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The Use of Eye Movement Inhibition and Facilitation for the Enhancement in Emotional Self-Management Techniques

By Alice Vieira, Ph. D.

Abstract: Peter Lambrou and George Pratt's protocols for Emotional Self-Management (ESM) are a powerful means of relieving stressors such as fear, anxiety, shame, and anger. In addition the ESM is a means of empowering ourselves to optimize our potential. Eye movement stress and TFH metaphors will be discussed as a means of enhancing ESM.

Peter Lambrou and David Pratt have developed a procedure they have named Emotional Self Management (ESM) that takes from a number of earlier established techniques. "ESM is at the leading edge of a whole new approach to healing that combines elements of cognitive therapy with • the latest thinking in everything from the mind/body connection, to subtle energy theories, electromagnetism, polarity, neuropeptide chains, acupuncture, and quantum physics."1 We, in Touch For Health, have used many of the components of this procedure in our work. I have found that the procedure is greatly enhanced when the eye modes are noted and cleared. Let me summarize the protocol (I have added my personal additions in which I have incorporated muscle testing. Lambrou and Pratt do not use muscle testing) for ESM and then describe when and if to insert the eye mode intervention.

First the Lambrou and Pratt protocol

in brief and then the protocol with explanation and muscle testing, and then eye mode intercession:

Identify the feelings or issues that are distressing

Check the Subjective Units of Distress (SUDS)

- Balanced Breathing
- Polarity Reversals
- Tap Sequence
- Bridge
- Repeat Tap Sequence
- Recheck SUDS
- Eye Roll

1. Discuss the problem, find the overall emotion, and set a goal – a statement that encompasses the issue in positive terms. I muscle test this goal. If it is the goal that we need to balance for it will test weak. I find the attractor number.³ From the goal statement, I give him/her the Lambrou and Pratt's 28 Protocol Reference List² (anger, anticipatory anxiety, guilt etc) and have the client decide which is most appropriate place to begin to deal with their goal statement and muscle test for verification.

2. Muscle test for reversals, "I deserve to get over this problem" "I don't deserve to

get over this problem" If not strong and weak above the heart, about three inches off the in the appropriate direction then there is a reversal and proceed to correct it. I use the Callahan method of tapping⁴ on small intestine meridian between SI3 and SI4 (on the side of the hand: karate chop point of the outside of the hand, where the "life line" starts) with the affirmation "Despite this reversal I deeply and profoundly love, accept and respect myself" three times.

3. Check the SUDS (Subjective Units of Distress measured on a scale of 1-10 with 10 being extreme distress and 1 meaning no distress at all), or the attractor number.

The Balanced Breathing Exercise is a 4. variation of the two Wayne Cook's positions (which we have called Cook's Hookup): The Lambrou/Pratt version is: Cross one leg over the other, cross the other hand over the opposite hand, rotate the palms of your hands so that they are facing and interlock your fingers, rotate your hands down toward your stomach, continue rotating inward so that you bring your hands up close to your heart. Breathe in through your nose with tip of your tongue on the roof of your mouth; breathe out through your mouth with the tongue resting on the floor of your mouth. Do this for 2 minutes. (For me, 2 minutes is 30 breaths.)

5. Polarity Reversal (PR) Exercise: Lambrou and Pratt have determined that "there are twelve standard polarity reversals 5- one global that covers the "whole ball of wax," one addresses the possibility of a uniquely personal reversal, and each of the remaining 10 focuses on a particular theme or motif...finding that these twelve themes cover just about all the unconscious undermining motifs of our lives: All of the statements are accompanied by rubbing the Stomach acupressure point 13-14 (located

center line of the body and about 2 inches above the nipple("the sore spot") except for the future statement which taps the end of the governing meridian and the deserving statement which taps the end of the central meridian. Each statement begins with

"I deeply and completely accept myself even ->

- Global: ... "with all my problems and limitations"
- Intention: ... "if I want to keep this problem"
- Future..."if I will continue to have this problem" (tap end of Governing)
- Deserving..."if I don't deserve to get over this problem" (tap end of Central)
- Safety of Self..."if it isn't safe for me to • get over this problem"
- Safety of Others ..."if it isn't safe for others for me to get over this problem"
- Permission..."if it isn't possible for me to get over this problem"
- Allowing..."if I will not allow myself to get • over this problem"
- Necessary..."if I will not do what is • necessary to get over this problem"
- Benefit of Self..."if getting over this problem will not be good for me"
- Benefit of Others..."if getting over this problem will not be good for others"
- Unique..."if I have a unique block to • getting over my problems."

