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

Paramahansa Yogananda

CHAPTER THIRTY-FOUR

THE CORRECT WAY TO DEAL WITH PAIN

We figured the PDers dissociated from their ability to feel pain (dissociated from their hearts) because they did not know how to deal with pain. We realized, with alarm, that they might not even know how an emotionally healthy person deals with pain. We were going to have to teach them how to deal with pain.

Emotionally mature people deal with pain by applying a neutralizing "good feeling" to the pain. The "good feeling" is the same feeling, or very similar to the feeling that I've referred to as "the feeling one experiences from expansion in the chest. PDers who are stuck in partial recovery usually don't even know what is meant by the "the *feeling* that accompanies expansion in the chest."

We realized that, in order to help PDers be able to re-associate with their hearts, we would have to figure out how to describe this wordless process of pain neutralization, one that uses indescribable feelings, so that they could learn how to deal with pain. The following is an attempt at explaining how to correctly process pain.

The infant deals with pain

A young child "deals" with pain by crying. When he cries out in pain, a loving adult is supposed to hold him, cradle him. When this happens, the child can feel the pain and fear (which is caused by chaotic electromagnetic forces surging through his body, sending "error" messages to his brain), *but* he also can feel the greater electromagnetic field of the loving adult. The adult's electromagnetic heart field, moving correctly in the "human" pattern, is physically larger than the child's suddenly chaotic electromagnetic field. The adult's larger field is able to influence and restore to some semblance of normalcy to the disturbed, even deranged currents running through the injured child's body. The adult can easily comfort the child because the adult's healthy electromagnetic pattern is *physically* larger than the child's chaotic pattern.

As the child's electromagnetic fields and currents begin to resonate with the much larger fields of the adult, the child calms down. In response to the corrective influence of the larger person's field on his much smaller field, his "error" signals, which cause fear, are shut down. Instead of fear and pain, he is left with mere "pain" sensations. These pain sensations can peacefully exists in the context of his once again electromagnetically "human" body. As soon as the child's electrical system is stabilized by the adult's larger, stable, harmonious electromagnetic system, the child is able to *feel* the pain without being terrified of it. The pain is no longer threatening: it is just a sensation. The body knows how to deal with injury-based sensations.

As soon as the heart and mind recognize the injury-based sensations and initiate processing the damage that triggered the pain, the brain calms down. The pain is no longer compelling and no longer causes fear. The injury-based sensations become merely a mild signal that serves as a gentle reminder that the injured body part needs special attention. When the body's currents are stabilized and the brain is satisfied that corrective steps have been initiated,

the fear-based *pain* has served its purpose: it can now stop. The brain no longer registers the nerve signals coming from the injured area as "pain."

At this point, when fear-type pain converts to mere sensation of injury, we say that the pain has been "processed."

"Processing pain" occurs when the body calms down enough that it can turn off the sympathetic nervous system (the flight, flight, or freeze system) and switch back to parasympathetic (calm) system. Healing only occurs when the body is in parasympathetic mode. In this calm, non-fear condition of parasympathetic mode, the body can calmly use the non-threatening sensation of pain to assess the problem and get to work on healing the injury.

Growing up

As a child grows up, he soon gets too big to be completely cradled in his mother's arms. When he is big and he gets injured, he may need to settle for a hug, since he no longer can be picked up and held. The larger child can no longer be "surrounded" by the adult's larger field. Instead, he must learn to *tune in* with the comforting feeling of being *adjacent* to a stable electromagnetic field from another person's heart. When the larger child gets a hug, or a pat on the back, he is able to use that close contact with the other person's heart field to restabilize his own.

As he does this, he is supposed to learn how to lean on the harmony in a supportive adult and supplement that harmony by *invoking* harmony in himself – despite his pain. This is how children are supposed to learn how to comfort themselves after being destabilized by physical or emotional pain.

Even when the child has grown too large to be literally surrounded by a harmonizing field, he can learn to use a nearby electromagnetic field (from a friend or parent's heart) to stabilize himself, calm himself down, and bring his heart back to parasympathetic mode. As soon as he can restore his body's electromagnetic system and his electrical currents to some semblance of order, he can *feel* his pain without being overwhelmed by it.

