Integral Eye Movement Therapy (IEMT) - An Adaptive Model

Based on Sr. Callista Roy's (1970) Adaptation Model

Sister Callista Roy[1)] is an influential figure in the modern nursing profession. After graduating from Mount St. Mary's College with a Bachelor of Science in Nursing and Sociology, she went on to pursue her Master's and Doctorate degrees at the University of California, Los Angeles. She contributed greatly to the field of nursing science with her research into Adaptation Model(C. Riehl, 1980) (H. Andrews, C. Roy, 1991) of Nursing, which includes assessing patient health issues through understanding their adaptation patterns for better, more informed care.

Her concept has been cited by various scholars and forms the basis for many current approaches to health evaluation and assistance. Moreover, her Adaptive Model has been expanded overseas, providing the opportunity for research collaboration between nurses around the world. Sister Callista Roy's exceptional scientific contributions have set new precedents in holistic nursing assessment, making her an esteemed professional in both American and international healthcare communities.

Nursing theories frame, explain or define the practice and delivery of nursing care. There are a number of prominent models in common use, and different models may be used according to the organisational needs and the provisional requirements of the patient group served.

Sister Callista Roy developed the Adaptation Model of Nursing[2)] which quickly became regarded as a major nursing theory worldwide, especially in rehabilitation environments. Roy's model sees the individual as a set of interrelated biological, psychological and social systems. Whilst the individual strives to maintain a balance between these systems and the pressures of the outside world, an ideal level of balance is rarely found, thus the need for continual adaptation.

The Adaptation Model has been used in neurological rehabilitation units in a number of ways. Some examples[3)] include:

- **Assessing the impact of neurological injuries** or conditions on an individual's physical, psychological, and social functioning.
- **Developing treatment plans** that address the unique needs and strengths of each individual, taking into account their personal goals and priorities.
- **Evaluating the effectiveness of rehabilitation interventions** by tracking changes in an individual's adaptation level over time.
- **Providing a framework for collaborative care**, where multiple healthcare professionals can work together to support the individual's adaptation and recovery.
- **Educating individuals and their families about the impact of neurological injuries** or conditions on their lives, and helping them develop coping strategies to manage any challenges they may face.

> Health is not freedom from the inevitability of death, disease, unhappiness or stress, but rather is the ability to cope with them in a competent way.
>
> *Ivan Illich*

> We now act as if we really believe that disease, aging, and death are unnatural acts and all things are remediable. All we have to do, we think, is know enough (or spend enough), and disease and death can be prevented or fixed.
>
> *Faith T. Fitzgerald*

Overview of the theory

The Adaptation model has four domain concepts of: (i) person, (ii) health, (iii) environment, and (iv) nursing;

The model views the person as "*a biopsychosocial being in constant interaction with a changing environment*".

As in systems theory, a person is an open and adaptive system that uses internal coping skills to deal with environmental stressors. The environment is defined as "all conditions, circumstances and influences that surround and affect the development and behaviour of the person".

Stressors are defined as stimuli and the model uses the term *residual stimuli* to describe those stressors whose influence on the person is not immediately clear. Many life experiences and events that are long over may continue to exert residual stress upon the individual.

Health is defined as the process of "being and becoming an integrated and whole person" and Callista Roy's goal for the delivery of nursing care is "*the promotion of adaptation in each of the four modes**, *thereby contributing to the person's health, quality of life and dying with dignity*".

**The four modes referred to are: (i) physiological, (ii) self-concept, (iii) role function and (iv) interdependence.*

Adaptive Model and IEMT

Embedded within the operating mechanism of IEMT is a fundamental assumption that holds a person as a dynamic being who is in constant interaction with the ever-changing environment. Human beings are an intricate design of biological, social and psychological factors, both internal and external.

Every environment offers the individual resources, challenges, struggles and stressors of different forms and variable degrees thereby resulting in all consequential effects being subjective and occurring on a spectrum.

