Pontius Pilate, after receiving a silent answer to his question in the form of a breath-taking wave of love vibrating through his heart, refused to have anything more to do with the interrogation of Jesus. In response to Jesus's perfect, wordless answer – a wave of heart feeling – Pilate said to the gathered crowds,

As Rumi and every other poet knows, feelings, which is to say, sensations, cannot be described in language. I will try. But I console myself in advance that, if I fail, I know that far, far better men and women than I have tried and not been able to make people understand.

Here goes. The word “feeling” is a noun; which is to say, feeling is a *thing*. For example, “I have a bad feeling in my stomach about this.” Feeling is also a verb, an action. For example, “I am feeling the wind on my face,” or “I am feeling the existence of my hand even though I’m not looking at my hand.”

### **Feeling: the Noun**

First, I’ve decided to use the word “vibrancy” to describe the general feeling of sparkle in the chest that is crucial to feeling alive, and which many PDers do not feel.

(In the chapters on treatment techniques xxx I define the word vibrant. But for now, in this introductory chapter, if you don’t know what “vibrancy in the chest that expands when a person perceives something of great beauty or grace,” means, just keep reading. Maybe you will understand after doing the exercise in this section. If not, look it up in chapter xxx.)

Although the poets try, no one can describe *what* the vibrancy in the chest feels *like*. So I will describe *how* a person can go about feeling the vibrancy within.

Even if a person has no idea of what I am referring to when I describe this feeling using words like “vibrancy” or “vital spark” or “expansion,” he can learn to feel it himself by paying attention to his breathing.

If a person pays attention to the physical sensations that occur when he inhales and exhales, he can notice a faintly different sensation when comparing the inhalation and the exhalation. In addition to the sensations of movement of the muscles and tendons, and the air moving across the larynx, throat or sinuses, a very subtle sensation occurs in the chest during the inhalation that does *not* occur during exhalation.

This faint sensation has been described as a tickle, a warmth, a sense of expansion, a vibratory sensation. A thousand words might be used to describe it, but it is perhaps most accurately described simply as the sensation that accompanies inhalation, but not exhalation, and which is apart from the physical sensations of structural movement and air flow.

### ***An exercise***

Sit quietly for several minutes and notice how it feels as you breathe in and out. (In the case of a person with Parkinson’s, he may need to do this for five to ten minutes at a time, several times a day, for several weeks or more before he starts to notice the difference between exhalation and inhalation.)

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“I will not be guilty of the death of an innocent man.” Pontius had judged Jesus based on Jesus’s unmistakable answer to the question and found him innocent of all charges. He “washed his hands” of the whole affair, and turned the situation back over to the lesser authorities, having made it clear that Jesus was innocent.

Do not try to control the breath or analyze it. Don't think about it. Just feel it the way that a pre-verbal child would feel it. No words. Notice the physical sensations. Feel the chest move, feel the movement of the air.

After feeling the in and out breath many times, try to decide whether or not you prefer the sensations of inhalation or the sensations of exhalation. This will help you pay closer attention. As you try to differentiate between the two sets of feelings, you will become aware that the two sets of feelings *are* slightly different: the inhalation is accompanied by a faintly excitatory quality. This is a tiny version of the vibrancy sensation that we are talking about.

### ***Bigger versions of vibrancy***

In a healthy person, the underlying, general feeling of vibrancy is larger than the small hint of vibrancy that accompanies inhalation. When I say larger, I mean that it occupies a bigger area in the chest. It may also be larger in the sense of more dynamic, more blatant, easier to feel. A healthy person can feel this vibrancy at any time by shutting down his internal monologue and paying attention to the vibrancy.

When most people behold something of great beauty or grace, their awareness of this vibrancy becomes larger than usual. When awareness of this vibrancy becomes larger, one experiences a physical sensation as if the chest is expanding even if the actual chest muscles are not moving any more than usual.

### ***The illusion of expansion***

Seeing a beautiful vista does not technically increase the amount of vibration that a person has: this is an illusion. What actually happens is that, stunned by the beautiful experience, a person lets down his mental guard and his silent running monologue for a moment – or makes his monologue less obtrusive than usual. In the ensuing mental silence, the vibrancy that is always present can be noticed more easily, or noticed over a larger area than usual.