They recommend that these statements

be said three times each. I find that the tedium of the three statements each is no more effective than saying the statement once.

6. Tap sequence for the goal: I am fascinated with why each of the specific sequences works, but they do. Later in this paper I will list some of the tap sites and metaphors⁷ associated with each of the sites: Tap each site seven times.

7. Bridge (Callahan's Phobia Cure Sequence): tapping on triple warmer #3 to #4 continuously on one hand while: Eyes open, closed, down right, down left, circle right, circle left, sing or hum a tune, count, sing or hum a tune.

8. Check the SUDS – if the level has dropped to a 0, 1, 2 (or if you are out of time) complete with

9, Eye roll while tapping triple warmer #3 to #4 which consists of the following pattern:

"Begin with the eyes closed. Open your eyes, look down (at the floor if you're standing, or into your lap if you're sitting), and with your eyes, and slowly trace an imaginary line straightforward across the floor to the wall in front of you. Continue slowly rolling your gaze up the wall to where it meets the ceiling and then back toward you across the ceiling, until you are looking above you; stop there." ⁶

At step 7, carefully watch eye movements. Note if the eyes seem to skip a position or is shaky in a position. One client said, "My eyes seem stuck and are sticking over there." Another client said, "My eyes just won't go over to that part" and another said, "It hurts to look that way." "Goodheart noticed that muscles test differently when a patient's eyes are oriented in different directions, according to his postural distortion. This apparently is because of an adaptation of their oculomotor muscles to the individual's distortion. When the eyes are oriented with the distortion, sub clinical faults appear; i.e., an individual may have symptoms and other indications of a condition..."⁷ I have found that some of the symptoms of the eyes in distortion (EID) are indicative of an unresolved clinical issue.

Eye rolls as a key to unique blocks The eye roll has become an essential part of the protocol for me. Referring to the Advanced One Brain's Nine Eye Modes⁸, the stuck points were very revealing: Under stress our eyes tell us where we are seeking relief – where our negative emotion is and what we want to do about it.

To summarize, "Some of us aim for Conscious control":

Eyes straight up=acceptance or antagonism – wants to clean up the mess and take action or, if questioned, feels attacked and gets defensive (corrective symbol is the circle)

Eyes straight ahead= willingness or anger – quick to blame others and gets angry when others won't agree (infinity symbol)

Eyes up left= interest or resentment - this is the analytical mode - "computer is on" but not in touch with emotions (plus sign);

"Others of us give way to deeper, unconscious feelings and desires":

Eyes to either side are enthusiasm or hostility:

Eyes right= enthusiasm - when stressed, makes jokes (harmony of the spheres)

Eyes left= hostility - feels trapped or will do anything to avoid confrontation, will skirt issues (triangle)

Eyes down right= assurance or fear of loss - needs support and needs to learn the greatest support is self (star)

Eves up right= equality or grief and guilt - needs to be involved (or get involved) and reliable or feels discouraged and selfpunishing (boxed triangle);

"Others of us take an instant checkout into Cellular Memory":

Eyes down left = attunement or indifference - either in tune with what is going on or freezes and feels immobilized (wave symbol)

Eyes straight down = oneness or separation - quiet and at peace or feels uncared for and loveless and unlovable (circle)

is NO Choice.