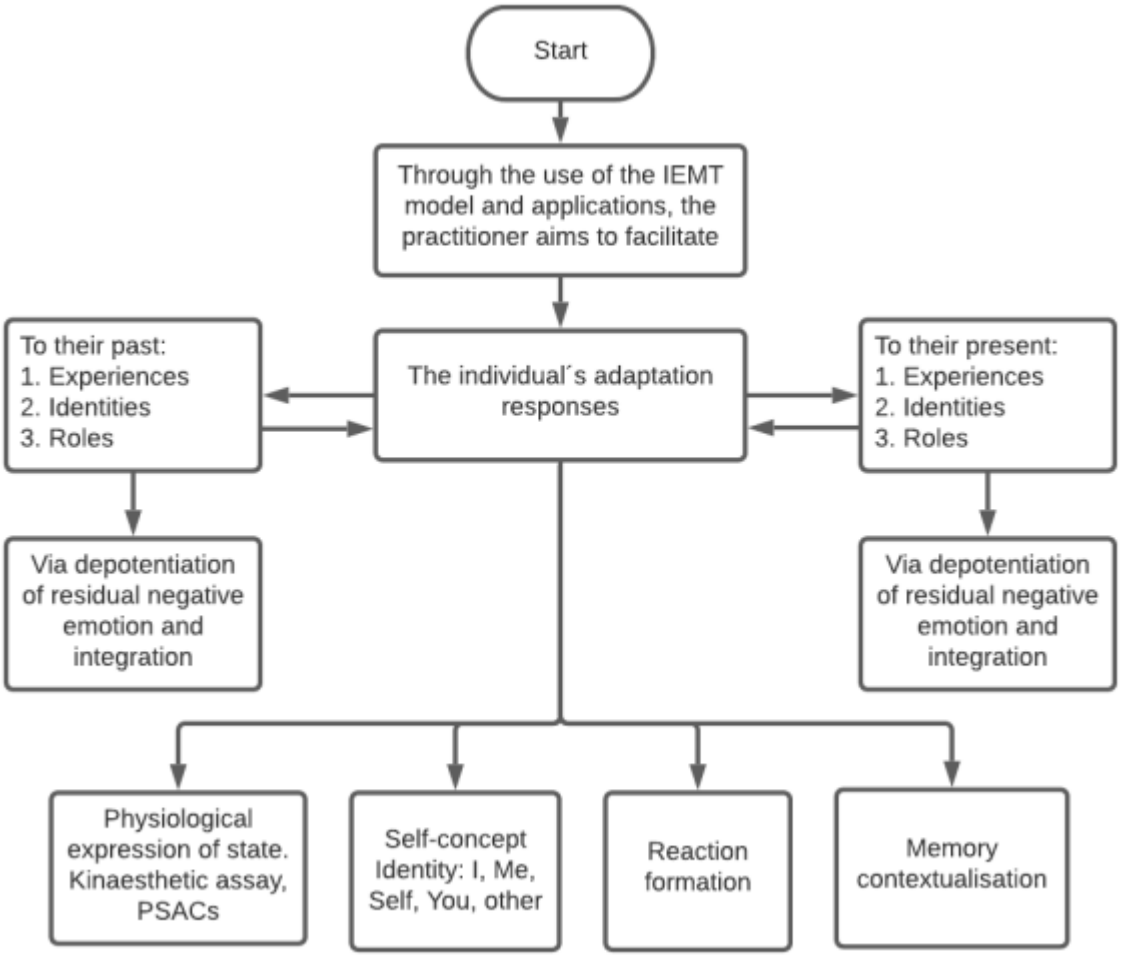
An important aspect of IEMT is an increase in resilience in order to get the client more effective to face, handle and adapt to the current environment. IEMT attempts to increase adaptability and maturity on part of the individual in order to manage life and its' ongoing complexities.

Being an "adaptive system", a person has input from the environment, which is subject to internal processing, eventually leading to an output. Our model presumes that the individual uses both innate and acquired (learned) mechanisms to adapt. Some of these adaptations may bring about unintended negative consequences and may be termed maladaptive.

The environmental stimuli that present as a resource, challenge, stressor or any combination of these may have its' origin in the historical biography of an individual. This, in turn, can exert an effect in the

present through its psychological, physiological, emotional, social and/or environmental nature.

The Adaptive IEMT Model states that well-being is an integral and central feature of a person's life, and can be represented on a well-being/distress spectrum. Along with health, well-being can be described as a state and process of being and becoming integrated and whole as a person, freed from the negative historical stresses and maladaptive responses.



Environmental stressors have four components:

1. **Focal** - current and specific stresses (extraneous pressures, intrinsic health issues) applied to the individual present in many or all contexts. The focal stimuli are those which attract the most attention from individuals (injury, divorce, debt, etc) or communities (such as a bombing, kidnap, environmental disaster, etc);
2. **Contextual** - all context-dependent stimuli, that is, those present in the background, and frame the situations that exacerbate the consequences of the focal stresses;
3. **Residual** - historical stresses whose after-effects continue into the current situation and affect the individual's well-being. This may include attitudes, beliefs, and strong influences in the form of either people or experiences.
4. **Prospective Stresses** - can reasonably be known, anticipated, and expected prior to their occurrence.

