

CHAPTER FORTY-FIVE

THE MOST EFFECTIVE TECHNIQUE FOR RE-ASSOCIATING WITH THE HEART

The following material is in a somewhat unpolished form. It will be tightened up over the course of the next year. However, because it is of crucial importance, it is being posted on the website in August, 2009. It will be polished at a later date.

Self-hypnosis was at the root of our patients' dissociation. The most effective technique for ridding a patient of this self-hypnosis was for the patient to counter the long-established self-hypnotic suggestion.

In June, 2009, I happened to stumble across, in my nightly perusal of the latest releases in brain research, an article that connected all the leads that we'd developed over the previous ten years.

Research published in the journal *Neuron* reported MRI findings involving hypnosis, the precuneus area of the brain, and motor imaging inhibition.¹

A team from Geneva had measured the brain activity in hypnotized subjects, controls and controls pretending to have been hypnotized. The hypnotized subjects were hypnotically paralyzed in one arm: they were told that their arm was too heavy to lift. All the subjects' brain functions were then monitored while the subjects were instructed to perform motor functions.

In hypnotized subjects, as in all the subjects, the frontal lobe gave instructions to move the arm. The motor areas of all the subjects were also active. However, in the hypnotized subjects, the precuneus area of the brain, an area that stores ego-based information, such as the relationship between a person and his surroundings, was extra active when the subjects were told to lift their arm. This extra brain activity seemed to be coordinated with a simultaneous inhibition in the motor imaging area. Failure of the movement suggestion to get past the movement imaging area prevented the motor area from being able to fire off. In other words, because the hypnotized subjects' ego-based parts of their brains were inhibiting their motor imagining areas, they were unable to move even though their minds and their motor areas were willing that the arm be moved.

Again, the hypnotized people's *mental image of themselves* had been altered in such a way as to inhibit the movement imaging area of the brain, even though the frontal lobe was saying "move!" and the motor area was functional and prepared to move. It was as if, because of the extreme heaviness of their arm, they were not able to imagine the possibility of moving it. The same result would have been obtained had they become mentally dissociated from their arm – or their body in general.

¹ *Neuron*; Yan Cojan, Lakshmi Waber, Sophie Schwartz, et al, "The Brain under Self-Control: Modulation of Inhibitor and Monitoring Cortical Networks during Hypnotic paralysis"; June 2009, Volume 62, issue 6, pages 862-875.

The hypnotized subjects also made comments such as “My arm is so heavy. It won’t obey my commands.”

I had, that very day, been working with a patient who had said, “It’s so strange. I am telling myself to move. I know that sometimes I can still move normally. And yet, most of the time, when I tell myself to move, my body feels so heavy, as if it’s telling me that I can’t move it. No matter how hard I tell myself that I can move, I still can’t move. It’s as if there’s something in my brain that’s keeping me from doing what I want to do.”

The striking similarity between my PD patient’s words and the quotes from hypnotized patients was stunning. I also recalled the brain research on Parkinson’s that had confirmed, years earlier, that the problem with PDers was *not* in their motor areas, but in their motor imaging areas. PDer’s brains allowed increasingly limited use of their motor imaging areas – not their motor functions areas.²

I had also read, in other research, that hypnosis is particularly effective at allowing a person to feel no pain or to dissociate from his body.

A lot of help from my friends

The next day, I contacted a friend who’d studied hypnosis for several years. He gave me several key points. I also read up on hypnosis in several journals.

My friend’s first point was, hypnotic suggestions, if left in the brain to fester, expand, over time.

He gave me the example of a local dentist who, instead of using drugs, hypnotized patients to not feel pain in their teeth during their dental procedures. One of his patients, several years after her latest dental work, reported to the emergency room because she had become highly disoriented and was hardly able to talk. A brain scan revealed an enormous abscess in her jaw that was causing infection in her head and moving into the brain. The doctors were astonished at her lack of awareness of the abscess; such an enormous amount of infection and inflammation should have been causing the woman a blinding level of pain.

The doctors asked her if she’d noticed any pain in her jaw. She was able to reply that, since having been hypnotized by her dentist, she never had any pain in her teeth. They called the dentist. It took him five minutes, over the phone, to stop the hypnosis. At that point, she passed out from the pain.