As soon as a person reactivates his judgmental mind or starts to worry, the ability to perceive the vibrancy is reduced. The diameter of the area in which the vibratory feeling was noticed seems to shrink.

Actually, the feeling is there all the time.

### ***The breath is a reminder – and a temptation***

The tiny portion of vibrancy that occurs with each breath is a tiny reminder of the larger vibration that is sustaining the Self at all times – whether a person has a body or not. It is also the source of emotional preferences. As a baby enjoys the sensation that accompanies breathing, he learns to prefer breathing to non-breathing. This is the basis for all other selfish preferences that the child may come to develop.

### ***Why bother breathing?***

Babies and animals live in a world of feeling. They experience a warm, vibratory, mildly excitatory feeling from inside the context of their bodies. With every inhalation, they feel an extra tiny bit of this vital force.

The sensation is so glorious that every tiny bit is worth having. This is why we bother to breath; this is why living beings want to stay alive: every breath adds a

momentary extra bit of obvious vibrancy to the enormous amount of (often ignored) vibrancy that is actually in and around us, permeating us. And this sensation is so peaceful, so loving, so thrilling that we will do almost anything to keep breathing.

As babies grow up and become word-based, it becomes easier for them to lose awareness of the larger vibration: its warmth, tickle, and joy. But deep down, even when they are grown, they know that they *can* have this feeling. We all want increased awareness of this indescribable feeling. Subconsciously, no matter how much we have blocked out our awareness of the underlying vibrancy within, we get a tiny refresher course in this feeling with every inhalation.<sup>1</sup>

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<sup>1</sup> This is why the Vedic masters said, “Breath is the secret,” and “Master the breath.” They did not mean that a person should learn to hold his breath – a common misunderstanding. What they meant was, focus your attention on the feeling that accompanies breathing. When you can recognize and differentiate from the other chest sensations that soupçon of vibrancy, you can place your attention on the vibrancy. You can allow your heart to resonate with that isolated sensation. As your heart waves resonate with that particular sensation, the basis of all other sensation, the heart vibrations can tune in, like a radio, to the larger fields of the same vibration that are permeating your body’s spaces – which you have forgotten, ignored, or shut out. As you let yourself resonate with this larger vibration, you perceive that vibratory feeling even more. If you continue to allow that feeling to expand, also referred to in meditation instruction as “going deeper within,” you are actually not expanding anything or going anywhere. All you are doing is allowing yourself to *notice* a larger diameter and greater nuances of that vibratory, warm, tickling, excitatory vibrant sensation.

This chapter’s technique of noticing the difference between inhalation and exhalation is not the same as yogic breathing practices or other life-force control practices. Those practices assume feeling safe and relaxation as a starting point – as a given. After starting with awareness of these sensations, the more advanced yogic techniques teach how to neutralize the preferred feeling that accompanies inhalation. By accompanying inhalation and exhalation with specific mantras (words) or with specific thought patterns, the *feeling* of the vibrations of inhalation and exhalation can be made to match each other: the breath experience is neutralized. When inhalation has the same emotional value as exhalation, breathing becomes uninteresting. The prejudice in favor of inhalation is gone. A person can then choose whether or not to breathe. If the restless mind has been tamed, then, in the serene peace that accompanies breathlessness, the ability to feel *greatly* increases. The sensory world expands even beyond the perimeter of the body. One can feel the chirping of a bird as if the chirping is vibrating within himself. One can feel the glory of a sunrise, or a flower, as if the vibrations of the sky or the petals are a vibrating part of himself. And these are the beginner techniques. More advanced techniques can help a person apply this expanded awareness, this expanded ability to feel, towards transformation of ego-based sensation into the ego-neutral vibratory components that lie behind the cruder, sensory-attuned vibrations.

