

## SEMANTICS: PART II

### *“Keep peace in your heart”*

Olga, a bubbly friend of mine, an elementary school principle and a recovered PDer (who recovered very quickly, *never* getting stuck in partial recovery), always ends conversations with, “Keep peace in your heart!” All the students in her school call out to her “Keep peace in your heart!” when she passes by.

I’ve asked some of my PD patients what this phrase literally means. One partially-recovered PDer thought about it for a moment before telling me, “It means be very careful to not let any strong emotions affect your heart.”

I was stunned at this bizarre and unique interpretation.

But as I asked other partially-recovered PDers what it meant, they too assumed it meant something along the lines of “block out emotions” or “remain unaffected.”

“Keep peace in your heart” does *not* mean “stay unaffected by emotion.” It means, “Be filled with the radiant, irrepressible joy of peace and *act* on that joy.” PDers in partial recovery had nearly opposite meanings from the correct one.

Just to be sure, before writing this chapter, I met with Olga, who said that I could use her real name. I asked what it means to “keep peace in your heart.” She said that it means to be filled with joy. It means feel the sensation of love bubbling up inside and express that joy. It means “don’t forget to *feel* your heart.”

Olga gestured with her hands as she tried to put her meaning into words. With both her upturned hands at the level of her chest, she gestured as if her hands were fountains, shooting good feelings of her heart up and outwards in all directions.

I asked Olga what word, in English, defined the feeling that she was expressing with her hands. She was puzzled. Then, because she is bilingual from infancy, I asked her to define, in English, “*Espirito Santo*” (the Spanish name for this feeling). She gestured again. Her hands flew to her heart, and they made rolling outward movements as she said, “Oh! *Espirito Santo*! *Espirito Santo* is, you know what it is: it’s this:” she rolled her hands more expressively, as if singing a Spanish love song with her hands. She looked at me askance, clicked her tongue in mock reprimand and said again, “*You* know what it is!”

I asked again, “But what is it called in English?”

She replied, still circling her hands in front of her chest as if to demonstrate an outpouring of love, “It’s *what* you are, it’s everything, it’s *how* you know. Everyone knows what’s meant by *Espirito Santo*.”

I asked again, “But what do we call it in English?”

She replied, “It’s Love, it’s happiness, it’s joy, it’s why we live, it’s *how* we live.”

And I said, “Yes, but what is the word that we use in *English* that is universally understood to mean specifically the sensation you *feel* that you demonstrate for me by moving your hands that way.”

She thought for a moment, still motioning with her hands. Then she stopped moving her hands and her eyes grew wide with pretend horror. “Omigod. There is no word for it in English!”

I suggested that the literal English translation of *Espirito Santo* has historically been “Holy Ghost.”

“Yes, that works, but...” she protested, “...I’m Catholic. When *some* people say “Holy Ghost” they say it as if it refers to some ghost floating around in space, or some academic philosophy. When *some* people say “Holy Ghost” they don’t mean what *we’re* talking about. But in Spanish, everyone know what *Espirito Santo* means; it’s this:” (she gestured again with her hands and closed her eyes as if in bliss). She continued, “Maybe there *is* no word for *Espirito Santo* in English.”

When we parted, Olga hugged me and reminded me, “Keep peace in your heart!”<sup>1</sup>

### ***Safe or at risk: a matter of emotional health***

Emotionally healthy people do not try to address the infinitude of potential dangers lurking in the universe. Healthy people assume the relaxed heart feeling of safety *unless* they are in immediate danger.

And here’s the deeper point: emotionally healthy people know that they are *never* in danger. They know this because they think of themselves as their sensations of internal vitality. As Olga would say, her *Espirito Santo* is never at risk. She *is* her *Espirito Santo*. She is *not* her body. The PDer may not understand this at all.

