A Case for Using Stress Release to Decrease Chronic Illnesses and Improve Hospital Survival Rates

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Abstract: Researchers found that patients with the greatest amount of change occurring in their lives were at greater risk for illness, and they were likely to have chronic illnesses, whereas patients with lower levels of change were more likely to have minor illnesses, and they were likely to be acute. Cardiovascular surgery outcomes can be predicted with pre-surgery interviews. Stress Release and Energy Kinesiology procedures could be of great value to such patients and an asset to complementary medicine.

During my first few years using Touch for Health, I recognized that some of the simplest techniques were the most effective. This especially applied to the Emotional Stress Release (ESR) technique and motivated me to write *Stress Release* in 1985 as my attempt to get this relatively simple psychological first aid technique into more hands. In this book we described modifications to the ESR technique to broaden its scope and to make it a useful primary tool to address any emotionally-distressed situation. Testing indicator muscles (IMs) on both sides of the body allowed us to look for incongruence between the left and right brain hemispheres. The brain integration and eye rotation techniques provided ways to defuse the stress.

In *Success Over Distress* (1990), I included topics such as goal setting, time management, and procrastination that are typical of orthodox stress management courses but incorporating muscle testing to build a bridge between what we do and orthodox stress management. I see an increasing need for more and more of our kinesiologically-based stress management.

The Social Readjustment Rating Scale

In 1949, Thomas H. Holmes, M.D., a professor in psychiatry and the behavioral sciences at the University of Washington School of Medicine, began to study the case histories of more than 5,000 patients to see if there was any correlation between the timing of major events and major illnesses. Out of that research has arisen the well-known Social Readjustment Rating Scale (*Success Over Distress*, p. 20), first published in 1967. The authors, Dr. Thomas Holmes and Richard Rahe listed 43 "Life Events" constituting various interactions of people with their environment and considered to make up essentially all the changes in life situations with which we have to deal. Many of the life events listed are desirable (e.g., marriage, outstanding personal achievement), some may be positive or negative (e.g., gain of a new family member, change in financial state, retirement), some are negative (e.g., death of a spouse, jail term, minor violation of the law) yet all such events, whether deemed to be positive or negative, require us to cope, adapt, or change to some degree. The points assigned to each life event represent the amount, duration, and severity of change required to cope with each event, averaged from the responses of hundreds of people. Marriage was assigned a value of 50 points, (50 Life Change Units). Thus losing a spouse by death (100 points) requires, on the average, twice as much readjustment as getting married.

The more changes you undergo in a given period of time, the more points you accumulate, and the more likely you are to

have a health change (serious illness, injury, surgery, psychiatric disorder, or pregnancy).

Magnitude of Life Events and Seriousness of Illness

In subsequent research, Wyler et.al. (1971) ranked various illnesses from least severe (headache, acne, psoriasis, and eczema) to most severe (manic-depressive psychosis, schizophrenia, heart failure, and cancer). When they took the mean average Life Change Units in the two years preceding the illness, they found that those persons experiencing least severe illnesses had the lowest scores, and those with the most severe illnesses had the highest scores. This makes sense, but this was the first research that I was aware of that was able to quantify the relationship.

Generally, the more Life Change Units you accumulate within a certain fixed period of time:

1) the greater your chances of becoming ill as a consequence; and

2) the more serious the illness is likely to be.

Therefore, your client's various symptoms and illnesses could result from the accumulation of life events which they have been experiencing. Doing ESR on those events will decrease their impact. If a client presents with a serious condition such as cancer, a safe assumption is that they have experienced high impact life change units during the six months to two years prior to diagnosis. The resulting stress weakens the immune system so that the body is less able to protect itself from the development of cancer. Doing ESR on those life events should cause a positive change in the immune system just as has been proven by the Pennebaker technique (Dreher, 1992).

Is There a Place for Energy Kinesiology within Hospitals?

In 1969, a fascinating study appeared in the *Journal of Thoracic and Cardiovascular Surgery*. Fifty-four patients slated for open-heart surgery were interviewed and divided into four categories:

I."Adjusted" These patients vowed the impending surgery as desirable and necessary and were optimistic that the operation would be a success.

II."Symbiotic" These patients were achieving secondary gains from their illness. They didn't really want to improve, nor did they want to get worse.

III."Denying Anxiety" These patients denied or minimized symptoms and signs of their illness. They couldn't talk about the surgery or death.

IV."Depressed" At the time of the surgery, all of these patients were clinically depressed. Most felt hopeless. Their motivation for surgery was characteristically verbalized as "The doctors thought I should have it."

Three to fifteen months after the open-heart surgery, these were the results:

Group I (Adjusted)	No. of Patients 13	Improved 9
Group II (Symbiotic)	No. of Patients 15	Unchanged 8
Group III (Anxious)	No. of Patients 12	Dead 4 (3 during surgery)
Group IV (Depressed)	No. of Patients 15	Dead 11

The results speak for themselves. The majority of those patients who were optimistic about the surgery improved as a result. The majority of those patients receiving secondary gains from their illness did not improve as a result of the surgery. Of the 12 patients who couldn't talk about the impending surgery, 4 died, 3 during the surgery. Almost all the patients who were clinically depressed and had the surgery because the doctor thought they should – died!

Think of the incredible impact energy kinesiology interventions could have made in changing those outcomes. We have relatively simple, fast techniques for eliminating anxiety, depressed states, and identifying when clients don't trust the surgeon, the surgery, or their body's ability to respond positively. When eventually energy kinesiology practitioners can balance patients pre- and post-surgery in hospitals, everyone wins. Hospitals, doctors, and patients will all have more successful outcomes, and we could play a complimentary role in an expanded more integrated health care system.

References

Dreher, Henry, "The Healing Power of Confession." *Natural Health.* July/August, 1992.

Holmes, Thomas H., and Richard H. Rahe. "The Social Readjustment Rating Scale." *Journal of Psychosomatic Research* 11 : 213-8, 1967.

Kimball, M.D., Chase Patterson. "A Predictive Study of Adjustment to Cardiac Surgery." *Journal of Thoracic & Cardiovascular Surgery.* December, 1969.

Topping, Wayne W. *Stress Release.* Bellingham, Washington: Topping International Institute, 1985.

Topping, Wayne W. *Success Over Distress.* Bellingham, Washington: Topping International Institute, 1990.

Wyler, Allen R., Minour Masuda, and Thomas H. Holmes. "Magnitude of Life Events and Seriousness of Illness." *Psychosomatic Medicine* 33 : 115-22, 1971.