There is far more to meditation than just noticing the breath. This bit of explanation is just to give the merest hint of what is meant by “the breath is the key” and suchlike phrases. A lengthier discussion is beyond the scope of this book, but I have raised the subject for a reason. The main reason for this tangent is this: many PDer’s assume that they are being spiritual by keeping their heart numb and trying to kill their ability to feel. They need to know that this is the opposite of spiritual endeavors. A PDer’s bizarre set of semantic understandings allows him to justify behaviors that are often the exact opposite of what he so dearly wants to attain. So, in case the PDer has been doing Tai Qi, prayer, meditation, Qi Gong, yoga, or any other (joyless, for many PDer’s) practice in order to learn self-discipline, he needs to know that the actual goal of these practices is joy. Mastery over physical techniques and mental practices allow him to regulate his mind and banish prejudices – even the prejudice in favor of breath – so that he can increase his ability to *feel*. The more he can *feel*, the more he can *feel* the joy that vibrates just behind the seeming reality of matter. Many of our PD patients have admitted to spending decades in dutiful, externally “correct” practice of so-called “spiritual” techniques while never *feeling* anything, least of all joy.

### ***Did I explain anything?***

That's the best I can do. While this explanation might not describe what "Feeling: the Noun," really feels *like*, it is probably as physiologically detailed as I can give or need to give to explain "feeling: how to experience it."

They say that it is impossible to describe the taste of an orange. This is because the taste of an orange is a feeling, and it is impossible to describe a feeling.

### ***"But it's such a small thing!"***

PDers are usually disappointed because the sensation that they experience after doing this experiment is small and somewhat subtle. Many PDers have protested, after feeling this difference, "It's not such a big deal" or "I didn't feel so anything that made me *blissful*."

I don't know what they were expecting, really. Cataclysms and soul expansion, maybe.

I have to keep reminding PDers that I am not teaching them how to be great mystics: I am reminding them how to be living humans. We're starting out small.

Over and over, PDers who have recovered *after* having been stuck for a while in partial recovery have been amazed when they learn to feel an expansion of this tiny sensation – and a wave of relaxation and physical suppleness. They protest, "But this is so easy! It can't be this easy!" Until they surrender, they imagine that something enormous has to shift in order for them to let go of their tension.

"It can't be this easy," is the common cry.

Also, sometimes, after briefly experiencing for the first time the relaxation that comes with focusing on the heart feeling, they are not able to feel it so easily the second time; they seem to have convinced themselves that what they need to feel *must* be something more arcane, more difficult to attain. Possibly, their wary hearts seem to get more guarded after having been unexpectedly breached.

Yes, the vibrant feeling can be small, and feeling it is simple. But it is not always easy to feel it, at first, even though it's simple. In retrospect, after one learns to recognize it and feel it at will, it will have been simple. It's easy when you know how – sort of like riding a bicycle. In retrospect, after learning to ride a bike, it's so simple. But to the frightened beginner cyclist, it may not seem as if it will ever be easy.<sup>1</sup>

### ***Summary of "feeling: the noun"***

Getting back to the main idea of this chapter, "feeling: the noun," refers to a physical sensation. When a healthy person says, "I have a feeling that I should (or shouldn't) do something," he does not mean that he has *thoughts* on the subject. He

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<sup>1</sup> When good teachers give instruction to their students, they almost always start by saying "Relax." Whether the master is teaching Tai Qi, Yoga, sitting meditation, swirling meditation, violin, or bowling, the first instruction is usually "relax." Relax is the first step. The teacher assumes that any student can relax. Most PDers can't relax.

In the treatment technique chapters I am *not* teaching PDers how to be great souls or how to experience breath-taking waves of vibrancy. I am trying to teach them how to attain "relax." Relaxation must be preceded by feeling safe in the heart. So I also have to include instruction on how to feel safe.

means that the vibrations in his heart or chest that direct his intuition have moved in a manner that lets him *feel* what he should do. Feel. Not think.

When a person says, “I feel for that poor person,” he doesn’t mean he is *thinking* about him. He means that a sensation inside of himself is moving or vibrating in a manner that he cannot ignore. Feel. Not think.

