

Eye Contact, Emotions and Vision

We make initial contact with others with our eyes. The eyes are the windows to the soul.

Our eyes and the visual system vary with how we feel, as well as responding to challenging situations, stress and trauma. I shall explore with you these influences on vision in the context of relationships, of emotions/feelings, and in the post-traumatic stress situation.

In this presentation you will have the opportunity to:

- identify some of the feelings you hold in and around our eyes
- Experience how and why the use of grounding, centring and body-awareness techniques can help to be in touch with those feelings; and
- Learn techniques to protect ourselves from the conscious or unconscious feelings of our clients.

Eye Contact, Emotions and Vision, a little bit theory

In relationship with others

It is with the eyes that we initially make contact with people.

When we see first someone we choose to make eye contact or to avoid them by looking elsewhere. After the initial eye contact we may speak, and perhaps make further social contact and even empathise.

If making contact or avoiding it is done in a fluid way, appropriate to the situation, the eyes will be mobile and full of life. If on the other hand someone is largely avoiding contact, this will influence posture, the neck, and the muscles of the eyes. The people who eagerly seek contact may create too much pressure at the ocular level.

Our awareness of these mechanisms of behaviour, and the will to bring change, will enable recovery of fluidity in looking.

On the emotional level

Emotions and feelings influence the vitality and the mobility of our eyes in several ways. These influences can be specific or can become chronic, and so be written into the anatomy of the eyes, or the area around the eyes, with mechanical consequences: chronic tension in some of the extra-ocular muscles, change in the shape of the eyeball, compression which reduces the circulation to the eyes,...

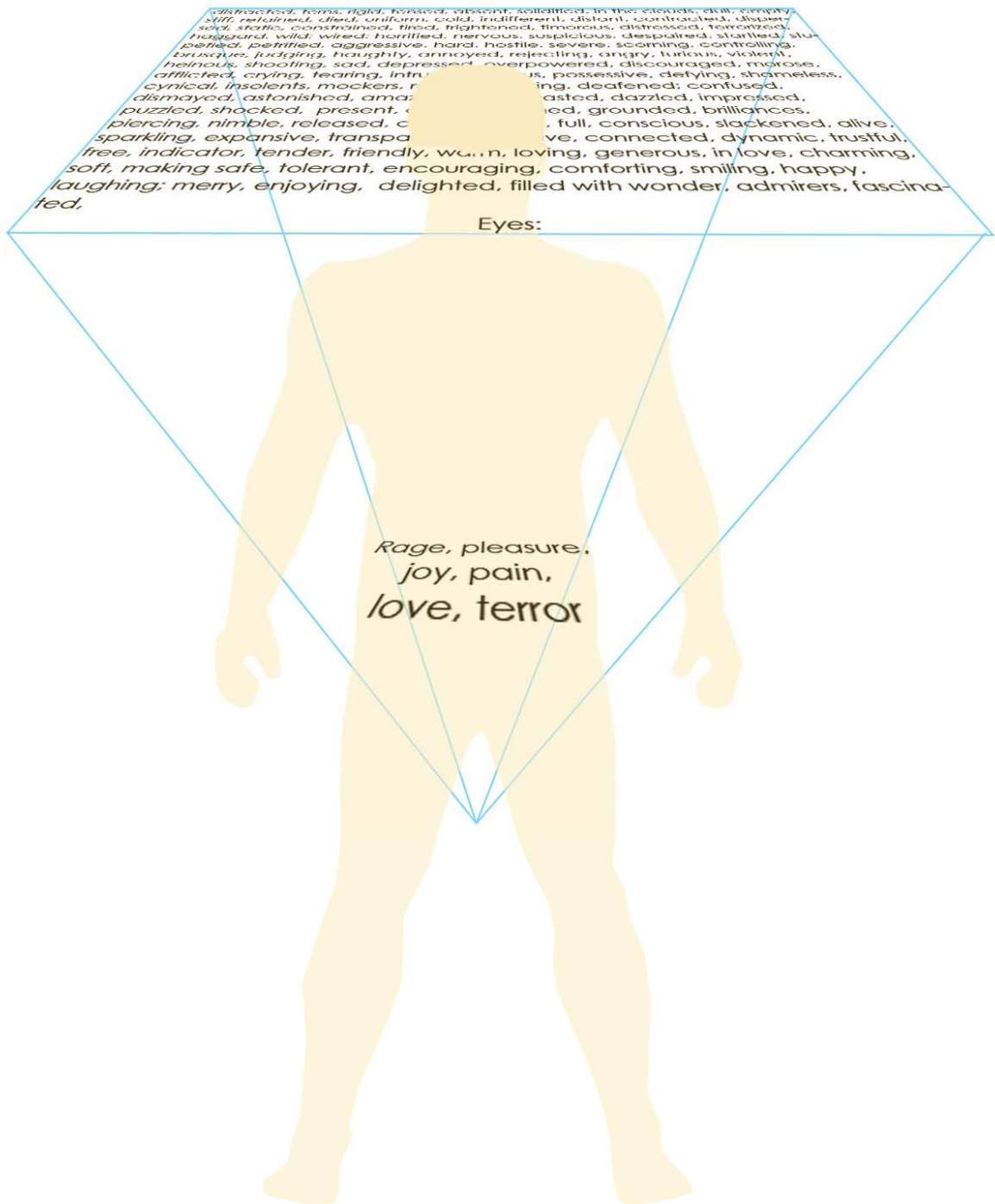
Our way of looking is emotional; our own particular way of seeing people, the world depends of our state of mind, our mood, and our fleeting feelings:

