

Dear reader. The following chapter was slapped together very quickly so that I could include it with the summer 2008 posting to the recovery website. Please forgive the hundreds of weaknesses in the writing.

A more readable version of this chapter, and the rest of the chapters on techniques for healing from dissociation, will be posted as soon as possible. However, because my schedule is rather frantic for the next five months, I do not anticipate posting the remaining chapters, the index, and the fine-tuning of these currently posted chapters prior to spring of 2009, at the earliest. Thank you for your patience.

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There's something within me that holdeth the reins; There's something within me that banishes pain; There's something within me that I can't explain; All that I know is, there's something within."

Lucie E. Campbell, aka The Mother of Gospel

CHAPTER FORTY-FOUR

"SOMETHING WITHIN"

PDers dissociate from pain because they do not know how to deal with it. They don't realize that "there's something within that banishes pain."

The correct method for dealing with pain is to surround the painful area with the feeling that might best be referred to as "the feeling of expansion in the chest." The feeling that can best be described as "expansion *in* the chest," not expansion *of* the chest, is also the same "feeling" that allows the body to resonate with physical sensation. The feeling of expansion in the chest resonates with all physical sensations and is the basis for the feeling capacity of the five senses.

We learn in school that physical sensations are electrically transmitted to the brain via the sensory nerves. We aren't always reminded that physical sensations also create electromagnetic *vibrations* that interact with the electromagnetic waves that are produced by the heart.¹ After physical sensations have been transmitted to the brain and analyzed, these brain thoughts are also transmitted to the heart. The heart is thus the body's primary location for sensory input.²

¹ In western medicine, we say that the heart creates the electromagnetic field. In traditional Asian medical theory, one can say that the electromagnetic field creates the heart. In terms of understanding the bigger picture, the latter is more correct. However, the cause and effect situation *can* go either way: an alteration in the physical heart can affect the field, and an alteration in the field can affect the physical heart.

² Confirmation of this fact, long asserted by the religions and cultures of the world, is now available from science. Heart transplant recipients very often manifest the sensory preferences of the donor. Well-documented case studies abound. Not only are sensory preferences retained by the harvested heart, but in some cases, specific, usually recent, memories are retained in the heart as well. Cases exist in which, for example, a heart recipient was able to sing songs recently written by the donor or, in another example, remember events that recently happened to the donor. In one of the most dramatic cases of transplanted heart memory, a five year old heart recipient was able to describe the events that led to her donor's murder.

As the heart field resonates, or not, with the sensory vibrations, a person experiences *feelings*. The type and quantity of resonance, that is to say, the feelings, are transmitted, via nerves, back to the brain. The brain, relying mostly on habit or innate, animal reflexes, then creates a response to the heart's feeling. The response may be a thought, or it may be a physical action.

In other words, the brain responds to both nerve signals and the heart's responses. The heart responds to vibrational feelings and to the brain's analyses.

The combinations of responses are supposed to be under our conscious control. If we can consciously control which set of inputs we respond to, we can choose, at any given moment, to be more in touch with the brain or more in touch with the heart. We can focus on analytical thoughts when we are at work and we can focus on the feelings contained in nature and art when we relax.

Our self-controlled consciousness, and not the circumstances of our life, is supposed to determine the extent to which we allow the mind's responses or the heart's responses to dominate at any given time. We are the healthiest when we maintain a balance between the two sets of responses. If we are using both heart and mind, we can be calm inside while active on the outside, and we can also be actively feeling and thinking on the inside while we appear to be sitting motionless, in a physical state of perfect calm.¹

To attain this balance, a person needs to be able to regulate, at will, the amount of heart feeling that he is using at any given time. We are designed to be able to feel as much or as little "expansion" feeling as we choose. In other words, the sensation of expansion in the chest that automatically occurs when a healthy person beholds a beautiful sunrise or hears a magnificent piece of music *can* also be conjured up even in the absence of those more obvious stimuli. This concept is crucial and bears repeating: a human is supposed to be able to produce, at will, the feeling of expansion in the chest.

Using the expansion feeling as a healing mechanism

The expansion feeling, which enables us to detect a portion of the electromagnetic field that shapes and defines the physical body, *must* be available to us, when needed.

The terrifying but precise recall of the abduction, abuse, and the location where the brain-damaged donor had been left for dead, as well as a distinct description of the abductor, led to the discovery and conviction of the perpetrator.

