

## EMOTIONAL STRESS RELEASE USING EYE ROTATIONS

Wayne W. Topping, PhD.

Wayne W. Topping, PhD., LMT, uses Touch for Health, Biokinesiology, and Educational Kinesiology within his full time Alternative Health practice in Bellingham, Washington. He also teaches extensively throughout the Western United States and Canada, as well as Europe. Dr. Topping is author of the books, "Balancing the Body's Energies," Biokinesiology Workbook," and "Stress Release," and is co-founder of the Topping International Institute along with his wife Bernie, thus increasing the focus on Health Through Education.

**Abstract:** The Emotional Stress Release technique is very simple yet one of the most effective tools that we teach as a part of Touch for Health. In this paper we present a modified version of the technique which has greatly increased its range of effectiveness.

Over the past nine years I have taught and used the emotional stress release (ESR) technique very frequently, with many outstanding results. Yet on some occasions it was not completely successful and we didn't know why. What was the difference between those times when we applied the technique very successfully and those times when it may have helped somewhat but the person still had the phobia?

We found part of the answer when we were working on my wife's fear of dogs. Apparently Bernie's problem with dogs extended back to a situation when she was nine or ten years old. At that time, a boy that she had a crush on was attacked by a german shepherd. As he was running away the dog tore into his calf muscles resulting in the boy being laid up for the summer. Bernie hadn't seen the incident; she hadn't seen the injuries; but hearing of the accident and seeing the scars at the end of the summer was sufficient to create within her an intense fear of dogs. Her four-year-old son John, was also afraid of dogs. As an experiment we decided to use the ESR technique on Bernie's fear of dogs without letting John know what we were doing. As expected, John's fear of dogs disappeared without us having to do any work with him.

I have observed, while working with many young children with allergies, that if the mother and child (0-4 years old) share the same allergy we can use biokinesiology techniques to correct the imbalance for the mother and often correct the allergy for the child simultaneously without having to make any correction on the child. Apparently, when we are very young we can pick up energy imbalances from parents quite readily. It doesn't have to be the mother, although it usually is because she commonly spends more time in close contact with the child than does the father.

Although Bernie's fear of dogs was no longer apparent it was still present in one specific situation - whenever she went running. She repeated the ESR regarding dogs but did not resolve the problem. Why was the ESR about 95% effective? Why not 100%? What were we missing? Several months ago we found a missing key. We were doing some work on ourselves and I was testing the pectoralis major clavicular on my wife while she thought about seeing dogs coming towards her, touching a dog, getting in touch with internal feelings regarding being around dogs, etc. When I said "hear a dog barking" the indicator muscle weakened. It was so simple! In her ESR concerning dogs she had not actually focused in on the sounds dogs make. Looking back in retrospect it is easy to see why running would still elicit a stressful response concerning dogs. If dogs were in front of you, you could see them. However, if they were behind you so that you could not see them you would have to rely on your hearing to have knowledge of them. Unfortunately, the sound of your feet would cover the footfalls of any dogs approaching from behind. It was amazing to us that in her ESR concerning dogs Bernie had not actually stress-released the auditory component. However, it was a valuable incident in that it showed us that where the ESR technique was not totally effective it might be because the recipient needed to focus in on a specific sense - visual, auditory, taste or tactile - to clear stress related to that sensory input. More important though, it opened up another avenue of research for us.

Sometime when you are engaged in conversation with a friend begin to observe how eyes move in different directions depending upon whether they are describing things from the past, building up word-pictures concerning future plans, etc. Alternatively, without alerting them as to what you are doing you may wish to observe their eyes while you ask them different types of questions. As an example, ask them, "Can you remember the very first car you had as a family? What type was it? What color?" Which way did the eyes go? Up to their left? Then say "If you were well-to-do so that money was no object, what type of car would you own?" Where did the eyes go? Up to their right? Finally you could say "Just imagine that you own that (porche, cadillac, or whatever type of car they indicated) and that you are sitting behind the wheel. What would it feel like?"

We are not so much interested in the specific eye directions here as we are with the general concept that we can look in different directions to access different parts of the brain. In Neuro Linguistics Programming this is used to determine how a person processes information to show them how to more effectively communicate with others. Being aware of what NLP did with eye directions I decided to find out which particular eye direction accessed the part of the brain where my wife stored memories of the sounds of dogs. It happened to be down to the right. If Bernie thought of dogs the pectoralis major clavicular was strong except when she looked down to the right. She then placed her fingers over the frontal eminences and stress released while visualizing dogs and looking down to the right. After about a minute we retested the muscle to find that it remained strong (1) when she imagined hearing dogs, and (2) when she visualized dogs while looking down to the right. Her fear of dogs was now gone when she ran. Subsequent research showed that whenever someone thought of a specific stressful subject or incident there were many different eye directions that would allow a strong indicator muscle to weaken, presumably each accessing a part of the brain where a stressful memory was stored regarding the subject or incident being focused in on. Doing ESR while the eyes were held in those positions eliminated the stress without us having to determine exactly what the situations were. This was a great breakthrough for us.