An emotionally mature person does not think of himself as his body. Nor does he dissociate from his body. He appreciates and cares for his body even though his body is merely the vehicle for his real self. The real self is the consciousness that plays at driving the vehicle. The real self is always aware of himself as the vibrant sensations permeating the body vehicle. The driver of the body vehicle, which is *the overarching consciousness* that feels and is aware, is never in danger.

An emotionally healthy person is aware of the sensations generated by having his sensory awareness *inside* his body. Oppositely, many PDers perceive themselves as if they are outside their bodies, observing themselves from the outside, and feeling little or nothing of the sensations that accrue from having their spirit of joy inside the body. As mentioned earlier in chapter xxx, this perception is called depersonalization, and is a common side effect of dissociation.

### ***An aside: depersonalization increases over time***

A PDer may be able to say, “I think I know what you mean; I used to feel that way. But now I don’t.” In childhood and even later, PDers may have been able to feel themselves inside the body during activities that they liked. Over decades, however, the habit of depersonalization gradually becomes the PDer’s normal method for dealing with any potential risk. At some point, sometimes even prior to the obvious symptoms of Parkinson’s, a PDer may start spending a majority of his time in a depersonalized state.

Many PDers protest that they *used* to enjoy the sensations in the body while doing sports or some such, and claim that, therefore, they have never been dissociated. However, if they examine themselves honestly, they eventually admit that they have changed through the years. The compelling force behind this change has been their own constant cultivation of wary

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<sup>1</sup> Just for the record, Olga is *not* a musician. She is, however, an avid dancer. She always teaches boisterous Latin American dance to the students of every grade. Dance is a part of every open house and festival at her school.

thoughts. The mind develops based on what thoughts and instructions the mind receives. A person who dwells on wariness will eventually have a mind that cannot let go of its negativity.

Then again, some PDeers have not developed a thriving mental culture of guardedness or self-pity. These people tend to recover very quickly – as soon as their foot injuries heal.

### ***Back to emotional maturity***

An emotionally mature person knows that his real self, the self that feels and is aware (consciousness) is never in danger. It is always safe. Except during brief spurts of adrenaline that occur during times of imminent danger to the body vehicle, the heart of a human feels the sensations associated with safety.

But even during emergencies, an emotionally mature human knows that his real self, his feeling/awareness, is ultimately safe. As it says in the Bhagavad Gita with regard to that consciousness, “No fire can burn it, no water can drown it, no wind can dry it, no rope can hang it.”

Of course, a worried person *can* learn to ignore his sensory awareness of his own life force and vibrancy. Or he can override that awareness with mind games: worries. If he has powerful mental focus and is highly intelligent (like most people with Parkinson’s disease), he can learn to dissociate his consciousness from his internal sensations of vibrancy.

In an emotionally healthy person, this wealth of sensations automatically accompanies the insertion of consciousness into a body. But a brilliant person who is afraid of feeling pain can learn to increasingly dissociate from his own vibrancy at the least hint of emotional or physical unpleasantness.

However, even if he does this to avoid *dealing* with physical or emotional pain, the pains will have actually occurred. Even though he pretends not to feel his pains by dissociating from them, these unprocessed pains will still be present in his body and in his subconscious. The dissociated pains can even fester and grow inside his body and his subconscious, throwing out spreading roots of physical pain, anxiety and negativity.

If a person is always on the lookout for pain so that he can guard against it, his mind perceives himself as being always at risk. He can never feel safe.

There is no way to make like safe. The body can be hurt in an infinite number of ways. There is no way to guard against all potential injuries. The body is a temporary vehicle. It *is* going to die. And, we live in an ever-changing world. If we are alive and nursing likes and dislikes, preferences and opinions, there *will be* physical and emotional pains.

### ***An emotionally mature person identifies with his internal sense of vibrancy***

An emotionally mature person deals with this by not identifying himself as his body and by being careful in his cultivation of preferences.

An emotionally mature person identifies himself with the heart feeling inside.