PDers might want to take careful note of the next fifty or sixty times that they read or hear sentences with the word “feel,” and ask themselves if they have usually misunderstood the word to mean “think” or “thought.” They might be surprised. If they try to justify this by saying that everyone uses the words “feel” or “feeling” to mean “think” or “thought,” then they get to ask themselves *why* they have made this assumption. The assumption was wrong.

### **Feel: the verb**

To feel means to perceive or to be aware of through physical sensation. There are other meanings, as well, but this is enough to be getting along with. Feel does not mean “think about” or “analyze” or “try to cleverly root out the motivation behind something.” Feel means be aware of through physical *sensation*.

An infant feels with out analyzing. Non-verbal creatures learn about and remember the world around them by feeling it rather than thinking about it. Feeling is done with all five senses and with the sixth sense. A “hunch” that comes from the sixth sense is a palpable feeling – a vibratory sensation that resonates with the wave patterns of the heart and which, when conveyed to the brain, is translated into a thought.

As humans become verbal and take on the murky cloaks of the various world cultures, teeming with dos and don’ts, fears and rules, they begin to let the mind over-ride their feeling experiences. If they aren’t careful to keep feeling, they can become hardened, living solely on the basis of mental processes rather than in response to the feeling. Many PDers create a bizarre blend of feeling and thinking: they might retain their compassion for others while becoming unable to feel emotional responses to their own joys, sorrows, pains, or pleasures. Soft to the world, they can be gradually turn hard as stone with regard to their own sensory existence: I cannot even guess at how many PDers have told me that they have never been able to cry at a funeral or in response to the loss of a loved one.

As a human starts to imagine that he is his body, instead of his awareness of vibratory feeling, and begins to mentally apply all the cultural rules and fears to the actions of his body, he reduces his memory of what his actual vibratory self feels like. When he dissociates from his ability to feel, as well, he loses his awareness of what it really means to be alive.<sup>1</sup>

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<sup>1</sup> Many world religions use phrases like “You don’t need to go *seeking* God (or Truth or Love); you already have it within you: you only need to improve your awareness of the Feeling within which is already there.” For example, in the Christian gospel, Jesus is quoted as saying, “Reverse your outwardly oriented mind, and focus on what’s within, for the kingdom of God is inside of you.” In the English language, St. James translation from the ancient Greek, this phrase was translated as “Repent, for the kingdom of God is at hand.” However, in the original Greek, the word that became translated into the English word “repent” actually means “reverse.” And back in the days when the bible was first translated into English, the phrase “at hand” meant “right here, right now.” So Jesus was saying turn your thoughts inward and notice how you feel: the loving feeling, God, is right there, inside of you.

### *The first bicycle ride*

One PDer worked at feeling the difference between inhalation and exhalation for several weeks. He was finally able to notice a faint difference. So far, so good. But in the next phase of therapy, in which a person has to learn how to *expand* his awareness of that feeling, he was not able to expand the feeling in his chest beyond a tiny spot, an area a mere fraction of an inch in diameter.

So he branched out into trying to notice other feelings. He tried to feel the difference between how he felt when he was with his very sweet daughter and when he was away from her. He was able to zero in on the *difference* between those two states. He felt that the difference between those two states extended over a large area: throughout his chest. He exclaimed, “Oh! It’s just *feeling*, without talking. Like when I rode a bicycle for the very first time.”

I told him I was going to use his bicycle comparison in my book. His “first time on a bicycle” comparison is a wonderful description of feeling as opposed to thinking. The joy that occurs when a person first masters the coordination of keeping a bicycle moving and upright is due to the experience of pure feeling and the concomitant drop-off in mental processing. The new cyclist is completely focused on the coordinated *sensations* to which he must pay attention. Keen focus on those physical feelings are required to keep the arms and legs and torso all moving in that peculiar, bike-riding rhythm.

Because the new cyclist is absolutely absorbed in the necessary physical sensations, his thought stream shuts down for a moment. The pure joy of that first flight on a bicycle occurs *because* the cyclist is aware of his purely physical sensations and is not paying attention to his mind. For that fleeting moment, before the movements become second nature and the mind turns back on, the cyclist has experienced the same sort of

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A non-denominational quip that I like says the same thing: “If you feel apart from God, guess who moved.”