With the IEMT model, well-being is affected when an individual's adaptation fails to de-potentiate residual negative states resulting from historical environmental interactions and pressures. This in

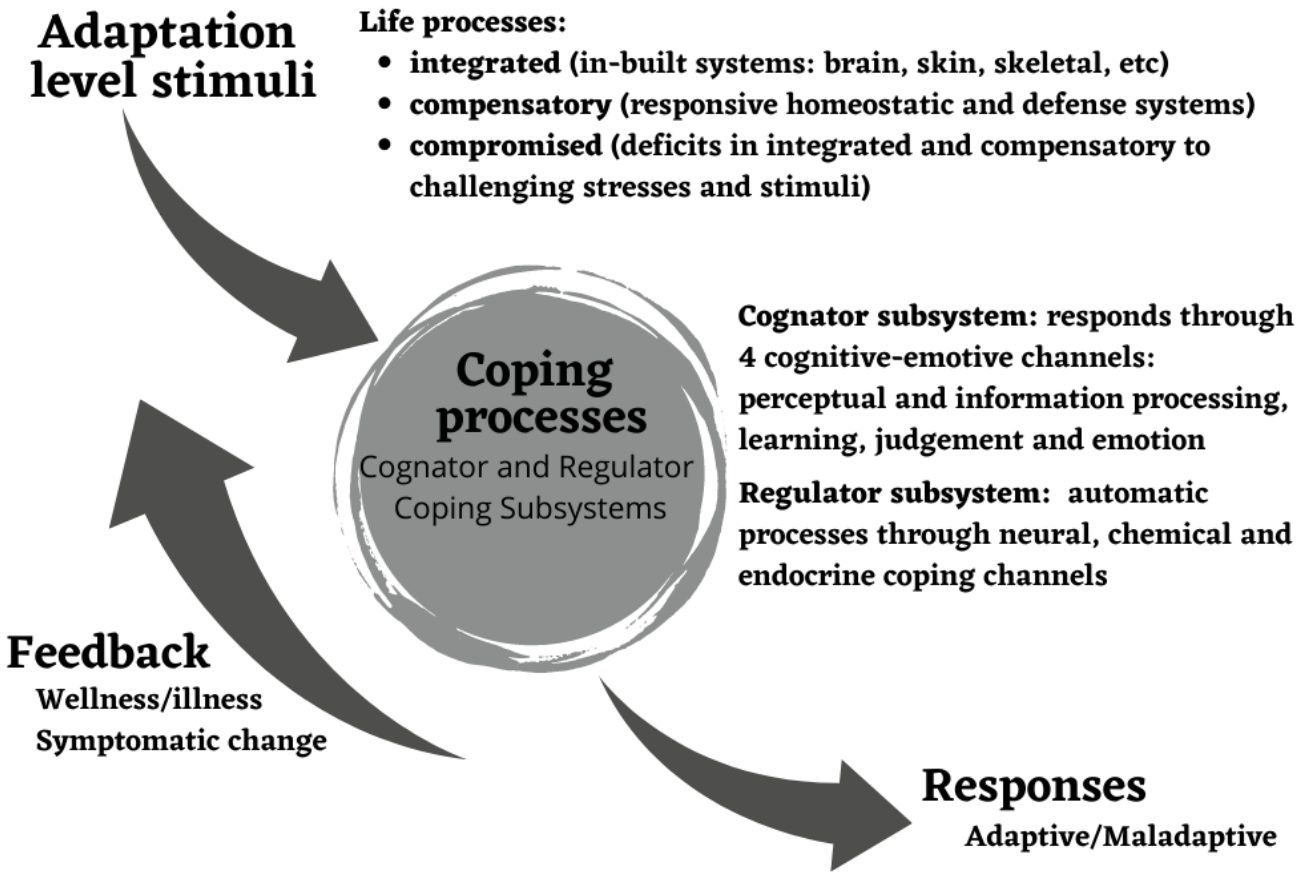
turn leads to specific maladaptive patterns, The Patterns of Chronicity, which inadvertently serve to maintain the residual negative state.