He does take good care of his body, just as he would care for a good tool or a well-loved pet. But he knows that he is not the ever-changing body. He recognizes that what he really is is the feeling inside himself – a feeling that most people can feel and for which we have no word in

English, a feeling that I am going to have to try and define before this chapter is done. For now, let me call it vibrancy.<sup>1</sup>

This vibrancy is never at risk. One can temporarily lose sight of his internal vibrancy or even forget that it's right there, vibrating inside. But as soon as one remembers that he is safe, he can feel that vibrancy. Reciprocally, if he feels that vibrancy, he feels safe. Either way, when he feels safe or he feels his internal sensations of vibrancy, he perceives that he *is*: that vibrancy is what he *is*. No matter what is happening to his body, those vibrations – his real self – that he feels inside himself are still there.

Many PDers understand the above in an academic sort of way. Many PDers are very well versed in spiritual treatises and religious theory. However, many of them still don't seem to understand that the vibrations and "Divine Sparks" that are discussed in their books and theories are things that every person can *feel* – they are physical phenomena that can be tangibly felt inside the body.

PDers, due to dissociation, often have a sense of themselves existing outside the body. Except for pains, which they associate with the body, they tend to live in their heads or outside of their own flesh, observing their flesh as if an outsider. This is not mentally or emotionally healthy. A human is not supposed to live as if he exists outside of himself, or think of himself as the reflection that he sees in a mirror. A healthy human is *inside* his body. Unless he is dead or dying, he is not outside his body, observing himself.

### ***Arguments: I DO feel safe, I'm NOT afraid***

Many PDers whose symptoms worsen in times of stress have argued vehemently with me that they do *not* feel *unsafe*. They are certain that the problem of dissociation or not feeling safe does not apply to them. They insist that *stress*, not "fear," is the problem. This is semantics.

They readily admit that they tremor more, or their toes curl under, or maybe they become more slow or rigid in certain settings such as when they anticipate problems, or when they are out in public, when they are being put on the spot, etc. But they often insist, "I feel perfectly *safe* during those times. I certainly don't feel unsafe just because I'm out in public, even though it makes me tremor and tense up. I'm worse when I'm in *stressful* situations. But I have no fear."

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<sup>1</sup> I *love* English. It is my own, my native tongue. I am in no way disappointed in the English language for this lack: other languages besides English lack a specific word for this feeling. I discussed this semantics issue with a famous Tibetan thangka (sometimes spelled "tanka") painter. I had been admiring his paintings at an art show, and commented to him on the "feeling" in his artwork. I instinctively gestured with my upward facing hands moving gently in circles held up at the level of my chest, while inhaling gently.

He volunteered that he loved this word "feeling," and as he said the word, he moved his hands the same way that I had moved mine. He had clearly come to know that this word, when combined with the hand gesture, meant a specific, very good, sensation in the chest. He then said that, in Tibetan, there was no word to mean this "feeling," and again, as he said the word feeling, he gestured with his hands.

I was surprised that there was no word for this in Tibetan, and I asked again to make sure. He was adamant. So I asked if there was no word comparable to the "*Kai Xin*" phrase in Chinese. He replied that the Tibetan phrase *Ning Jei* was somewhat similar, but it was not really the same. *Ning Jei* specifically refers to the feeling of compassion that flows *out* from the heart towards others. I asked him about the Tibetan word for happy, and he said that there were many, but none of them conveyed the same meaning that he had come to understand for "feeling" and he did the hand gesture again as he said the word. I found it delightful that this artist, who had only come to America in the 1990s, had, in response to his art, so frequently heard the word "feeling," combined with the hand gesture, that this difficult to define but oh-so-glorious sensation was his *primary* understanding of the word.

If I ask what the underlying emotion behind stress actually is, and suggest that stress is a state of mild fear they might answer, “No. I don’t think anyone’s going to hurt me. I don’t feel unsafe.”