For millennia, the heart has been considered the primary interpreter of the senses. A short-lived error in recent "scientific" thinking created the hypothesis that the brain was solely responsible for sensory awareness. Modern medicine is forcing a return to the correct understanding, while giving a nod of appreciation to the supporting roles, including sensory memory *storage*, that are played by the brain.

¹ One of the goals of religious attunement is constant, conscious awareness of the electromagnetic field of the heart: constant, conscious awareness, constant, conscious feeling. The individual's heart vibrations are part of the larger Universal Heart vibration, in the same way that a wave is a part of the ocean. By practicing attunement with one's own heart feeling, the spiritual aspirant can reduce one's identification with one's physical body and increase attunement with the Universal Heart. As a side effect of this attunement, spiritual adepts are able to exercise heart-based, loving control over their minds and bodies: they may be perceived by others as being profoundly calm inside, even when they are in the midst of activity.

The expansion feeling is not merely used for pleasure: the expansion feeling serves as a crucial stabilizer for the physical body. It can be consciously used to maintain stability in our physical body's electromagnetic system if the body becomes destabilized from injury or fear.

The "expansion feeling" enables us to feel the injury or fear, and fix it. By applying the expansion feeling to the destabilized (painful) area, the correct electromagnetic pattern contained in the heart's field can restore the destabilized pattern.

The heart's field contains the "instructions" for our physical make-up. If we are emotionally healthy, the vibrational field is the stabilizer that consoles us when we are frightened, or that comforts us when we are injured.¹

When the heart's resonance-with-feeling messages to the brain are disabled, an event that occurs, temporarily, during an emergency, the brain responds to sensation without the benefit of the heart's input. The brain is capable of making very fast but fairly crude responses to sensory events. In a *healthy* person, the brain is the primary respondent to sensation *only during emergencies*. During emergencies, the awareness of the chest expansion feeling, also known as the heart feeling, is shut down.

An emotionally unhealthy person, for example, one who has learned to selectively dissociate from his ability to feel pain, has also, inadvertently, learned to selectively prevent his heart from feeling. Whenever the dissociation kicks in, the brain becomes the primary respondent to sensation. During these times, the heart just serves as blood pump – the sensory message activity of the heart is temporarily disabled.

¹ I read in a book of yogic essays a list of names for the feeling that accompanies the expansion in the chest. I cannot find the reference, but I recall that the list of names included Divine Mother, the Comforter, the Protector, Love, Chit, Holy Ghost, Om, and Amen, among others. In the glossary of *Journey to Self-Realization* (a collection of talks and essays by Paramahansa Yogananda, published in 1997 by Self-Realization Fellowship), Divine Mother is defined as "The aspect of God that is active in creation; the shakti, or power, of the Transcendent Creator. Other terms for this aspect of Divinity are Nature or Prakriti, Aum, Holy Ghost, Cosmic Intelligent Vibration." This vibrational power can be felt. Saints and sages have confirmed that the feeling that accompanies the expansion of the chest, a feeling which occurs spontaneously when perceiving something of great beauty or grace, is a tiny taste of the Universal Vibration. The closer a person comes to attaining spiritual attunement with God, the more he is able to feel that vibration. A great saint is, after all, not a person who has become numb: a great saint feels deeply.

Many religions point out the dangers of *identifying* with sensory perceptions: when a person can make himself believe that he *is* his sensory events and his thoughts, he forgets that he is actually a soul – an intelligent, immortal, vibratory power. As long as a person feels sensory perceptions for what they are – expressions of nature – his soul is not deluded. The goal of the spiritual life is *more* feeling, not less – so long as those feelings are not tainted with personal likes, dislikes: preferences and attachments. The desire to not feel pain must be considered a "dislike:" an "attachment." When sensations are greeted with judgements and dissociation, they become problematic. If sensory experiences are perceived correctly – the way that God perceives them – they are never a problem.

As noted in Paramahansa's translation and commentary on the Bhagavad Gita's verse 40-41, "With enhanced perceptions rooted in a knowledge of the unending joy of God, the advanced yogi ["yogi" means one who has union with God], far more than the worldly man, is able to enjoy the sensory world – its people, its roses, its skies!" (*God Talks With Arjuna: The Bhagavad Gita*, Self-Realization Fellowship, 1995, page 160).