As long as the field of correctly moving electromagnetic energy covers a larger area than the physical area of the pain, the pain is bearable. The pain will cease to be perceived as a terror or a mortal threat.

When the child becomes an adult, he is supposed to expand further on the above principle. He needs to learn how to draw on his own heart's electromagnetic field. When he is injured, he can conjure up the harmonizing, comforting feeling of the heart's field by "expanding" or "opening" his heart. By focusing on the feeling associated with the expanded heart, he can then surround and de-terrify his pain by making his "heart feeling" larger than his "pain feeling."

As an adult, we are supposed to know how to draw on our self-contained sources of electromagnetic harmony (our opened heart). An adult should be able to use his own heart's electromagnetic field to deal with pain. If an adult experiences a jarring physical *or* emotional pain, either of which can destabilize the body's circuitry, he is supposed to know the correct method for making the pain bearable: he can open his heart: he can allow himself to feel, inside his chest, that "feeling of expansion" that healthy humans experience during moments of great peace, gratitude, or inspiration.

Then, he can use that expanded chest sensation to counter the destabilizing pain. By mentally imagining a physical increase in size of the expansion-in-the chest feeling that

ordinarily occurs when content or in the presence of great beauty, he can make his "heart" sensation is large enough to encompass the area that is in pain. Then, the pain becomes bearable.

As the self-comforted body then switches from sympathetic (panicked or fearful) over to parasympathetic, the healing can begin. The pain can then be processed by the body's healing faculties.[1]

In my limited experience, most of our patients with Parkinson's who have become stuck in partial recovery have no idea what I am talking about in the above paragraph. In particular, PDers that get stuck in partial recovery have no idea what I mean when I refer to a physical sensation of expansion in the chest that is supposed to occur when during moments of relaxation, peace, and inspiration. If the reader has no idea what I am describing, just bear with me. This sensation, and its significance, will be explained in extreme detail later on.

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

Many of our patients who have become stuck in partial recovery also have no idea that it is possible to experience real pain – really *feel* it – and not be threatened by it. To them, the words "pain" and "threat," even "mortal threat," are synonymous. They have no idea what I am talking about when I say that one must surround the pain with love until the pain becomes mere *sensation*. After the pain becomes reduced to mere sensation – without the fear – it can begin to heal.[2]

For many PDers, a major goal of life has been the avoidance of pain. But pain must be processed so that it can heal. There is a right way to deal with pain, and thousands of wrong ways. The right way is to give a *feeling* of stable support to the body until the pain becomes mere sensation. One *wrong* way of dealing with pain is making oneself numb. Other wrong ways are nursing the pain, blaming others for it, dwelling on it. These styles of dealing with pain are excellent for developing self-pity, anger, resentment.

A history of injury and/or emotional pain is not the real trigger for Parkinson's: incorrect *management* and *treatment* of the pain is the root of the problem.

If a person receives a terrible injury and deals with it by *shutting down* his ability to feel pain, when can he turn his feeling capacity back on? Never. If and when he gets around to turning his feeling ability back *on*, he will necessarily feel the pain that he has temporarily suspended. If he does not know how to process pain, and his goal is to Not Feel Pain, he will

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[1] Of course, I am writing about how a "mature" adult deals with pain. There are plenty of immature adults who do not process pain correctly: they are the "poor me" people. We all know someone like this. These are the people who are fascinated with every little insult or injury and think that everyone else should be, too. These "adult children" focus on their pain, tell everyone about their pain, and cultivate their pain. When I refer to "adults" learning to deal with pain correctly, I am referring to mature adults, not the ones that cultivate self-pity.

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

never be able to turn his heart back on with regard to that particular injury – because turning his heart back on with regard to that injury will cause the suspended pain to once again be *felt*.

Here is the rub: the way to terminate a spate of pre-death dissociation is to experience a wave of feeling.