In our biokinesiology therapy we determine which of the seventy possible programs (called Creative Health Programs) are currently out of balance for the client. Each represents a different Psychological/Physiological (mind/body) breakdown and allows us to determine the emotions, acupressure points and possible nutrients to be used in order to restore the client to balance. Each program has five different emotions to work with. We would show the client how to work with the positive emotions but they were not always able to work successfully with those emotions. For example, let's say that you tend to be very insecure in many aspects of your life. Having you imagine yourself as being secure would sometimes have the opposite effect. It is almost like the contrast between feeling secure and your current position re-emphasized for you just how many insecurities you really had, making you feel depressed or hopeless about your situation. This is partly why we incorporated into our therapy work the other techniques outlined in my new book "Stress Release: Identifying and Releasing Stress Through the Use of Muscle Testing." Often the imbalances that we were endeavoring to correct with the Creative Health Programs were initiated by a specific traumatic event or period of time that the client went through. We found that if we stress released that event and any subsequent events that involved the same emotions before sending the client home to work on the positive emotions we obtained faster results still. This was a time consuming process for us particularly if we were working back in a person's childhood and they couldn't recall very much of that part of their lives. Now with our new technique we could release the stress involved with some of those traumatic events without having to identify them. Suppose that the client had been very badly hurt by having a close friend betray them when they were young and that more recent examples of disloyalty on the parts of other friends had "pushed the same buttons." We used to use the muscle testing to uncover those events then stress release them. Now the client could either get in touch with what it felt like to be betrayed or say "I feel betrayed" under the breath as they had fingers on the frontal eminences stress releasing as they very slowly rotated the eyes in a large circle first one way then back the other

way. These rotations picked up all positions where the eyes accessed parts of the brain with memories involving betrayal regardless as to what the situations were. We then had the client repeat the procedure with the opposite positive emotion, in this case "I feel befriended."

Frequently clients, when they begin doing the eye rotations, will go too fast and not release all the stress. It is thus a good idea to use your finger to pace them the first two or three times so that they get a good idea on the speed of rotation. The quickest way to verify that the ESR has been completed is to test both pectoralis major clavicular muscles. Then, have the client say the positive emotion, e.g. "I feel befriended" while testing first one arm with the eyes open, then closed, then repeating for the other arm, eyes open then closed. If the muscle weakens on any one of the four tests then there is still some stress to be released and the eye rotations will need to be repeated.

In Biokinesiology, we place aluminum foil over various parts of the body - navel, crown, under arch of foot, etc - to obtain different types of information or to place the body under stress to detect subclinical imbalances. After many weeks of research we have found that we can increase the effectiveness of the ESR technique by placement of aluminum foil on the center of the forehead over the reflex to the pineal gland, and under both heels, while the person does the ESR with eye rotations.

As a further example let me explain that there was a fire where Bernie was living in Seattle, last year about two months before we were to be married. She lost essentially everything that she owned. Since that time she has not enjoyed shopping. (Now, when you find a woman who doesn't enjoy shopping and spending money that is a real problem)! Apparently shopping reminded her of the shopping that she had to do to replace items lost in the fire. Even grocery shopping was difficult. She couldn't plan meals at all, just cooked one day at a time. As soon as we discovered where to place the metals Bernie did the ESR with eye rotations regarding shopping and the fire. The next day she went shopping and actually enjoyed it, planned and bought food for an entire week, and spent a lot of money (I wonder if these techniques can be reversed)?!

Reference: Topping, Wayne. "Stress Release: Identifying and Releasing Stress Through the Use of Muscle Testing," Bellingham, Washington: Topping International Institute, 1985.

PAPER FOR PRESENTATION - TOUCH FOR HEALTH FOUNDATION 10TH ANNUAL  
WORLDWIDE MEETING JULY 9-14 UNIVERSITY OF SAN DIEGO, CALIFORNIA

PRESENTER: T. GLYNN BRADY (SYDNEY, AUSTRALIA)

**SUBJECT:**

A Study Of Improper Fat Accumulation (IFA), Related Theories And  
An Original Solution: The IFA Program.

**PREMISE:**

Fat distributes in the human body according to degrees of  
Acidosis and Alkalosis in the systemic bloodstream.

**BACKGROUND:**

A total of 1257 participants in the IFA Program (AUG82-MAY85)  
showed that the patterns of improper fat distribution in the  
upper and/or lower body were commensurate with patterns of  
Acid-Alkaline imbalance and divisible into 4 main categories  
(detailed later). Acid-Alkaline ratio was assessed by muscle  
test responses directed to Sympathetic-Parasympathetic Dominance  
and symptomology as indicated by Acidosis-Alkalosis, respectively.