But even if a PDer scorns religion because he thinks “God” refers to some grey-bearded man enthroned in a dusty corner of the universe, or he blames the world’s religions for the strife and divisiveness that humans had perpetrated in the *name* of religion, he must still admit that we are permeated with vibrations. Everything from radio waves and television waves to brain and heart waves are throbbing through the universe – and through our bodies. Healthy people can feel some, a few, of these waves. All parasympathetic sensory experience is based on perceiving these waves and noticing how they resonate, or not, with the heart. Spiritual people of every faith work at reducing the interference of the ego-based mind so that they can better feel these vibrations and the love behind them. Through mentally focused prayer and projection of heart waves of compassion, they also participate in *creating* waves!

At the very first talk I gave on my research into Parkinson’s, when I addressed the Parkinson’s Support Group of Santa Cruz, a man stood up and said, “I’m leaving. I suspect a spiritual undertone to your ideas.”

At the time, I was only talking about Asian channel theory, so I was amazed that he felt so threatened. I had not yet learned to feel safe enough to speak from my heart while also including references to modern physics and examples from great spiritual teachers. So, at the time, I was unable to answer him even though I felt like saying in reply to his suspicion, “Is there any part of existence that does *not* have spiritual undertones? Isn’t every atom in the universe made up of vibrations?” But I remained silent. I understood at the time that he was wary of religious proselytizing. Now, ten years later, I understand that his fear ran much deeper. He was afraid of his heart, he was afraid of feelings, he was afraid of being able to perceive the vibrations within himself that some people refer to as “soul.”

immersion in pure physical sensation that an animal has, or that the infant has when nursing.

### ***What does feeling feel like?***

This PDer had been asking me repeatedly what feeling felt like, and I was of course unable to say anything other than “It’s just feeling.” I turned the tables on him as soon as he was able to feel the difference within by comparing how he felt when he was with his daughter or not. I asked him to describe the feeling that he’d just felt while thinking about his daughter, or the feeling of riding a bicycle for the first time.

He shook his head. He seemed to have temporarily lost his extreme ability to define and describe. “There’s no word to describe it. It’s just feeling.”

### ***A drop of love***

Another PDer who kept asking me how to feel instead of think finally got a sense of what I meant. She was able to feel the tiny vibration of something that occurs with breathing, but she was never able to expand it beyond a four-inch diameter sphere in her chest. I asked her to imagine the vibrant sphere pressing up against her physical heart, which was in the center of the sphere. The vibrant feeling could snuggle up against her heart, comforting it. She liked that feeling. Then I asked her to imagine that the vibratory sphere was liquid, and it was floating in a sea of liquid that filled her chest. I asked her to allow a drop of love to plop into the sphere of the vibratory feeling, setting off waves of vibration that moved outward through her chest.

She did this, and then said, “I could *feel* that.”

I asked her what it felt like. She shook her head. She was usually articulate about her aches, pains, and symptoms, but suddenly she had no details. “It doesn’t feel *like* anything except what it was: it was just a feeling. I stopped thinking. I was just feeling.”

Then she became more animated: “It’s so easy. Why didn’t you ever tell me to just not think?”

I paused for a very long moment before I said, “What?”

Then she laughed. For nearly a year I had been asking her to try and quiet her non-stop mind, to stop thinking, and just feel. We’d experimented with more than thirty techniques that help quiet the mind and enable a person to “feel.” I had used every word and synonym possible to describe what she needed to experience. She was also a meditation student and had been studying techniques for stilling the mind for a long time. So she laughed at herself. She continued, “I didn’t understand. It’s so easy. I just had to stop thinking and start feeling.”

I asked if she could be more explicit; was there anything she could suggest that might help another PDer learn to feel what she had just felt?”

After a thoughtful pause, she said, “No. They just need to feel what’s happening inside. Stop thinking; just feel. But I don’t know how you’d tell them in a way that they could understand. I didn’t understand. They just have to do it.”

### ***Suppose the roof falls in***

Another PDer had been determined that he would never be able to understand what I was talking about. He preferred exhalation to inhalation. The vibrant feeling that

accompanied inhalation made him nervous. He did not want to experience an enlarged version of that feeling.

