

Research Article

Baby-Gaze: A neurobiological method of anxiety relief in trauma

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Abstract

A simple clinical technique for rapid anxiety reduction following trauma is described with evidence of effectiveness in clinical settings.

Introduction

Anxiety is a common symptom that occurs in many settings including the emergency room, the doctor's office and elsewhere. In many cases, the anxiety follows a surge in the adrenergic neurotransmitters leading to sympathetic autonomic dominance. Dutton & Ashworth 2015 [1] observed a "Snakes and Ladders" pattern of trauma resolution that included the negative emotion of fear (anxiety). The observation that suckling neonates maintain a specific gaze, utilising contralateral III + IV cranial nerves, suggested that this might enhance parasympathetic activity from the intervening Edinger-Westphal (E-W) nucleus [2,3]. Reproducing this baby-gaze in adults has led to measurable resolution of anxiety in clinical practice.

Method

The technique involves first asking the patient to identify somatic feelings associated with the anxiety, scored on a 10 points scale. The subject is then asked to adopt the baby-gaze. Many people find one side more effective than the other and so each side is tested for about 10 to 15 seconds to determine the side that brings greatest relief. Clock-face positions are used for ease of description of the method. The adducting (inward-looking) eye should look up and in at a slight angle towards 11 or 1 o'clock. To ensure third nerve recruitment and to minimise sixth nerve involvement, the abducting (outward-looking) eye should similarly be gazing upward.

The gaze is continued until the subject reports resolution of the somatic disturbance. Experience to date is that the body feeling of distress is eliminated in some subjects in under a minute while others take about 5 minutes of baby-gaze to achieve resolution.

This technique has been used in General Practice during treatment for anxiety using HADS [4] to measure pre-baby-gaze anxiety and post-baby-gaze anxiety one to two weeks later.

Results

Audit of 12 G.P. patients showed a mean reduction of 4 points, from a starting mean of 15.25 on the anxiety scale of the HADS.

Discussion

Though this technique is new, it has now been applied in various settings including the GP clinic, psychologist practice and at the roadside following a Road Traffic Incident. Patients asked to comment on their anxiety following resolution of somatic symptoms, immediately report with surprise that it has gone. Patients have been encouraged to use the baby-gaze at home as a new skill and have reported continuing benefit. The baby-gaze has shown early effectiveness in a range of settings and provides an easily applicable, non-pharmacological method of anxiety control that is worthy of further study.

References

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