Had the dentist remembered to remove her hypnotic suggestion before she left his office, the dehypnotizing process would have taken only a matter of seconds – and she never would have been able to let the abscess build to such a size without getting medical aid.

² As an aside, if the reader is wondering what all this has to do with dopamine, that answer is simple. Higher levels of dopamine, such as are released via opiates, methamphetamine, cocaine, alcohol, and cigarettes, allow a person to override his ego-based inhibitions. Since inhibitions in the precuneus area of the brain can be inhibited via dopamine, it is no wonder that PDers find they can move “perfectly normally” after they’ve accumulated enough artificially provided dopamine. It is not so much that the dopamine allows them to move. The dopamine squelches their inhibitions.

In the time since she had last seen the dentist, the suggestion of feeling no pain in her teeth had grown, of its own volition, to a suggestion that she not feel pain in her jaw, maybe even her head. Left to its own devices, the suggestion had become somewhat entrenched, harder to remove, and had expanded its scope.

I learned from several sources that hypnosis is a command from the conscious brain to the subconscious. After the command is established, the hypnotized subject will have no idea that his own brain function has been altered.

My friend gave me several examples of hypnotic acts that are done for audience amusement. The most common is the type where the subject will stand up and exclaim some bizarre word(s) whenever the hypnotist gives a signal such as touching his eyebrow or saying some phrase. The audience then laughs hysterically when, each time the hypnotist touches his own eyebrow or says the word, “street,” the subject leaps up and shouts “Peaches!”

The subject has no idea that he is making a spectacle of himself. He is absolutely certain that he is doing the fundamentally correct thing – the ego-based part of his brain tells him so. He cannot even *consider* not doing it.³

The most important point, to my way of thinking, was my friends’ comment that, in nearly every case, the hypnotist has to be the one to remove the hypnotic suggestion.

The subject, in order to be hypnotized, gives authority to the hypnotist. The de-hypnosis must be done under the same authority.⁴

³ A popular myth holds that a person cannot be hypnotized to do something that he would not “normally” do. This is not true. In order to squash this fable, a famous British hypnotist invited nineteen respected businesspeople, chosen by their firms, to be part of a weekend seminar in self-esteem development. The subjects only knew that they were part of an experiment in self-control, or something along those lines.

As a result of the hypnotic suggestions applied over the course of the weekend, five of the nineteen subjects, when presented shortly thereafter with a staged opportunity that they thought was real, behaved in a manner that they would never normally have done. They each, at their own time and place, took up what they thought were loaded weapons and proceeded to stage an armed robbery. The bank guards were actors, the guns weren’t really loaded, and everyone but the subjects knew that a hypnosis experiment was in progress. The point was, hypnosis *can* get people to do things that they would never, normally, do.

The armed services know perfectly well that humans can be “mentally conditioned” to do things that they would never, ever do, if they were in control of their own minds.

⁴ I had known for over thirty years that Paramahansa Yogananda had made frequent statements about the harm of hypnosis – how it diminishes a person’s capacity for conscious control over himself, and makes him subordinate to the subconscious. I had always assumed that he was talking about hypnosis demonstrations done for audience amusement, not self-hypnosis.

However, after coming to understand that my partially recovered PDers were behaving as if self-hypnotized, I also recalled that Yogananda had been lecturing during the years when Edgar Cayce, an advocate of self-control through self-hypnosis, was also very popular. Clearly, Yogananda had possibly been responding to this craze for self-hypnosis, as well as to the forms of hypnosis that are induced by others.

In Yogic understanding, Maya, or delusion, is the process that causes people to imagine themselves to be solid and separate from the universe, when in fact they are constellations of thought waves, and their atoms are tiny bits of matter floating in mostly space, connected by wave patterns to all parts of the universe. Maya is also described as being a form of hypnosis. “Karma” is a form of self-

It is possible for a third party to dehypnotize a subject. However, it is extremely difficult. It is called “deprogramming.” It requires constant, daily, grinding down of the subject’s ego-based perceptions about everything: his religion, his culture, everything he holds dear. Even a one-day break in the process will sometimes give the subject enough time to regroup and create new mental logics to support the suggestions that are being deconstructed. Often, the subject is not able to let go of the hypnotic suggestions that have been destroying his life until he is first reduced to a quivering, helpless mass of mental emptiness – an emptiness that must then be filled, very carefully, by loving counselors.