When a person with Parkinson's is dissociated from his ability to feel pain, that is to say, when he is trying, physiologically, to behave as if dead, he may relegate nearly the entire job of sensory perception over to the brain. This reliance on the brain alone, without the input of the heart, results in a greatly diminished ability to smell, taste, and perceive touch. It also creates altered perceptions of visual and auditory input.¹

People with Parkinson's do not think that they are numb. However, their spouses and children may quickly affirm that the PDer does not have normal sensory responses, normal "feelings." Even those PDers who admit to having reduced senses of smell and taste have no concept of the extent of their actual numbness. During recovery from Parkinson's, one of the most frequent surprises for the recoverer is the extent to which he can suddenly experience his five senses.

PROBLEMS WITH THE ENGLISH LANGUAGE

Strangely enough, there is no word in English to describe the feeling of expansion in the chest. I spoke with many highly educated English speakers. They all knew very well the sensation that I was describing, and none of them knew an English word for it.²

I asked a Catholic Spanish speaker if she knew the Spanish word that is used to describe the feeling of expansion in the chest. She said promptly that the feeling was called "Espirito Santo:" literally, the Sacred Spirit.

In *English* Christianity, this same concept has been poorly translated from the Latin as "Holy Ghost" – a translation that strays far from the original meaning, and which incorrectly suggests a disembodied entity floating around in space, possibly wearing a white sheet).

I asked a non-denominational French speaker for the French word that describes the feeling in the chest. He said (in English) that the feeling was called, "Love, with a capital L."

When I started pestering friends, looking for a word to help PDers understand this concept, a recovered PDer helpfully informed me that, in ancient Greek, the word that meant "heaven" did not refer to a *place*: the word that meant heaven was synonymous with the Greek word that meant "expansion."³

¹ Please see appendix xxx for the specifics on how visual and auditory input, in particular, is altered when a person is not in parasympathetic mode. Western research has confirmed that sensory perceptions vary depending on the mood of the subject.

² The fact that we have no word in English for this core feeling of heart expansion, that is to say, the feeling that allows us to feel all other sensory events, may be related to the historically austere English concept that sensory feeling and self-awareness are two mutually exclusive processes. Oppositely, the founders of the great world religions explained that feeling (the heart's response to physical sensation) and awareness are the same thing.

While it might be acceptable for an Englishman at the funeral of a dearest friend to shed a few tears of a "not unmanly emotion," he has also been advised, historically, to keep a stiff upper lip. I had to wonder if the English inability to even name the feeling of expansion in the chest might be related to the high percentage of people from the "sceptered isle" (where every prospect pleases, and only man is vile) that develop Parkinson's disease.

³ In ancient Greek, heaven was not a *place*, it was an expanded feeling. I suspect that it was the obvious feeling: the feeling of expansion in the chest that occurs when one experiences something glorious. Eastern religions' and original Christianity's understanding of heaven also recognize that heaven does not

I work in English. Other languages have sublime words like (I translate) sacred spirit (soul energy), Love, and heaven to describe the wondrous, joyous sensation that is experienced when a person opens up the door of his chest – a door that opens onto his own vibrations of soul. In English, I have to settle for “chest expansion:” a feeble phrase that didn’t begin to express the glory of this feeling.¹

Certainly, this English vocabulary problem was not going to make my job any easier. However, terms like heaven and Love weren’t going to convey a *sensory* meaning to a person with Parkinson’s; a phrase like “feeling of expansion in the chest” *might*. And so, with a sigh of regret, and a hope that I was making the right choice, I decided to use the phrase “expansion of the chest” to help PDerers learn about the underlying basis of all heart-based sensory experience.

USING THE FEELING IN THE CHEST

We realized, in 2008, that a person stuck in partial recovery from Parkinson’s needed to stop being dissociated from his ability to feel.

In order to *cease* his dissociation, we suspected that the PDer would have to feel the original pain from which he had dissociated. We based this guess on the fact that many PDerers, when they first learned to open their hearts, suddenly felt physical pain. Sometimes, this pain had an emotional connection. As they experienced what seemed to be a pain that had been held in suspended animation for decades, they were able to sit with the pain, feel it, and then say something along the lines of “that wasn’t so bad, after all.” With the wisdom of aging and the safe environments that they had created, they now

exist in a location, per se. “Heaven” is a feeling: a sublime feeling, but a feeling, nonetheless. As Jesus said, “The kingdom of heaven is within you,” and “The kingdom of God is at hand (“at hand” meaning, “you already possess it”).