A few examples:

A 20-year-old man came in because he felt out of control. His anxiety and worry consumed him. He played highly competitive golf and, although, usually leading the field by several strokes would begin to worry, not enjoy the game and lose tournaments he should clearly win. Although thought to have what it takes to be professional, he was ready to give up the sport all together because it was not fun. He worried about his school work in the same manner, although very bright, was performing less than

average and worried about getting into graduate school. In our first session, his goal was "I relax and enjoy playing competitive golf." He chose Anticipatory Anxiety as the most appropriate protocol and after using the ESM, his SUDS level went from 10+ to 5. The difference was amazing. He called to tell me that he had experienced the best week of his life. It was the first time in his life he didn't dread going to classes and his golf coach commented on how relaxed and happy he seemed on the course.

For his second session he wanted to work on having this feeling last. He began worrying that this new approach to his life would disappear. Again, he wanted to work on the Anticipatory Anxiety with the goal, "I relax and do my best." The overall emotion was panic/terror. He had trouble with eyes lower left. I used the symbol of the wave to diffuse this "In balance, I find flexibility and the attunement to my highest good and the highest good of all." He muscle tested that this was the appropriate goal but he didn't want to be balanced for it. He began having a panic attack right in the office. With ESR I asked him how he would define "flexibility." All positions = at choice or feels there His definition was that he would be out of control. He needed to feel completely in control and not allow anyone to control him or his things. He described the way he lives his life to maintain control- he knows if anyone ever goes into his room - everything is in perfect order. All his shirts are folded and stored exactly the same way. He checks every door and the locks throughout the house. He cannot sleep unless all is perfect. He felt panicky; at the thought that I would somehow take this control from him. (That is the total faith he had in this process.) We cleared lower left eve mode and proceeded with another round of the ESM. During the "hum a tune Bridge", he hummed "Row, row, row your boat" and "Mares Eat Oats ... " At

home and the house was in the process of being burglarized. His father ran after the thieves and the family was terrified. From that time forward he was sure that. unconsciously, his compulsive behavior had kept the family safe. We began with a full ESM on letting his family take care of themselves. His SUDS level went to zero and to do so without being in pain. he has been working on less compulsive behavior.

A brilliant 32-year-old man was suffering from panic attacks when he was given a new project on his job. He was placed on the fast track in his company - advancing faster than of hope with suicidal thoughts becoming anyone ever had. When he takes on a new project he works 20 hours per day, is worried anticipatory anxiety centered on never all of the time that he will fail, that they will find out who he really is and that he will be fired. He performs with excellence to the point where large companies are demanding that he be the one on their projects. When a project is over he collapses, has crying spells, goes to bed and destroys relationships because of his demanding and belittling ways. Panic attacks accompany all of this. Began the ESM protocol with "I relax and do my best." The overall emotion was NO CHOICE. His eyes wouldn't go down left so much so that trying would hurt. He interrupted the balance by saying that the reversal statements were uncomfortable for him, especially that he accepted himself even though it wasn't safe to give up this problem He said, "It isn't safe - I have to do it this way to make sure that I do a good job." The ESM issue changed to be "I can reframe my work to enjoy working hard." The follows: panic attacks have stopped.

A 50-year-old woman came in with excruciating pain in her elbow after house painting. After a TFH balance, using the Carpel Tunnel Syndrome correction (2003

age 6 he remembered when the family came TFH Journal) and the Kate Montgomery shoulder adjustment her pain went from a 9 to a 4. We did the EMS for pain and her eyes would skip the up right mode. The boxed triangle correction indicated that she needed to break free from working for her husband. She needed to move on to her own life and hobbies. This balance gave her permission

> A 30-year-old mid eastern woman came in for clinical depression. She was commitment phobic always nit picking her dates and being bored. Her medication seemed ineffective and she was running out more prevalent. Her excessive worry and getting any better. Eyes down right were a problem. She was clearly not in tune with her culture and needed reassurance. Discussed needing to learn she needed to support herself in this new world and begin resolving issues with her father, who was a tyrant. She was terrified that she would end up subservient like her mother and dominated by any man.

In each of these cases the eye mode intervention allowed a surge forward in dealing with the root of the problem and not just alleviating the symptoms.