I realized that, in many cases, the counseling-type work that the PD Team had been doing with our PD patients, which sometimes worked for a few days, even weeks, was, in fact, de-programming. I was not interested in doing any sort of work that required me to take on the role of mind-crusher.

I decided, then and there, to stop arguing with my patients when they presented twisted, convoluted logic about hanging on to their self-protective psychoses – psychoses that even they, often, admitted caused them to shut down, or dissociate, and become parkinson-like – and which they refused to demolish.

My friend was a treasure trove of fascinating information about hypnosis. But I was focused on how to help my patients in partial recovery.

I asked my friend what to tell my patients. I told him that several of my patients had told me about staring into a mirror when they were young, giving themselves instruction such as “You can do this!” He confirmed that mirror staring was one of the easiest ways to self-hypnotize.

I was going to see one of my childhood-mirror-gazers the following morning. I asked him what I should do.

He replied, “Ask her where the Mirror Person gets her authority. Don’t say anything after asking that question. If your patient doesn’t understand, ask her again. Then, sit there, without saying anything. Sit there for five or ten minutes, if you have to, until she answers the question.”

The next day, I only had to wait four minutes before my patient replied, with a shocked look on her face, “I guess she gets her authority from me.”

hypnosis, in which the ego insists that all delusive actions must be countered with equal and opposite reactions. Self-awareness, also known as Soul-awareness, is the goal of yoga. This Self-awareness requires the capacity to direct all thoughts and actions via the constant consciousness of the soul, as opposed to being an automaton, directed by inherently false hypnotic suggestions from the ego.

I finally began to understand the utter seriousness with which Yogananda had frequently insisted that hypnosis diminished a person’s capacity for self-control. Physiologically, the very act of conquering ego (a “spiritual” concept) is the same exact thing as destroying the accumulated hypnotic suggestions of lifetimes that lurk, undetected, in the subconscious mind (an electromagnetic, brain-wave-based concept). Only when one is utterly free of hypnotic suggestions can one direct his thoughts and behaviors based on conscious decisions – or be guided by his soul, moment-by-moment.

The hypnotized subject does not know he is hypnotized. Indeed, we are souls, not matter-based beings – and most of us know it not.

I ad-libbed from there. “Then who alone has the authority to negate her instructions?”

Several minutes of silence ensued.

Quietly, so that I could hardly hear her, she muttered, “I guess I do.”

This was the first time that my patient had ever offered that she, and she alone, might be holding the answer to her mood-based symptoms of parkinsonism. She seemed somewhat stunned by the idea.

In the weeks that followed, PDers who had refused to take personal responsibility for the mental arguments with which they confronted the world found themselves telling me that only they, and not I, would be able to change their own behaviors.

What a relief! Despite all my previous counseling efforts, which I now recognize as mild attempts at deprogramming, these people had *never* accepted the idea that *they* were in any way responsible for instituting their own mental patterns, and therefore were responsible for removing them.

Just the opposite. They had demanded, week after week, that I do something to change them, all the while glorying in our arguments and discussions about their own refusal to take responsibility for their own minds.

These intelligent people had said, in some cases, for years, with a straight face, “No, I never practiced the homework you gave me; I think it’s more important that I practice coming to terms with the fact that I can’t recover.”

Now, suddenly, when I asked them who gave the authority for mental suggestions to be placed in their own subconscious, they all replied, often sheepishly, that they alone gave such authority.

Sometimes, unexpected outbursts accompanied the admission: “But what else could I do!” and “I had to!” and “But I had to be able to get away from it!”

If I asked them what they had escaped from, or what it was they’d had to do, they often couldn’t tell me. And yet, clearly, they had touched a sensitive nerve. Whether or not they knew consciously what they’d done, many years in the past, their outbursts suggested that they knew that they’d done something. Their defensiveness even suggested that they’d known at the time that what they’d done was maybe not exactly right.