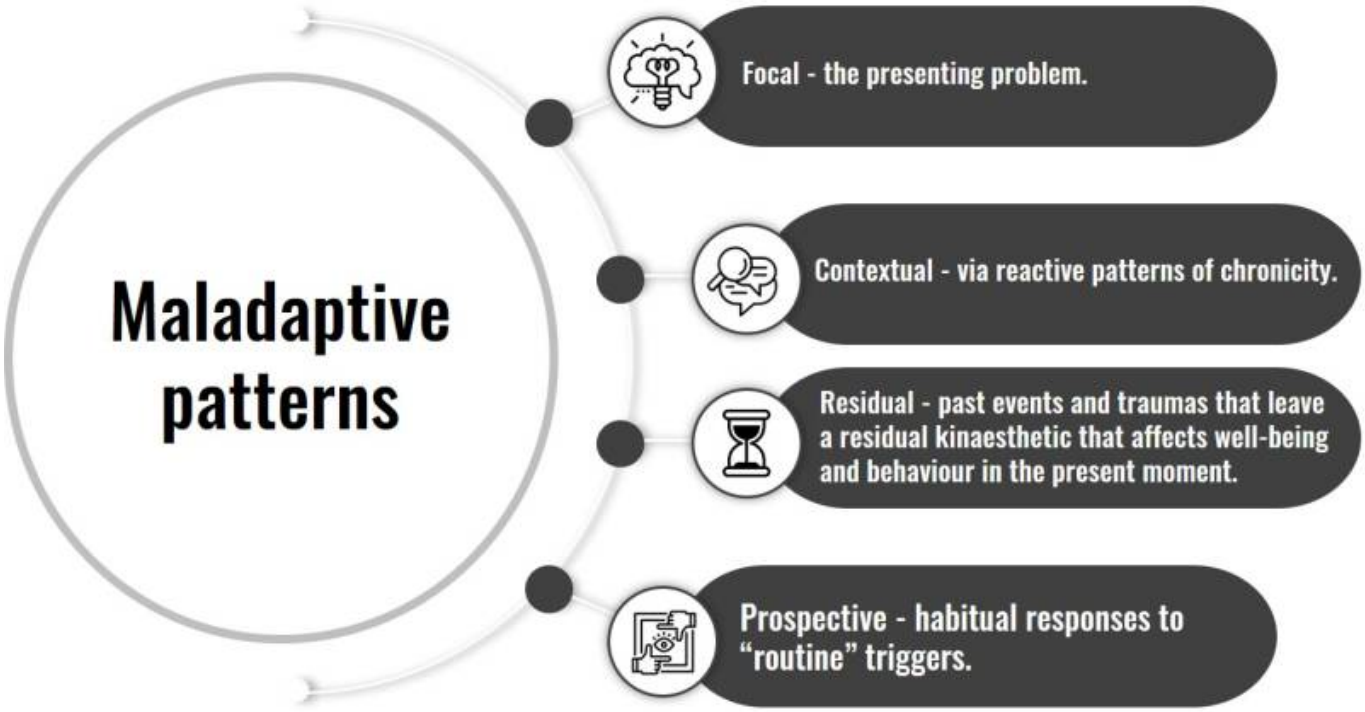
1. **Focal** - the presenting problem
2. **Contextual** - via reactive patterns of chronicity
3. **Residual** - past events and traumas that leave a residual kinaesthetic that affects well-being and behaviour in the present moment
4. **Prospective** - habitual responses to “routine” triggers

Adaptation

The Adaptation model proposes 3 levels of adaptation

1. Adaptive (systemic reorganisation) 2. Compensatory (part-system reorganisiton) 3. Maladaptive (failure to reorganise)





The IEMT Adaptive Model makes fifteen operating assumptions.

1. The person is a dynamic system that operates within the web of biological, psychological and social influences.
2. The person is a product of his/her interaction with an ever-changing environment.
3. Well-being, eustress and distressing stressors are an in-built part of human life.
4. The environment is embedded with stressors and changes. Adaptation is not a choice, but a necessity for life.
5. The adaptation of an individual is a function of the relationship between the flexibility and skills of adaptation and the familiarity and degree of the stimuli.
6. All behaviours are learned within a socio-cultural context.
7. No symptom of distress exists in isolation from this context.
8. Maladaptive emotional responses can give rise to patterns of chronicity that inadvertently serve to maintain a distressed state and prevent natural healing across time.
9. There is a dynamic objective for existence with the ultimate goal of achieving dignity and integrity.
10. Movement of the eyes while thinking of an unhelpful memory changes the contents of the memory and the feelings/reactions attached to the memory.
11. A person can be reduced to parts for therapeutic change work and then needs to be looked at as part of the whole.
12. IEMT is based on the principle of causality. Feelings, emotions, roles, identities and events have a cause. Each experience sets up an effect in motion.
13. A patient's behavioural, emotional and cognitive patterns can be challenged effectively by the IEMT model.
14. A positive and effective state of adaptation leads toward greater integration in an individual and also frees a person's energy to respond to other stimuli.
15. A limitation of IEMT is to only be able to make changes to the body's conditioned reflex responses, IEMT cannot, for example, change the genetics of a body, although it is

hypothesised that further research could well find epigenetic adaptations occurring as a result from working with PTSD clients.