I asked him if he felt safe. He said he did.

I knew darned well that he didn't feel safe. For one thing, he often reminded me that he was scared he could never recover from Parkinson's disease.

I asked him if he felt so safe that he'd be OK even if the roof fell in on him right now, right this moment.

He replied, "Of course not. That wouldn't be safe."

I told him to pretend that he would be OK even if the roof fell in and killed him. He paused for a moment, and then said that he would be OK even if the roof fell in.

I asked him to make himself feel really safe, so safe that even if something blasted his head off and his detached head caromed across the room, he would still be safe.

He said OK, and relaxed. He actually relaxed. I'd never seen him relax before.

A moment later, he said "Oh."

I asked how he was feeling. He smiled and said, "Safe."

I asked what that felt like. Instead of giving me his usual wordy answer, he said, "Just a feeling."

I asked him how big the feeling was. PDer's usually need to practice before they can expand this internal sensory awareness of vibrancy at will. Some PDer's can feel the vibrant feeling occupying only a spherical space of less than a sixteenth of an inch in diameter. They need to work at it for months before they can dare to let themselves experience that feeling over a larger area.

He replied, "It's spread over my whole body. I can feel it in my whole body."

I asked him what it felt like.

He shook his head as if to say no. "I can't describe it; it's just a feeling."

I have given the above examples, all of which ended with the PDer saying, "Oh. It's just a feeling. I can't describe it; it's just feeling," to make the point that feeling cannot be described. I am also including it because it shows I'm not asking people to feel something shocking or stunning. I'm just asking the PDer to dare to feel what's going on inside his own body.

Again, the feeling that the PDer needs to recall is not enormous, nor is it covered in glitter or rainbows. It's a tiny sensation, and it can be enlarged. It is related to the feeling that a healthy person can recall instantly to mind when he remembers that he is safe or which expands in size when he perceives something of beauty or grace and which can be invoked via recall, if one errs so far as to temporarily forget it.

Being able to feel this sensation will not, by itself, cure Parkinson's disease. But it's a necessary first step in learning how to feel safe enough that one can start to think about re-associating instead of dissociating.

### ***I'd rather be dead***

The first time a PDer told me, in response to feeling inhalation and exhalation, that he preferred exhalation to inhalation, I was alarmed. Basically, he was saying that he'd rather be dead than alive. Now I have become accustomed to hearing this, now and then, from some partially-recovered PDer's. If I ask why they prefer exhalation, they say



While digging in various resources to find some commonly used English words to refer to the numen (an older English word that means indwelling spirit, internal guiding force) I looked up aesthetic in the dictionary. This word means with feeling or perception, and is the root word for *anaesthetic* (without feeling). (The prefix “an” means “without.”)

But when I glanced up at the previous word, aesthete, the word had one line of type defining aesthete as “a person who perceives.” The entry had another twelve lines pointing out that the word is also “used derogatorily to connote effete-ness, decadence, a person who artificially cultivates artistic sensibility; a synonym for dilettante (used disparagingly to mean one who dabbles in the arts); virtuoso (sometimes used derogatorily to suggest faddishness); and so on. Nearly all of the meanings for the word aesthete, a person who feels, were negative.<sup>1</sup>

I was intrigued. I looked up “sensitive.”

The first three meanings for “sensitive” were value-neutral. Then came the negative connotations: easily hurt, tender, raw; easily offended, disturbed, shocked or irritated, etc, as by the actions of others; touchy.

Ooh. These were not good connotations. No one would want to be considered “sensitive!”

I looked up “feel” and “feeling.”

The dictionary had sixteen meanings for feel and ten for feeling. Most of the meanings of “feel” were value neutral, such as “to touch” and “to perceive.” The meaning that I am using was meaning number two: the value neutral “to perceive or be aware of through physical sensation.”

Of the ten meanings for “feeling,” several had positive connotations such as “a kindly, generous attitude; sympathy, pity” and “the emotional quality of a work of art.” But also listed under “feeling” was “Synonyms: feeling: a subjective reaction that usually connotes an absence of reasoning; emotion; passion, including intense sexual love or intense anger; sentiment.”