When a person dies and is no longer encumbered with the physical, it becomes easier for him to perceive the subtle vibrations of feeling that made up his unique nature. The after-life time period is sometimes described as “heaven.” In this meaning of heaven, heaven refers to an increased ability to *feel* the vibrations of one’s soul. When a body dies, the intelligent, vibrational field and its derivative, the electromagnetic field that directed the body, no longer are physically connected to the atoms that derived from the electromagnetic field. The intelligent, vibrational field of the soul is then free to move through space and the ether, just as a radio wave is free to move through space. Astral “worlds” do exist and can be referred to as “heaven,” but they do not have a physical basis. These worlds are vibratory realms in which one’s individualized consciousness, if so inclined, can enjoy increased *feeling* of that “world’s” energetic phenomena.

¹ A patient shared with me this maxim: “The goal is not to feel God in your heart. The goal is to feel that you are in the heart of God.” Certainly, if one feels himself to be physically cradled in the heart of God, he will be able to use that presence of Divine harmony to influence his own electromagnetic fields, should he become injured. PDerers should also note the use of the verb *feel* throughout this paragraph.

While writing this footnote, I suddenly remembered the words of a rollicking song, a spiritual, which I had sung at Girl Scout camp – without understanding the words. The words proclaim, “Rock my soul in the bosom of Abraham!” This refrain was about placing one’s heart in the larger heart of God and being cradled there, rocked, just as a body is cradled in the arms of the loving mother. The world can be a painful place. To survive and heal from the pains we must always be able to feel that the love we can draw on is greater than the pain. As Paramahansa Yogananda said, “In this drama of life, our love must be greater than our pain.”

had a skill set that enabled them to deal with a pain that, decades earlier, had been too traumatic to address.

But only some PDerers had been able to feel these heart-awakening pains. More of the PDerers didn't even know what we meant by the word "feel." They also, for the most part, had no idea whatsoever as to how an adult *correctly* deals with pain. A PDer who couldn't feel and who didn't know what to do with painful feelings, should they occur, had two things he needed to learn. He had to learn what *feeling* actually is *and* he would have to know how to correctly deal with pain.

By carefully analyzing the physical and mental processes by which adults process physical pain, we were able to figure out a very specific vocabulary that even PDerers could understand which allowed them to learn how to feel, and how to deal with painful feelings.

We started teaching PDerers how to feel the "expansion in the chest" sensations while he simultaneously experiencing his long-ignored pain.

By so doing, they were able to render the pain non-threatening, even boring. The pain, having been reduced to mere sensation, and no longer associated with fear or destabilization of the body, could then be processed and healed.

The next problem was getting the PDer could figure out the pain memories that would be most efficient in turning off the dissociation. Most PDerers have suppressed many, many pain memories. But we hoped that he might not have to consciously call up every single one of them. If he could process the most *crucial* pains, that is to say, the pains that might have been involved when he first started his lifetime habit of selectively dissociating from his ability to feel, he might open his heart enough that the other, coincidental pains might get processed easily, maybe even without conscious effort.

Recalling the feeling of "something within" – or not

When we realized what the PDerers needed to do, we started asking them to conjure up in their chests that physical sensation of expansion that occurs in the chest when you experience something beautiful or glorious.

Some PDerers who were stuck in partial recovery *were* able to understand what we meant by "the physical sensation of expansion that occurs in the chest when you experience something beautiful or glorious." Others had no idea what we were talking about. So far as they knew, they had *never* experienced the sensation that we were talking about.¹

¹ As the ancient Vedas point out, God has three qualities: He is "Sat:" ever-existing; Chit: all-feeling (also expressed as all-aware, all heart, all Love); and Ananda: ever-new bliss. When a person learns to feel all the feeling, awareness, or "love" in the cosmos, he has the same "universal feeling" that God has. This is heaven. Oppositely, when a person has no feeling, but merely submits his sensory experiences to mental analysis, he is in a hell: unable to feel the vibrations of sensory-based joy that make life worth living, and unable to feel the vibrations of love that connect us to the rest of the universe.

Of course, mankind has passed through a terrible Dark Age, during which humans had almost no capacity to imagine anything having to do with "consciousness or awareness." During this dark time, the western religions, for the most part, and even some of the eastern ones, came to assume that "heaven" was a physical place – similar to earth, only without the pain.

Some remembered having felt it in the past. A few of them were still able to feel it, now and then, under certain conditions, such as during yoga class or while attending an opera, or other, highly specific environments. The situations were always ones that the PDer considered to be “safe and good.”