If then I ask if their tremor, toe curl, slowness or rigidity *decreases* at certain times, they assure me that it does: when they are doing specific activities where they feel absolute comfort such as after they’ve gotten their pajamas on; or when doing the laundry; or some other highly specific task or timing.

So then I have to ask, “Is it possible that what you are calling “comfort” might also be the same as “feeling safe?”

To which they often reply, “But I don’t ever feel unsafe! I never think that I’m going to get hurt.”

We can go round and round in this discussion, in which the PDer says that he never feels at risk, and yet he admits that in situations where he is not utterly comfortable, his symptoms rapidly worsen.

The real problem here is semantics. The PDer may be devoted to living in such a way as to be constantly assessing and avoiding risk. Therefore, he is certain that he is always staying safe – so, logically speaking, he has nothing specific to fear.

When I say that the PDer doesn’t feel safe, the PDer may have a very hard time seeing himself in this light, because his *thoughts* are devoted to keeping himself safe and steady at all times, or even assuring himself that he is doing everything he needs to do to be safe.

However, his *body* speaks the truth. The reason he tremors, becomes rigid or has curling toes in certain situations *is* because he feels some undercurrent of risk in those situations.

Sure, he has dealt with the risk so that he doesn’t have to notice that he feels unsafe. The *way* he has dealt with the risk is to dissociate from his heart. Because he has dissociated, he feels safe from the pain of any physical or emotional event.

So when I suggest that he doesn’t feel safe, he vehemently denies it.

He is preventively girding himself against something unsafe. Whether he calls it stress or nerves or anxiety or whatever, the underlying emotion is fear. The underlying feeling that is causing him to shutter his heart and play dead is a feeling that he is not safe.

### ***Feeling unsafe is OK***

Feeling *not* safe once in a while is perfectly healthy. Healthy people are able to feel at risk at appropriate times. However, unlike PDers, a healthy person will deal with being unsafe by switching into sympathetic mode for the duration of the unsafe period.

The PDer deals with the unsafe situation by switching over into dissociated mode. What makes it even worse is that the brain learns by repetition. The brain gets better and better at dragging more and more of the body into “nearly dead and shaking” the more often it practices dissociation. The brain-body relationship learns via habit. Dealing with feeling unsafe by dissociating from the heart instead of rising to the occasion with adrenaline is unhealthy.

### ***An example: “I like to pretend I’m a corpse – but I don’t ever feel unsafe...”***

Many PDers don’t like to admit to feeling unsafe because they are *so* determined to keep danger at bay via never making mistakes or by not letting themselves feel pain.

One PDer who was adamant that she *never* felt unsafe also admitted that her trembling and toe curling got much worse when “there are people around” or if something was expected of her. But she told me that she never felt like other people were going to harm her or anything. As many PDers do, she tried to convince me that she didn’t feel *unsafe* around groups of people, even though her symptoms all worsened if people were around.

She went on to say that “Sometimes I do feel *really* safe: when I’m practicing the Corpse Pose (lying flat on the floor, whole body limp, as if dead) in yoga class. When I do the Corpse Pose, I feel *completely* safe. So I think you’re wrong. I *can* feel safe.”

I have to admit, I laughed out loud. “The safest you ever feel is when you’re practicing the corpse pose?”

“Yes. I feel fine when I’m doing the Corpse Pose. I can relax then. I pretend I’m dead, and my tremor stops completely.”

“You feel the safest when you pretend to be dead?”

“Yes, I love that.”

“Why do you love that?”

“I feel so safe. I can relax completely.”

“You can relax completely when you’re pretending to be dead?”

“Yes. So you see, you are wrong; I don’t feel *unsafe*. I can feel very safe.”

“And can you relax *all* the time? You don’t look very relaxed now.” (She was trembling badly.)

“No. That’s why I like doing the Corpse Pose: so I *can* relax.”

“So when you *aren’t* doing the Corpse Pose, you’re not as relaxed. Is that because you don’t feel as safe when you aren’t pretending to be dead?”