I learned to assure my patients that what they’d done at the time, to deal with an impossibly painful situation, was perfectly all right. The only mistake they had made was in failing to include a termination point for the mental instructions, the hypnosis, that had allowed them to get past the torture.

Because they had known how to instruct their subconscious to behave in such a way as to remove themselves from pain, they possibly did it many times. And evidently, being amateurs, they had never bothered to “snap themselves out of it.” They didn’t realize that, by refusing to process their pain at a later, safer time, in the manner suggested in the previous chapter, they had created an unending monster.

Following this reassurance that I was never going to *blame* them for having protected themselves at the time, my patients almost invariably asked me what to do next.

I asked them who had told them what to do when they were physically or emotionally scared or in pain. They usually had to think for a minute before replying, “I just knew.”

Then I could reply, “And *you* know perfectly well what you need to do next.” Sometimes I had to add, “And there is no way that *I* know what you need to do next.

Over the next few weeks, what ensued was fascinating. One patient reported that, after a night of powerful prayer and self-commanding, a voice in her head had started saying “Wake up! Wake up!” every four seconds. The voice was not cruel, nor particularly kind. Instead, the voice had wise authority. I asked the patient what on earth “Wake up!” referred to. She then told me about her method for dealing with the bitterness she felt when her mother berated her father for things that had been out of father’s control. Her method was to sit on her bed and say, with all the fervor of a six-year old’s heart, “This is not happening, this is not happening.” Essentially, she had told herself that this was only a dream. Now, fifty years later, she was commanding herself to wake up from that dream. After more than a week of her brain saying “Wake up!” to her own mind, she became aware of a powerful pain in her foot – even though we’d done enough work on her foot already that Qi was able to flow through the foot normally – when she was feeling safe or relaxed. We resumed treatments on her foot, and she felt that something inside her was coming back to life even as her foot started healing from the idea that, when she was scared, her foot should be numb.

But most others told me that, following our discussion of self-hypnosis, they had admonished themselves to stop being hypnotized, with no result. I inquired, in every case, if the person had used the same level of almost-unbreathing intensity that they had used as a child when they truly needed to conquer their fear or pain. These patients replied, “Of course not.” Others added something to the effect that they didn’t like to enter into such intense states of mind. Therefore, would I please tell that what to do, and what they should politely say to their own minds, to turn off the hypnosis.

I told them that they were missing the point. They’d been able to attain those states. They’d done it with no instruction. They did it because, at the time, it *mattered*. I started asking my patients if, ever since their diagnosis, they had ever applied to their own minds the level of intense focus and commandment that they had conjured up in childhood in times of fear. They all said that they had not. Again, they didn’t like to experience that level of intensity.

I was appalled. These people had the capability of enormous mental manipulation. They all admitted it. They’d done it in the past. And yet, when faced with the prospect of a debilitating illness, they had not bothered to summon up that same mental power in order to address the problem. It almost seemed as if, on some subconscious level, their

egos were enjoying the “pain-free” ride, and were willing to maintain it at any cost – even the cost of having Parkinson’s.

Over the next few weeks, I asked every Parkinson’s patient if he had ever engaged in self-commanding behaviors such as staring at himself in a mirror while instructing himself in some behavior, or holding his eyes very rigid, or letting his eyes move rapidly up and down while telling himself how to behave, or focusing so intently that he nearly stopped breathing, while telling himself how to be strong or some such. I also emailed Chris, from the PD team, to ask all his patients in Amsterdam.

All of them, and all of my patients but one, confirmed that they had done something. The one who insisted that he had never done such a thing exclaimed later, at another session, when his wife said, “You used to wish you could shut out your mother’s unhappiness, “But I had to! It wasn’t wrong! A person needs to get away sometimes!” For two months, he could not bring himself to say that he had engaged in self-hypnotizing behavior, but eventually he admitted that his silent, intensely focused, childhood instructions to “Don’t be here – be somewhere else,” which he’d done as a young child in order to deal with his mother’s unhappiness, might fit the descriptions I’d given.