But for the most part, PDers who were stuck in partial recovery either didn't even understand what we meant by “feeling of expansion” or, if they did know, it was a part of their pre-Parkinson's pasts.

Why did we ask PDers to feel this particular sensation?

The feeling of expansion or contraction in the chest in response to sensory stimuli is actually the *basis* for all parasympathetic feeling. Most of our PD patients actually thought that *analysis* of sensory input was the same as *feeling*. But *analysis* of sensory input is how the brain responds to sensory input when a person is in a state of emergency. During an emergency, the heart-brain entrainment ceases. During an emergency or a near-death condition of dissociation, the heart starts working like a mere pump; the heart stops *feeling* sensory input. During an emergency, the brain, not the heart, deals with sensory input.

Although I've mentioned it already, I'll say it again: it's easy to understand why the heart stops feeling during dissociation or an emergency: after almost bleeding to death *or* when being chased by a lion, a person does not want to be distracted by the sight of a glorious sunrise, the song of the skylark, or the nagging pain of a blister on the big toe. During dissociation or an emergency, the sensory experiences are not *felt*: they are analyzed. During these times, physical sensations are not recognized by the heart: they are processed solely by the brain.

Many PDers have inadvertently turned off their hearts by selectively dissociating from their ability to feel pain. Because of this, they didn't even know what we meant by the word *feel*. So we figured out a way to teach them how to *feel*.

NOTICE THE SMALL EXPANSION IN YOUR CHEST

The healthy reader may not believe that an exercise of this simplicity has the power to turn off the dissociation that causes Parkinson's disease.

On the other hand, a person who is stuck in partial recovery from Parkinson's disease may not believe that anyone ever feels a small, physical sense of expansion in his chest which feels good and which is distinctly separate from the chest's rib and muscle expansion that occurs in response to inhalation.

But the key to turning off the selective dissociations that can prevent recovery from Parkinson's is this simple:

- 1) Notice that, when you feel deeply moved, your chest experiences a sensation of expansion. It may be a very small feeling, or it may be big enough to trigger goose bumps on the skin.
 - 2) Practice imagining that feeling of expansion being bigger or smaller.
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If a person can do the above two steps, he can recover from mentally-induced symptoms of Parkinson's disease.

If the PDer feels nothing, a later chapter offers techniques in learning how to create and feel this sensation.

After a person learns to feel sensation in his own chest, he can move on to the next step: using those sensations to guide his thoughts, instead of allowing his fear-based thoughts to inhibit his ability to feel.

In order to practice using the chest sensation to guide his thoughts, a person can ask himself simple yes or no questions, and noticing the expansion that occurs in the chest if the answer is "yes." The question needs to be very simple, such as, "Can this technique actually work?" (Do not ask questions for which the answer doesn't matter. For example, don't ask, "Should I have the soup or the sandwich for lunch?")

The healthy reader may be thinking to himself, "Huh? Is it humanly possible to get through the day without checking in with the "heart?" How can a person know how to behave if he isn't constantly feeling that "something within?"¹

The reader who has Parkinson's may be thinking to himself, "Huh? I never heard of anyone noticing whether or not his chest was feeling expanded, or using that sensation to tell himself what to do!"

The reader with Parkinson's might be surprised to learn that obedience to chest expansion is how healthy people recognize their "voice of conscience." If they notice a faint, pleasant sensation of expansion or an increase in "comfort" in the chest, it means that they are thinking about doing something that agrees with their conscience.

The PDer may be surprised to learn that conscience is *not* a logical, word-based rational process. It is actually a feeling. This is why so many people refer to conscience or intuition as a "gut feeling." Though, actually, it's not actually a gut feeling; it's a chest feeling.

One of the more advanced steps in recovering from Parkinson's (if one becomes stuck in partial recovery) is "having a conversation" with the chest feeling; asking it simple yes or no questions. A physical sensation of expansion or comfort means "yes," and no change means "no."

As a person gets more familiar with "conversing" with chest sensations, he will be able to get more advanced answers to questions: answers that involve words other than "yes" or "no."

¹ A famous gospel song refers to "Something within me that banishes pain, Something within me that I can't explain." The song's writer was inspired when overhearing a Memphis street musician explaining why he only played Gospel music, and had just turned down a paying request to sing a blues song. He explained his refusal to sing anything but Gospel by saying, "All that I know is there's something within."