In English, all of the words that we have to connote perception and feeling are somewhat or heavily weighted towards negative meanings; meanings that suggest touchiness, phoniness or out-of-control emotions.

One of the newest uses of the word feel is in the phrase touchy-feely. Touchy-feely means not rational, subjectively self-indulgent, or led astray by emotions. Calling someone or something “touchy-feely” is *not* a compliment.

I began to see why so my partially-recovered PD patients were able to distance themselves from or even become uneasy around the words feeling, felt, and feel. Their nearly perpetual reliance on the sympathetic system pushed them towards the negative meanings of any words related to feelings.<sup>2</sup>

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<sup>1</sup> *Webster's New World Dictionary*, second college edition, World Publishing Co., 1970

<sup>2</sup> When I discussed with a Frenchman the English lack of a purely positive word or phrase to connote the feeling of expansion in the chest, he laughed out loud. Then, in patriotic support of the long-running, mutual, and somewhat joking love-hate relationship between the English and the French he

In chapter xxx of this book I mentioned the patient who would start trembling any time I said “feel,” “felt,” or “feeling.” After perusing the dictionary, I had a deeper understanding of his fear of feeling. Feeling can be a “bad” thing. In English, a person with even a mildly negative orientation will be well within the legitimate meaning of these words if he chooses to impute negative connotations for them.

The PDer who tends to get stuck in partial recovery, having such a predominance of sympathetic mode negativity, may understandably choose the negative associations for a word like feeling. And considering that many of them are selectively dissociating from their ability to feel, as if feeling is the problem, it becomes very clear that feeling is to be avoided. Feeling is bad, not good.

But in order to recover, a PDer needs to understand that he has *decided* that feeling is the problem. When he leans toward the negative meanings of the word “feeling,” he is making a choice. That choice has paralyzing consequences.

### Chapter summary

Most of the words that PDer truly did not understand had to do with heart and the sensations that a person experiences when he stops thinking and feels the vibrancy in his chest.

We had spent years being baffled by PDer who listened carefully to us and then behaved in a manner that suggested they were doing the opposite of what we were asking. We only discovered, very late in the game, that PDer have formed weird, even opposite meanings for many words. The list of these words includes safe, neutral, calm, vibrant, surrender, heart, imagine, feel, and feeling.

When we finally realized that PDer honestly had no idea what we were talking about most of the time, we were baffled as to how to proceed. I spent several months asking partially-recovered PDer to define certain words in order to ascertain how broad and deep the confusion really was. Many spouses helped out, assuring me that the PDer spouse had no idea what was meant by words such as relax or feel. Some spouses told me not to waste my time asking the PDer “How are you today?” because the PDer wouldn’t know. Sure enough, many patients responded to this basic question in all sincerity with answers like, “Oh, I don’t know, I guess I’m fine...” or, if I pressed for details, they would say “How should I know how I’m feeling? You’re the doctor; you tell me.”

The spouses were often deeply relieved to be able to talk with someone about the supposedly brilliant PDer’s seeming inability to truly understand so many basic words that have to do with feeling. Shared feelings can be a delightful part of marriage. These spouses had often been struggling for years with the loneliness of sharing a life with a person who thought that “feelings” were *thoughts*.

Between the input from spouses, the stunningly incorrect word definitions of PDer, and the exercises that we did with the PDer, we began to appreciate the *depth* to which some PDer had dissociated from their own hearts.

This semantics breakthrough may seem unimportant, like “an exercise in semantics.” But for the Little Project, it was an enormous boon. We finally realized why

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exclaimed, “Ah! That explains so much about the English!” He then threw his arms out in a bounteous gesture and proclaimed, “It is Love with a capital L!”

PDers didn't understand some of our most basic questions or homework assignments. Also, in terms of creating treatment techniques for overcoming heart dissociation, the semantics breakthrough was crucial: we could not use the ordinary words that psychologists or therapists used unless we defined them first in a manner that PDers could understand.

This discovery also added yet more weight to our steadily growing hypothesis that PDers had dissociated from their hearts.