Many a PDer does not *want* to experience a wave of feeling. If he does, he will then feel the pain that he has been at great pains to avoid. Therefore, he tells himself to *not* experience a wave of feeling. But, since turning the dissociation completely off *and* switching the heart back on *only occurs* in response to a wave of feeling, the PDer is stuck. If he turns the heart back on, he risks feeling his pain. If he leaves his heart turned off, he is stuck in a physical condition in which he cannot move very well – *unless he uses adrenaline to temporarily override his dissociation*.

How can emotion create a "feeling"?

Many PDers truly do not know that emotional pain can cause physical sensations or even physical pain. I will suggest a few of the more common physical feelings that can accompany emotional pain: lump in the throat, painful twisting of the stomach, nausea, a "sinking feeling" in the gut, and pain in the solar plexus as if one has been kicked in the gut.

Many PDers have assured me that they do not have any painful events in their past because they have "mentally processed" and "come to terms with" their negative events. However, because they have most likely dissociated from the *pain* of the event, they have never physically processed the *physical* sensations of the event. If they dissociated from the *pain* of the event and created a mental story to put the event in a "logical" place, that dissociated pain is still sitting somewhere in the brain, laying low, waiting to be processed.[1]

For years, we had assumed that keeping the heart open only required a shift in mental attitude. We didn't realize that, for some deeply blocked PDers, another step had to come occur: these emotional infants and young children had to learn how to correctly process pain.

Were all of our years of heart experiments pointless? No. Figuring out how to recognize the sensory shifts that occur when the heart is opened *did* turn out to be a helpful first step. Some PDers need to go through all the exercises that we have shared in the preceding chapters in order

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[1] Semantics became a real problem. Despite our careful definitions, most of them responded to our questions about sensory numbness and "shut down heart" with denials. They insisted repeatedly that they were *very* sensitive people. To prove their point, they usually gave the example that they were deeply concerned about others. We kept insisting that we were talking about physical sensation, and they kept saying that they were selflessly concerned about others. We can only assume that, because they are so profoundly numb to their own bodies, they truly do not know what we are talking about when we say, "physical sensations in your own body." As a rule, they have a *very* hard time understanding the words "sensory feeling" or "physical sensation." We finally learned that, for many of them, "physical sensation" is a term that is synonymous with "pain."

In response to our repeated explanations, in which we tried to make the point that we were talking about basic physical sensation, and not emotionisms, they repeatedly insist that they are not numb in the heart: they care for others; they are deeply concerned for others. As I say, semantics problems. I finally learned to ask, "Is your ability to see somewhat inhibited? Is your ability to hear somewhat inhibited?"

One PDer's spouse even got angry with us when we started asking questions about his wife's heart responses. He insisted that she was the kindest person he'd ever met. When we explained to him that we were talking about physical sensitivity and physical numbness, he understood what we meant right away. She, however, did not.

to get to the point where they can learn how to process pain. So, all of the stages that we went through did turn out to be helpful, in the end.

All that remained now was teaching people with no sense of the "chest expansion feeling" how to experience that feeling. And then, we would have to teach them, step-by-step, how to use it to process pain. Then, they would be able to stop dissociating from their hearts.

We still needed to encourage PDers to visualize their hearts. If they couldn't understand what benefit might be garnered from having a heart, we had them put their heart in the box. If they insisted that they had no dissociations, we had them spend a "day at the beach" and observe the different feelings that arose in the body. We still use the techniques shared in the previous chapters. Also, PDers who have come to be treated in our program after having read about these preliminary techniques seem to be far more ready for the final healing techniques that were not yet in print, techniques that we had to teach orally.

The two things that PDers had to learn, it turned out, was 1) how to feel safe and 2) how to correctly deal with pain.

They were able to learn the feeling of safety either by practicing a gratitude exercise that we developed or by creating their own exercises in gratitude. By practicing unconditional gratitude, they were able to develop mastery over their negative thinking, and feel safe – or at least as safe as a mouse. Mice, when they feel safe, experience a surge of dopamine in their midbrains.

They were able to learn how to correctly process pain by following the instructions in Part IV, the Treatment Techniques part of this book.