Just for fun, and because it makes the above more pointed, I'll add that I read in a 2008 interview of famous blues musician B.B. King that King started playing blues because, when he was a street musician, he quickly figured out that street musicians don't make money when they play Gospel. Blues players make money. So the "Something Within" speaks more loudly than money – in some people.

For example, at some point, the PDer may need to practice feeling a specific pain from which he has been dissociated. How can he know which particular physical or emotional pain is the “right one?” If he has learned to get answers from his chest sensations, he can ask his own heart which pain he needs to work on.

He will ask his chest what he needs to *feel* in order to do the necessary healing. Whatever *immediately* comes to mind is the thing that he will need to feel. Also, it will be the thing for which he needs to feel grateful – but more about that, later.

Of course, many PDer's don't like whatever it is that the heart suggests. In fact, many PDer's, after asking their heart, or chest, what old physical or emotional pain they need to *feel*, so that they can process the pain instead of having it hidden away, have a sudden thought. Then, they dismiss that thought, often saying something along the lines of, “I thought of something, but it's not important,” or “My heart thought of something but I've already dealt with it, so I'll think of something else.”

This habit of wanting to *think* of something instead of listening to the heart needs to be overcome. The PDer must not only learn to feel the sensations of his chest, he must learn to trust them. If the heart (chest) tells you that you need to work on a particular physical or emotional pain, you can be pretty darned sure that you do need to work on it.

After realizing what it is that needs to be felt, the PDer then needs to feel it. He needs to imagine himself experiencing the actual pain that he has been avoiding for so many years.

Then comes what can be the hardest part of the healing process: being *grateful* for whatever painful event your heart tells you to work on. This can be the most difficult part of recovery. Very often, the heart has suggested working on a very painful situation, one that may have rankled in the bosom for decades or which might have been a life-threatening pain at the time it occurred. A PDer may feel that the event is too painful to inspire gratitude, or that the instigator of the pain was so wrong, so cruel, that gratitude is impossible.

Chapter xxx will share techniques on learning how to be grateful for horrible things. For now, just keep in mind that any greedy child can say words of gratitude for getting the things he *wants*. Only a truly wise person can be grateful for a chance to play a part in the drama of life – even if things happen that he doesn't like, doesn't understand, or are painful.

Finally, the PDer must increase the diameter of the sphere of “good feeling” that accompanies the subtle, physical sensation of expansion in the chest; he must make the “feel good” area large enough to encompass the physical pain that is being remembered. This sensation can then be transferred to the physical area that is hurt. The “good feeling” must completely envelop the pain area.

Three factors need to be going at once: The physical pain needs to be recalled, a mature, circumspect attitude or gratitude needs to correct the old fear-of-pain attitude, and the “feel good” sensation of the chest needs to be literally larger than the area that is feeling the pain.

Once all three of these processes are in place, a person just concentrates on both the feeling of the pain *and* on the good feeling that is larger than the pain. If his mind starts to get in the way with any sort of distraction, the mind has work at figuring out how to be grateful, in retrospect, for the painful experience or the life lesson that might have been associated with the pain.

If no pain had been felt at the time, the PDer can recall the event and linger with the memories, until the pain of the event begins to manifest as physical sensations.

When the lump in the throat, the burning in the eyes, the knot in the stomach, or whatever the pain *should have been* begins to appear, the PDer needs to *feel* the pain.

I'll be redundant here. As soon as the PDer feels the pain, he must simultaneously feel the good sensation that is associated with the sensation of chest expansion. He must make the area of "chest sensation" bigger than the area that is feeling physical pain. The chest sensation must become so large that it encompasses the physical pain. If the pain is covering the whole body, then the chest sensation needs to be bigger than the body.

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

As the person sits quietly, feeling both the pain and "good feeling" that comes from chest expansion, a "miracle" occurs. The pain becomes less intense. After a few moments, or possibly forty five minutes, the pain becomes just a sensation – it is no longer able to induce fear or pain. The pain becomes less interesting; it becomes boring. At this point, the body is able to regard the pain objectively and determine what steps need to be taken to heal the pain.

That's it. A PDer may need to do this many times, repeating the experience with the same event several times, or addressing many different events. A PDer may only need to do this once. Some PDers have found that they only need to do this once and they don't even need to recall a specific event; by merely feeling the physical sensation in the chest and combining this sensation with free-floating gratitude, they "flip the switch" and come back to life.