Using the emotions and symbols, clear that position before going any further. The power of this intervening step is tremendous.

The protocol tapping points are as

- 1. Inner eyebrow where the inner eye meets the nose⁹ - beginning of bladder meridian
- 2. Outside eyebrow at the temple in the

soft spot between the eye and the hairline - between TW22 and TW 2310

- 3. Under the eye middle of the lower eye orbit, at the notch - beginning of the stomach meridian
- 4. Under the nose middle of upper lip between the ridges- end of governing meridian
- 5. Under the lip middle where chin begins protruding - end of central meridian
- 6. Little fingernail edge of little finger nail nearest the ring finger- (opposite side of the fingernail of SI1)
- 7. Index fingernail inner edge of the index fingernail - opposite side of fingernail of LI1
- 8. Middle fingernail inner edge of middle fingernail - CX9
- 9. Back of Hand the gamut spot, the valley between ring and little fingers just below the knuckles - TW3
- 10. Under the collarbone indentation under <u>Anticipatory Anxiety: Tap the following points</u> the collarbone at the outer edge of the collarbone - S11-S12
- 11. Under Arm side of body about 2 inches below the armpit parallel with the nipple -
- 12. Ribcage open palm on ribcage directly below the breast - S19
- 13.Chest the only site where massaging deeply in a clockwise direction replaces tapping: indentation located above the heart, about 3 inches off the center line of the body and 2 inches above the nipple - "sore spot" - S12
- 14.Side of Hand karate chop point on outside of hand, where the "life line"

starts - between SI3 and SI4

15.Thumbnail - inner edge of thumbnail -LU11

Listing these sites with arbitrary numbers 1-15, the following points are tapped 7 times for a selected group of protocols:

Addictive urges: 1, 3, 4, 5, 11, and 10

Comprehensive Sequence – if all else fails: 1, 2, 4, 5, 3, 10, 11, 10, 3, 2, 7, 10, 7, 10, 8, 15.14.9

Disgust: 2, 3, 11, 10, 15,

Embarrassment: 4, 10, 11, 10, and 12

Grief: 1, 2, 3, 4, 11, 10, 7 10, 9x50

Pain: 1, 2, 3, 4, 10, 11, 6, 10, 7, 10, 9x50

Procrastination: 1, 4, 5, 10, 11, 10, 3, 15, 8, 9x50

Adding the metaphors to the tapping adds another dimension to the balance. As an example::

7 times each

1-Beginning of TW meridian (outside of eyebrow): (emotional metaphor: What do you need to be less or more open about? Do you need to open our arms to receive or are you trying to take in too much?

2- End of Governing meridian (under nose): (emotional metaphor: What burden or weight needs to be removed from your life? How do you envision the burden?

3-End of Central meridian (under lip): (emotional metaphor: What small things or ideas do you need to release to reach your goal?)

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4- Beginning of the Stomach meridian (under eye): (emotional metaphor: In relation Health Education, 2002. p. 59-60 to your goal, do you need to hold your chest up and be more proud or are you too proud?)

5- Origin of Neck Flexors (collarbone): (emotional metaphor: Are you literally sticking your neck out? Figuratively, are you taking too may risks or do you need to take more chances?)

6-Beginning of Heart meridian (under the arm): (emotional metaphor: What are you hiding or keeping private? Is there something you need to reveal? What do you need to feel with your heart as opposed to your head?)

7- Collarbone see # 5

8- Under eye see #4

My take on this, as a psychologist, is that anticipatory anxiety can be energetically resolved by first stating the fear or dread, shifting the energy allocation to have the fear be less of a burden, let subtle ideas or things go, be confident, take a chance, connect emotions with reality, take a chance, take pride in the reality.

Each of the protocols could be examined in this manner and I invite your input and insight.

Enjoy these new techniques.

Notes

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7. Walther, David. "Eyes Into Distortion (EID)," Applied Kinesiology – A Synopsis, Systems. DC, Colorado 1988: 44-46.

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