I only had asked these questions of two dozen patients – not enough people to publish a paper. But still, when the last one admitted to having mentally convinced himself, regularly to “Don’t be here,” the percentage of PDers who’d self-hypnotized was one hundred percent.

None of these people, most of whom were stuck in a condition of partial recovery – they manifested some symptoms of improvement, but it came and went – had ever consciously retraced their steps and told themselves to “Start being able to feel pain,” “Admit that you really do want to be alive,” or “This isn’t a dream, it’s your life! Feel it!”

On the other hand, several of the PDers who had fully recovered in response to the foot treatments did say that, at some point earlier in their lives, they had made a conscious decision to stop being the numbed, cautious person that they’d been in the past.

I considered carefully many of the remarks that fully recovered patients had made over the last ten years, looking for clues as to whether or not they had done something that might be considered “undoing the hypnotic suggestion.”

Their remarks all seemed to be statements that suggested the person had “screwed his courage to the sticking point” and commanded himself to experience life, admit that he wanted to live, admitted that God, not he, was best at running the person’s life, and so on. I had to conclude that, although they were all different, they were all statements from people who had, in various ways, commanded their brains to stop living in self-centered self-protection mode.

Also, many fully recovered people had insisted that their real recovery, the important part, had occurred “in the blink of an eye.” Full recovery hadn’t involved something that they’d had to learn. At some point, they had changed their mindset, and then, immediately, they had simply stopped being a person with Parkinson’s. Their recall of life-changing suggestions, and the “blink of an eye” with which they become

“different,” or “non-Parkinson’s,” sure sounded like the instantaneous change that comes about with removal of a hypnotic suggestion.

Others had already changed their mindset, in the past, and when their foot injury healed, they simply recovered, experiencing the physical symptoms of recovery, but without ever getting caught up in mood-based symptoms.

I also considered the completely inane things that partially recovered PDers had said. “After your treatment on my foot, I forgot to have Parkinson’s several times in the last week, but don’t worry, it [the Parkinson’s] came right back as soon as I remembered.”

I had heard this so many times. If I responded, “It sounds as if you were glad that the Parkinson’s came back...” they would reply, “Well, I do have Parkinson’s, don’t I? So it’s best that I don’t pretend not to have it.” (And I would think to myself, “What?!”)

And what about the patient who had said, “At night it’s getting so hard for me to get into bed, I have to pretend that I don’t have Parkinson’s while I climb into the bed, and then get the covers and pillows just the way I like, and then I can have the Parkinson’s again.” With this particular patient, as with many others, when I asked, “If you can pretend to not have Parkinson’s, why not pretend to not have it all the time?” I got the reply, “That wouldn’t be *right*. The *truth* is, I do have Parkinson’s, and it’s best to tell the truth.”

I had collected hundreds of these illogical comments. These comments defended a person’s *choice* to manifest symptoms of Parkinson’s – even while they insisted that they had no real choice – they were choosing to be *honest* – and therefore, choosing to be *good*, by having Parkinson’s.

By indulging in whatever mindset was required for them to manifest Parkinson’s, they were doing the right thing. Whatever they were doing in their minds, even though it caused Parkinson’s, it was good, and it was true.

Many PDers had even told me that their suffering was the will of God – even though they also admitted, cheerfully, that their symptoms were worse when they indulged in negative moods. Some would go so far as to insist that they were in negative moods because they were confronting the truth of having Parkinson’s. Again, they were being *good* by feeling bad.

In a blazing flash of understanding, I realized that these people weren’t being illogical. Well, they were. But the illogic wasn’t coming from their conscious minds. Sometimes, they even offered that, consciously, they knew that they sounded illogical. The seeming insanity was arising because their illogical statements were coming from their subconscious. They were being illogical because they were hypnotized. Their subconscious minds were telling them that what they were doing was best, it was right, it was good.

Any attempt on the part of anyone to contradict their long-carried subconscious instructions, instructions that suggested that dissociation from the heart was good,

instructions that had become part and parcel of their instructions to feel no pain, or feel nothing, any such attempt at contradiction was wrong, was a liar, was the enemy.

The conscious mind had absolutely no control over this subconscious monster that had been growing, since planted as a thought seed, over the decades.