Chapters on treatment techniques xxx will share tips and insights that might be helpful for a person who is struggling to feel that faint expansion in the heart – what the poet James Montgomery called "the motion of a hidden fire that trembles in the breast."

These chapters will also provide help in understanding how to feel gratitude for some *aspect* of what may have seemed like, and may have actually been, an atrocity.

Disdain for dredging up the past

For now, I just want to address one point that many PDers bring up. They say that it is not good to dwell on the past, and that there is no point in dredging up old pains. This is true. However, for the PDer, the pain is not yet in the past. The pain, even if it has been dissociated or not remembered, is still very much in his present. The pain has been put on hold, and is silently setting off alarms in the subconscious, while being told that it will be dealt with at a later time.

Now is that time.

Keeping the still-current pain hidden via the trick of instructing the heart to feel no pain has a dire side effect: it can set in motion the illness known as Parkinson's disease. This illness can cause far more long-lasting, more painful symptoms than the original pain ever could have done. So it is time to finally address the pain and be done with it.

This technique is not about dredging up old pains and dwelling on them. This technique allows a person to address a pain that is still sitting in his "In" box, which has not yet been looked at and dealt with.

Of course, as soon as the pain has been processed, one will not need to dwell on the pain. Then again, if, during the exercise, one has truly become grateful for the experience or *something* about the experience, then it will be OK to dwell on it: dwelling on the experience will activate gratitude, after all.

There is no harm in recalling, with true gratitude, an event that helped shape one's life.

I don't believe it

The reader with Parkinson's disease may be thinking that the above technique is far too simple to reverse the processes that result in the mentally-driven symptoms of Parkinson's. And he may not yet have any idea what I am talking about when I refer to the small sensation of expansion in the chest that, in a healthy person, accompanies relaxation or joy.¹

Then again, the truly mature reader may be absolutely stunned that the PDer never had a clue about how to deal with "the thousand natural shocks the flesh is heir to."

¹ For many years I had received flak from PDers who were adamant that they were not using the adrenaline-based sympathetic nervous system because they always kept a tight lid on their emotions. They were insistent that any syndrome involving adrenaline must also involve hot-headedness and violence. Many PDers are proud of their ability to not get angry. Research has shown that PDers actually do angrier than most – they just hold it in. The article "Anger in Parkinson's disease: A Case-controlled Study", Macias, Y, et al, *Movement Disorders*, 2007 Nov; 23(2): 195-199, explains how 126 PDers compared to 126 age- and gender-adjusted control subjects in a study of anger, as measured by state-trait anger Expression Inventory-2 (STAXI-2). The PDers scored lower on anger *expression*, but scored higher on *inner* anger levels, *control* of outward expressions of anger, and *control* of inner expressions of anger. In other words, PDers are angrier than most, but they don't allow themselves to express it outwardly, or even manifest it internally, in terms of physiological changes. In my limited experience of listening to hundreds of PDers justify their often bitter attitudes towards events or people in their past, I would have to say that many of them have allowed anger, resentment, and self-pity to roil and fester in their brains for decades. However, those who seem (to me) to harbor the *most* anger are *very* likely to tell me that they don't *have* any anger – because they never *show* signs of anger.

One PDer told me that her sister warned her, "If you intend to recover from Parkinson's, you're going to have to get over your anger." The PDer was astonished. So far as she knew, she had no anger in her at all. She was puzzled by her sister's statement, so she went into her bedroom, shut the door, and prayed intensely: "If there is any anger in me, let me see it." She was horrified to sense black clouds roiling out of her body, filling the room with sooty darkness. As she felt this darkness, she also felt enormous waves of anger. It was directed at her school teachers, her parents, her siblings, her friends, her husband. She felt and remembered countless incidences of anger involving nearly everyone she knew. At the time of each incident, she had pretended to feel no emotion. But those angry feelings were evidently still inside her, waiting to be expressed.

And the immature reader may be wondering why the PDer hasn't availed himself of the most popular American method for dealing with pain: focusing all his attention on the pain, amplifying the pain, yelling about it, crying over it as often as possible, demanding pity, demanding retribution, yakking about the pain to anyone he can collar, cultivating outrage for as long as possible, and generally acting like a spoiled, three year-old child.

But no matter what the reader thinks of all this, this technique has proven to be a helpful exercise for teaching PDers how to deal correctly with the pain that occurs when they stop dissociating from the hearts.