“I always feel safe. I feel even *more* safe when I’m lying down pretending to be dead.”

I tried one more time: “If you actually felt safe, you would be able to relax when you’re *not* doing the Corpse Pose. I suspect the reason you dissociate, also known as pretending to be dead, is the same reason that you really like to do the Corpse Pose: so that you *can* pretend to feel safe – because otherwise, if you aren’t dissociated or pretending to be a corpse, you *don’t* feel safe.”

I continued, “If you truly felt safe, you wouldn’t need these over-the-top coping tricks to enable you to feel safe. You’d feel safe all the time except for when you were in imminent danger.”

We went on like this for half an hour. She never did understand what I meant: that she was using coping mechanisms because, bottom line, she did not feel safe. Her coping mechanisms made her feel less at risk. Pretending to be dead allowed her to relax a bit. But no matter what, she was not *inherently* safe. However, she refused to say that she felt unsafe. Her words were rambling, but the intent was clear: she wanted to assure me that feeling unsafe was not good. She was good. Ergo, she did not feel unsafe.

One long look into her eyes told me that she did not feel safe and had not felt safe in a long, long time.

### ***A wrong definition of spousal support***

As I spoke with her, her husband frequently snapped at her, “I am *always* telling you that you need to relax!” or “You just don’t get it! You need to have more faith!” He gave me a look of commiseration, “I’ve told her a thousand times that she needs to trust God.”

I observed that he criticized her constantly, stabbing her relentlessly with his superiority and spirituality. He attacked her with a steady flow of “I told you this before; I’m always telling

you; what *you* need to do is (this, that, and the other).” Her tremor increased during his harangues. Each time after “correcting “her, he smiled over at me. He was expecting praise from me, I think.

I could see where some of her fear was coming from. Her husband, a very well meaning and loving know-it-all, had no idea that, from where I was sitting, it seemed as if he was brow-beating her. I’m sure he didn’t see it that way.

Possibly, if she was a brazenly confident woman, she could have borne his “loving advice” without flinching. Or better yet, with a swift rebuttal and a breezy “Have your lawyer call my lawyer.” Instead, each time he accused her of ‘not feeling safe,’ she seemed to freeze up inside just a little bit more while bleating in reply, “I know I am safe, I know that God is watching over me.”

### ***Feeling safe from criticism***

As I watched her tremor come and go in time with his interjections and “helpful” accusations, I could see that he was oblivious to her fear of criticism.

PDers are often terrified of criticism. They are sometimes more afraid of criticism than of actual, physical danger. They can respond to actual, physical danger by switching into sympathetic mode and doing whatever needs to be done.

They are often far more brutalized by small criticisms or seemingly insignificant slights, against which they may be utterly unable to defend themselves, than they are by physical injury from sports or accident.

Very often, they have a skill set for dealing with physical pain – so long as the pain was not acquired during an event that was emotionally risky. But they may only have two choices for dealing with imagined failure or the criticisms of others. One is to dissociate (feel no pain). The other is to launch into sympathetic mode: fight or flight. Because they have learned that sympathetic mode can be associated with losing temper, and is therefore emotionally risky, they are very often afraid of allowing themselves to slide into sympathetic mode – the only mode that might allow them to defend themselves against criticism.

Sympathetic mode feels risky for some PDers. PDers may let themselves go into sympathetic mode for a true emergency. They may be able to slip into sympathetic mode in response to an imaginary emergency, one induced in order to create a sense of urgency so that they can move when they have become stuck or rigid. But many of them learned long ago, often in early childhood, that stillness and quiet held their best chance for safety for most situations, especially anything involving emotions.

When their *emotions* are at risk is when they are most likely to slide into dissociation. They often are severely immature with regard to their ability to feel or deal with their own emotions. In response to emotional risk to self, they revert into dissociation. Hence, their inability to deal maturely with criticism.