Consider 'seeing things through rose-tinted glasses' as compared with 'things looking grey': these expressions convey the effect of our mood on our way of seeing the world; on the ocular level that results in more vitality, and a twinkle in the eye when we are happy; and by a lack of energy, and a rigidity when we are unhappy. Our environment appears to us sometimes interesting, sometimes not so.

Our vision also depends on how interested we are in the things we see: if we visit a fascinating museum our gaze will be alert, curious, and full of life. If, on the other hand, we accompany somebody to a museum that we find boring, we will just have a cursory glance. We devour an exciting book, and feel fatigue when reading a tedious one, or something that is required reading.

All our emotions can flow through the eyes, including the deep core feelings: love, pain, rage, terror... and then those more linked to the mind: judgement, contempt, disappointment, satisfaction...

Feeling pyramid



These emotions appear on the ocular level with:

- reactions of the various eye muscles and the general ocular area which may influence the movement of the eyes and the blood flow to the eyes
- a change in energy, of brightness, at the level of the eyeball.
- a change in the size of the iris/pupil in response to powerful feelings and severe stress, which is accompanied by reactions in the sympathetic or parasympathetic autonomic nervous system, and which can cause momentary blurred vision.

We can choose to let the emotion and the corresponding energy flow through the eyes, or we can choose to block it and stare (by tensing certain ocular muscles) and limit the energy flow which could go to the eyes. It is of great value to be able to block the expression of the emotions in some situations, but, if that becomes automatic, a chronic blockage brings problem on the psychological, as well as on the physical level and in particular to the level of the eyes. For example let us imagine a child who cries and who is told to immediately stop crying, we will see that he will block his breathing, will tighten his throat, will choke his tears, will tighten his jaw, and will contract the area around the eyes. If that is repeated often, the movements will become more subtiles, and these tensions may become entrenched.

In addition, some feelings may also remain marked in the eyes as well as in the rest of the body. That occurs if a feeling was very frequent in childhood or played a large part in life (e.g. sadness - fear - dissatisfaction). Who doesn't know people who always look like they are sad? These patterns are linked in the ocular segment to chronic muscle tension, which limits the fluidity of visual response.

Natural, spontaneous emotions always have a positive function: anger gives us an extra edge to change the situation; fear enables us to avoid danger.... In fact the blocked or inscribed emotions create the problem on the psychological level as well as the physical and visual.

Here the awareness of patterns of functioning will open a door of opportunity to possible change. Sometimes psychotherapy will be necessary to change old patterns. And sometimes practices to improve vision (those of Dr. Bates and his successors) will put the person in touch with the emotions which were inscribed at the ocular level; by accepting them, we will help with the improvement of sight and the integration of emotions.

Influence of trauma: survival, emotions and the nervous system

Trauma may lead to psychological reactions: flashbacks, hyper-control (visual monitoring) of the environment, the refusal to see... according to the nature of the trauma.

There are also physiological influences: Normally the autonomous nervous system (ANS) controls the opening and closing of the pupils in response to light. But under strong terror in any lighting condition the pupil will dilate, and under great anger, the pupil constrict. During traumatic stress or in the post-traumatic stress situation there is an activation of the ANS. The consequence on the eye-level could be occasional or chronic contraction and dilation of the pupils, which bears no relationship to the current lighting situation, and this will influence the vision of the person.

The curing of the PTS or PTSD by psychotherapy may be necessary.

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Based on our emotional history, each of us develops our own unique way of limiting the use of our eyes. The awareness of this, along with therapeutic work and visual exercises can help restore better vision.

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