Until the conscious mind took the situation under control and *countermanded* the suggestion to feel no pain, or dissociate, the suggestion would remain in place, growing steadily larger and taking over more and more of the person's subconscious, ego-based sense of self.

The whole thing finally made sense. My work was ended.

We now knew what forces frequently caused Parkinson's from a physical perspective – the foot and ankle injury.

We now knew what allowed the injuries to remain unhealed – dissociation from the injury.

We now knew what allowed some Parkinson's patients to maintain parkinsonism even when the injuries were gone – dissociation from their own hearts.

We now knew how that dissociation was maintained – by hypnotic suggestion, a powerful command from the conscious mind to the subconscious mind that, in these cases, had been instituted and never countered.

Our research was over.

A few questions remained for many partially recovered PDers. "How do I go about un hypnotizing myself?"

The answer is always this: you knew the *level of intensity* needed to alter your own subconscious. That is the *level of intensity* that you must use again in order to contact that subconscious and remove the negativity that you've placed there. The hypnosis has little to do with an exact choice of words. It has to do with the *degree* of laser-like *focus* with which you lovingly command an alteration in your own consciousness. It's about the intensity, not the wording.

Your subconscious is stupid, self-centered, and often, because it is a liar and a little bit evil (by definition), it can be very literal-minded when choosing to twist your meanings. Choose your suggestions carefully, just as you did when you first decided to alter your subconscious. But don't be afraid of saying the wrong thing. Dare to speak from the heart, and you will win through.

Positive mental statements that remove negative states are called affirmations.

While making affirmations, it is best to close the eyelids and gently raise the eyes as if they are looking at the forehead, at the point between the eyebrows. In this way, the consciousness and/or superconsciousness is engaged and dominant, rather than the subconscious. The consciousness and/or superconsciousness is able to command and

override the subconscious. The subconscious is most easily engaged – which is *not* what you want to do – when the eyes are looking downward.⁵

“How often must I make these affirmations?”

The answer is simple: until the mind is altered.

“How do I know which affirmation will work for me?”

The answer is: You are the one who knew, without being told, what suggestion would “work” to numb yourself. You, alone, already know what affirmation will work for you to end the self-hypnosis. In your heart, you already know, just as you already knew, even when you were a young child, how to escape from the pain.

And if a person truly has no idea where to start in figuring out what to say to himself, I suggest that he scale the very summits of his soul in order to find out. With an intensity equal to the one that he accessed while commanding himself to feel no pain, or not care, or whatever he told himself, he must now command his mind with the same *level of intensity* to “Stop the denial!,” “Restore feeling!” or in whatever words, command the universe to come to his aid and teach him how to change himself.

It is worth noting that people who have fully recovered have not used a *brutal* form of command, even though they might have used a brutal form when they first self-hypnotized.

At least two fully-recovered people have gone so far in the opposite direction from “brutal” that they have described to me choosing to surrender every thought of self-defense over to God – to lay at God’s feet every thought, every fear, every self-centered, self-protective mechanism. Rendering themselves infantile, utterly dependent, they refuse to accept any thought unless it is a thought of God’s perfect love. They continue to use their free will, of course. A person can’t even breathe without using his will. But they ask that their will be *guided* always by the Heart-based will of God – never again to be guided by their sneaky subconscious.

These two people have assured me that the only response they allow themselves is one of gratitude, no matter what. This method has worked for them. Again, the thing that made it work was not been their choice of words, or a specific thoughts, but the mental intensity with which they affirmed their life-changing decisions.

For example, a person may quit smoking fifty times before saying to himself, “I refuse to be a smoker any longer.” And at that final moment, when he ceases to play games with himself or set deadlines, when he affirms with a finality that cannot be

⁵ The eyes are indeed the windows to the soul. It is interesting to note that people who are deeply hypnotized blink less often than normal – they are somewhat numbed. Also, psychopaths blink far less often than most. (xxx insert supporting footnote – NG, July, 2008). PDers also have an inhibited blink response. Possibly, all three conditions are hypnosis-related. In retrospect, I marvel that my first write up on Parkinson’s, a ten-page essay, field notes from my first visit to a Parkinson’s support group, was titled Unblinking Eyes. I wonder if, deep inside, I was aware that I’d seen something of great importance at that meeting.

countered, “I am no longer a smoker,” he is no longer a smoker. (Addiction is related to hypnosis: it can easily, every time, overcome the conscious mind.)