Many PDers are terrified by the thought of potential criticism from others. They are also harried by constant self-criticisms. PDers must know that when I speak about *feeling safe*, I am talking about feeling safe in the heart despite any and all criticisms and emotional pains, as well as from all physical dangers.

### ***Another aside: the “bad spouse” excuse***

Mentioning the above scenario with the holier-than-everyone-else spouse reminds me of another spousal complication.

Many PDerers have complained to me that the reason they can't feel safe is that their spouses or family aren't perfect. While reporting to me that they had a bad weekend, movement-wise, they will explain it by saying their spouses or family didn't let them do exactly what they wanted to do that weekend, or the spouse or family was critical of them that weekend. So of course, they were trembling and rigid all weekend, and it's the spouse/family member's fault. "I couldn't have any dopamine this weekend because we had to spend all day Saturday with my wife's parents instead of doing what *I* wanted to do," is a not uncommon sort of whine.

Because the world did not wrap itself inside out to mollify their desires, they tell me that were unable to feel enough joy to release dopamine and thus feel safe. These people have it very, very backwards. They have the emotional perspective of a child.

### ***Immature expectations***

A child thinks that the world must please him so that he can be happy. An emotionally mature adult knows that he must be happy so that he can be pleased with the world.<sup>1</sup>

An adult knows that feeling safe allows a person to relax. Being relaxed allows a person to deal easily and appreciatively with difficult situations.

PDerers are often extremely intelligent and are often deeply spiritual or philosophical. However, they can be extremely immature when it comes to knowing how to deal with emotional pain or emotional disappointments.

A PDer, like any adult, needs to learn how to feel safe in his heart *in spite of* external conditions. He should feel safe *whether or not* the spouse and/or family are being supportive or abusive, present or absent.

We feel safe because our hearts are at peace, not because circumstances warrant it. And if we lose track of that safe feeling, we can reclaim it by re-establishing a remembered calm heart feeling.

Feeling safe is calmness, steadiness, in the slowly or rapidly beating heart. It should only be disturbed in times of genuine danger to life and limb. Feeling safe has nothing to do with whether or not a person is having his way or having fun.<sup>2</sup>

### ***Truly abusive: the exception to the rule***

Then again, if a spouse is truly abusive, the PDer, or any person, might be better off leaving. Many years before I ever started this project, I knew one very, very early stage PDer who healed herself. Her symptoms gradually went away when she changed her life. She left her husband, becoming a single mom with two grade-school kids. She moved away from our town, settled into a new city, got a job, joined a church, and started doing daily Qi Gong (Chinese energy-moving exercises). While doing her Qi Gong, she realized that the energy in one foot was badly blocked. She worked everyday on feeling energy moving through that foot. She even spent

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<sup>1</sup> "No one can make you unhappy if you are determined to be happy. No one can make you happy if you are determined to be unhappy." This is an *ancient* truism.

<sup>2</sup> One of my favorite prayers is "Change no circumstance of my life. Change me." From *God Alone: Life and Letters of a Saint*, the writings of Sri Gyanamata, published by Self-Realization Fellowship, 1984.

some time holding her own foot until, after a few months, the energy moved freely and correctly through it. (She was also an acupuncturist, and had working knowledge of the correct channel flow patterns.) She did notice that, after she got Qi moving through her foot, many of her physical problems, including cold hands and feet, went away.

I didn't know that she'd taken up Qi Gong when I decided to look her up about ten years after she moved away, after I had started this project.

I found her contact information through a friend of a friend, and we got together. After a little chit-chat, she volunteered why she'd left her husband. I'll paraphrase: "I was dying, being in that marriage. He was never cruel to me. He was brilliant. His academic life and the university were so important to him. It was like he never knew we were there, the kids and I. He probably was grateful when we moved out – if he even noticed. The children had been a distraction from his academic pursuits. He had no interest in the kids or in me – we interfered with his work. He had told me he didn't want kids, but I thought if we had kids he would change his mind. I was wrong. After ten years in that marriage, I was dying inside.

One morning, I woke up and I realized that, if I didn't leave, I was going to get really sick or die. I decided that it was up to me to make my life be the life I wanted to live. I have to shape my own life, every minute of it. I had been young and emotionally dependent when I married. I realized I had to outgrow that and become an adult. I had to take risks. I had to not be afraid of being alone, of making mistakes, of getting hurt. I realized that I had to grow up and take risks so that I could really live my life and set a good example for my two sons. It was the hardest and the best thing I ever did for myself – for all of us."

I started asking her about some of the health problems she'd had ten years earlier by inquiring if she'd ever found a good treatment for her Reynaud's syndrome (severe cold in the hands and feet that doesn't warm back up in a normal amount of time. Reynaud's is a not uncommon symptom of Parkinson's disease.) I never told her that I had paid sharp attention to some of her other physical symptoms during the few years that our kids had been in school together. She'd only mentioned her Reynaud's syndrome and her increasing stiffness. I had observed over several years how certain muscles on one side of her face moved less and less even though her eyes had remained sparkly. Also, one leg had been starting to drag and her arm on the same side barely swung when she walked. Her head had been beginning to pull forward and a hoarseness had been creeping into her voice.

When I saw her again ten years after she'd moved away, I could see that all these symptoms were gone. I didn't say so, but I had intentionally sought her out to see if she'd developed full-blown Parkinson's disease. She hadn't. She looked and moved like a very different person: a confident, relaxed, supple person.

She spoke a little bit about how returning to her Quaker roots had helped her feel safe and calm in her heart, no matter what happened to her.

Based on many observed symptoms, she'd very likely been en route to Parkinson's. Not knowing this, she had discovered and healed an old foot injury and remade her entire outlook on life so that she felt safe and calm no matter what happened to her. She'd done the two things that PDers must do in order to recover! And all of her PD-like symptoms were gone.

I am glad to share her story in this book. It makes two points. One, leaving an abusive spouse can be the right thing to do. Two, a person can recover from Parkinson's by himself, with

no outside help, by restoring normal channel Qi flow through his injured areas and by learning to feel safe and getting back in touch with his own heart.<sup>1</sup>

Again, in the case of non-safety due to genuine mental or physical abuse, a person should leave.

But if abuse is not occurring and a person stills feels *unsafe* in response to his spouse or family, it's his own fault, not the fault of the spouse or family. *As long as a person is blaming others for his inability to feel safe, he will never feel safe.*

### ***Many styles, one motive***

The behavioral styles that PDers who get stuck in partial recovery have chosen in order to create the illusion of being safe in spite of the fact that, at heart, they do *not* feel safe, can vary. The *reason* that they instituted their behaviors does not vary. They may be control freaks or non-argumentative; self-contained or extremely desperate to serve others; always correct (whether by withering argument, gentle coercion, or stony silence); highly responsible; ever punctual; strong or disdaining of physical strength.

But at the heart of the matter is a striking similarity: they would rather be numb than experience the pain of failure, criticism, weakness, or losing self-control: the pain of being emotionally wounded.

If a person is able to temporarily feel safe *because* of some protective thing he is doing, it means he doesn't feel truly safe.

Oppositely, if he feels safe in his heart no matter what happens to him or what people think, then he truly feels safe.

If he behaves one way with some people and another way with others, he doesn't feel safe.

Oppositely, if he is the same all the time, and speaks his truth from the heart, whenever the small still voice within tells him to do so, whether or not that truth puts him at risk, he does feel safe.