The words for countering self-hypnosis can be simple, and any sincere words will work if they counter the self-centered desire to protect oneself from pain via not feeling.

But the difference between ineffective words and an effective affirmation is the *amount* of mental power that is brought to bear. Such power of affirmation can only be effective in turning off a PDer’s hypnotic suggestion if it carries the full force of the consciousness and superconsciousness.

I will also note that partially recovered PDers who have attempted to rid themselves of their negativity by giving demeaning names to the voice of their negative thoughts, names such as “Shit head” or Jerk,” have informed me that they have not been successful. I wonder if the attraction of such names comes from trying to counter the hypnotic suggestion with weapons that might have been powerfully painful to the young child who first hypnotized himself.

It is more effective if the hypnotic voice is that of a wise soul, one who can be compassionate about the past, even while recognizing that the self-created liar (sitting in the ego-based subconscious) must now be destroyed. Some patients have told me that they don’t want to “kill” some precious part of themselves. I ask them if they would mentally kill cancer cells, if they could. They say, “Oh, yes!” When I ask them what the difference is, they provide some weird, illogical response. Again, the ego is a liar. It enjoys its very existence. Like the nagging voice of addiction, the ego will work hard to convince its “owner” that it is only doing everything for the owner’s own good.

Beyond these few suggestions, there is nothing more I can add. Some patients implore me to tell them exactly what to do. I can only repeat that they knew exactly what to do, without being told, when they started this process. They alone can undo it. They alone can decide that they no longer want to be held prisoner by their own self-protection device.

Summary

In the end, the most effective technique for re-associating with the heart turned out to be glaringly obvious: stop dissociating from the heart.

In order to do this, the mechanism by which our patients were dissociating, a mechanism that had been consciously introduced, and which had been implanted into the subconscious (hypnosis), needed to be terminated.

We knew that the feeble attempts at mental reconfiguration on the part of partially recovered patients did not match the powerfully focused mental commands that most recovered patients had mentioned in passing, following their recoveries. We also noticed that *fully* recovered patients had decidedly taken charge of their own minds at some point in their recovery process – whether before or after the foot healing part of the treatment.

Patients who were stuck in partial recovery, on the other hand, continued to ask us what they should do in order to change themselves.

Many of these patients had long resisted our suggestions, or listened politely and then remarked words to the effect of, “I’m willing to accept what God has given me,” or “I’m working at being OK with whatever circumstances come into my life.”

If we suggested that, in their own cases, based on the mood-based nature of their symptoms, that they were accepting, not what was coming from God, but what was coming from their own moods, they shrugged it off. Often, they offered a religious, semi-religious, or self-improvement logic as a justification for their relative apathy when it came to changing the way that they were using their own minds and moods to induce dissociation in themselves.

For these people, it often came as a shock when they realized that they alone had given their minds the authority to create subconscious, self-regulating, self-hypnotic suggestions. But as soon as they understood this, they also, usually for the first, stated the obvious: they alone would be able to change their own minds.

Sometimes, when the PDer stated this obvious truth out loud for the first time, friends and/or spouses cried. Several spouses said, “I’ve been telling him this for years, and he’s never been able to hear me.”

(My use of the word “he” is *not* gender specific.)

And so, gentle reader, my quest came to an end.

The PD Team still intends to work with a few local Parkinson’s patients. We still need to hear from thousands of PDers, via their health practitioners, describing their successes or failures. We can set up some sort of form that can be filled in so that practitioners will be able to send us pertinent information, and not the massive, wordy detailings of their patients’ symptoms, which we often get, and which tell us nothing new. We will then, hopefully, amass a significant body of results that can be widely published. The large numbers that we hope for can provide hope to people who are given a diagnosis of Parkinson’s disease.

But now, as of August 2009, we are no longer, technically, a pure research project – one that is looking to solve mysteries. We are now a specifically applied research project, merely looking for numbers.