### ***PDers who feel safe***

Some people with Parkinson's disease do feel truly safe. These people recover easily when their foot injury heals.<sup>1</sup>

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<sup>1</sup> I am constantly contacted by people who have read my writings and who are looking for a referral for an acupuncturist in their area, even though our website states very clearly that we do not give referrals. Also, I have tried to make the point in all my writing that acupuncture is not key for treating Parkinson's disease. Most acupuncturists are not familiar with my work, nor are they familiar with Tui Na – nor do they want to be. Most acupuncturists who trained in China do not even believe in channel theory. The Tui Na treatments that are used for healing the foot can be done by anyone – a friend or neighbor who is able to sit still and provide comfort while minding his own emotional business. The PDer himself must do the psychological work. This book has chapters describing treatment techniques. This book was designed as a *self-help course* as much as a book of theory and a chronology of our Little Project.

I'm making this point here, and I'll make it again elsewhere in the book. I am being redundant on this point because it is something that readers consistently seem to miss. They want to find someone to fix the problem. They often don't want to recognize that they can fix the problem themselves.

Hopefully, by including this case study, the point will be better made.

But many of our patients with Parkinson's, the ones that have gotten stuck in partial recovery, have never really learned how to feel safe. If we treat them and their feet heal but PD-like problems still come and go, they should look carefully: they will see that their problem times occur when they do not feel safe. As they swing back and forth between healthy movement and fear-based movement (tremor and rigidity), and as these swings become more severe, they will notice that the movement problems arise as rapidly as thought: they occur when they do not feel safe.

### *Summary of feeling safe*

Feeling safe comes from inside. It is a sensation in the heart. It has very little to do with external conditions of safety.

The basic emotional position of a healthy person is "I am safe and my heart is at peace. Except during those short moments when I am in bodily danger, I am safe. As soon as danger is over, I am safe again."

The PDer may need to add to the above, "I do not need to play dead to my emotions in order to be safe."

Finally, by way of proof, I can state that even those PDers who have insisted that they *do* feel safe, that they *aren't* worried, that they are in control, self-contained, confident, strong, in-charge, etc., etc., etc., and that I am wrong, nevertheless *all* say the same sort of thing when they finally snap out of their long-term reliance on self-induced heart dissociation: something along the lines of "Ha ha! I just realized that I'm OK after all, that there's nothing to be worried about after all. I just needed to stop trying so hard to be safe from everything. I just needed to relax!"

Almost always, they add something to the effect of "Why didn't you just tell me to relax?" or "Why didn't you tell me to stop doing my self-control thing?" or "Oh! It's a physical sensation! Why didn't you tell me?"

You can imagine my bafflement and frustration at these sincere outpourings. And yet, it is also glorious to have a suddenly recovered PDer try to explain to me, using the very words I'd been using for months or years, how simple it is to feel safe. They tend to go on for quite a while, telling me the very things that I have told them a dozen or more times. Very often, they use the exact same words that I have used, with no idea that these were the same phrases they had failed to understand prior to making the switch.

I sometimes point out that I have said these same words in the past and failed to get my point across. I ask what I might have said differently, so that they might have understood me sooner. When they consider it in this light, they always conclude that there is nothing I could have said to make them understand. They had to *feel* it for themselves. When they were finally willing to surrender, to admit that they were OK, that they were safe, then they were suddenly

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<sup>1</sup> One PDer suggested that the reason professional musicians heal so quickly is a person *must* feel safe if he's going to throw caution to the wind and embark on a livelihood as unpredictable as that of a musician. His idea was that only someone who is confident that the ravens are going to feed him can decide to damn the odds and commit to a lifetime of musicianship. Hard to say for certain, of course. Could be another one of those chicken and egg situations. Or reciprocity. Maybe a passion for music keeps the heart and brain of a PDer so attuned that calm heart, that is to say, fearlessness, is the default condition for everything but that one darned foot injury. Or maybe it's the other way 'round: the fearlessness in the heart keeps the music flowing. Doesn't matter.

fine. And until they were willing to admit that they were safe, there was *nothing* I could have said that they could have understood.

This chapter will end here, but the next chapter takes up where this one left off. The only reason for the chapter break is that there is too much material to fit into one chapter: the subject matter is continuous from this chapter to the next.