Goal and Intention of IEMT

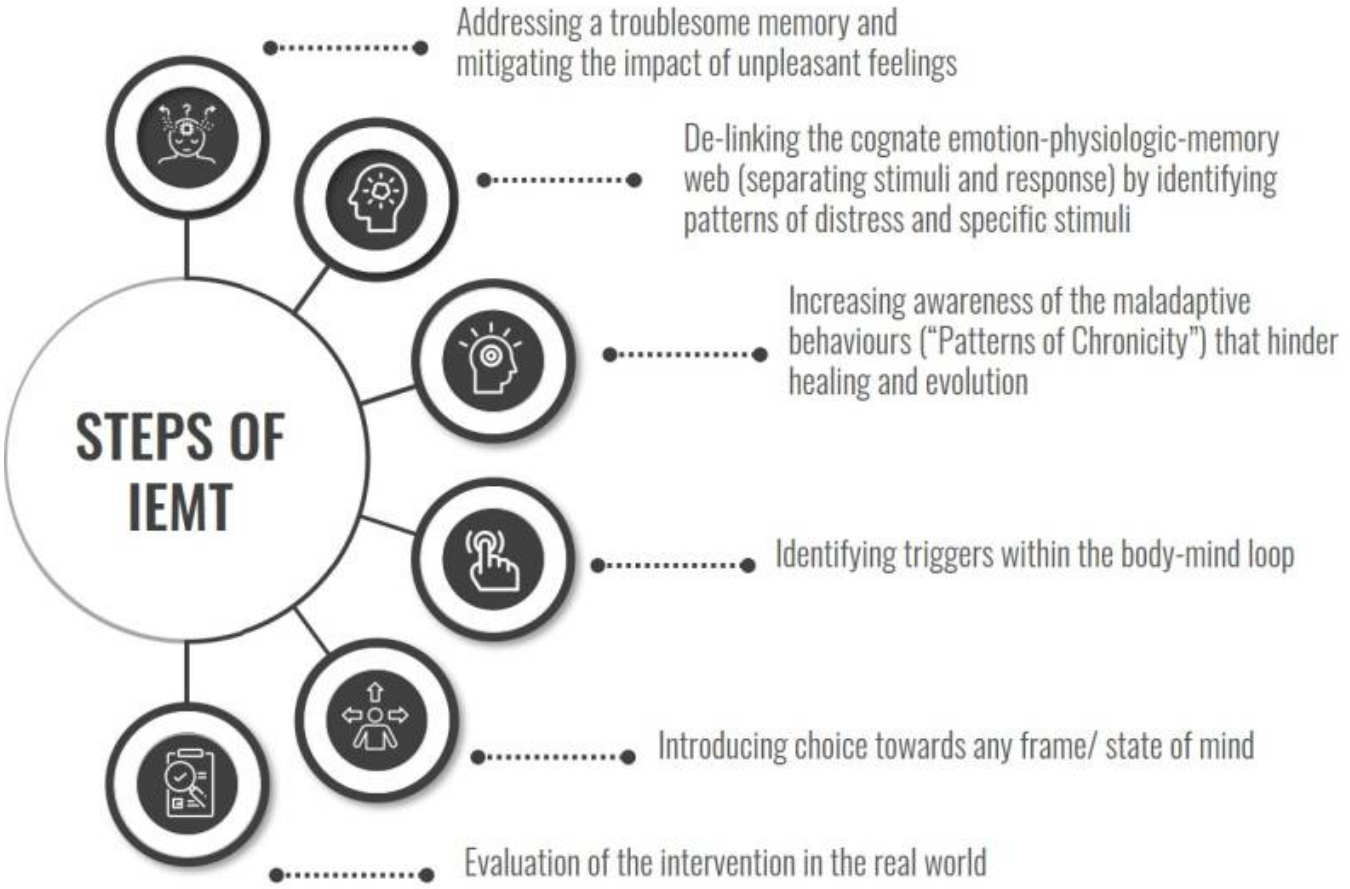
The goal of IEMT is to free the client from the effect of negative memories, feelings of distress and constricted identities that restrict the fundamental idea of life which is to experience it fully. It is to know and imbibe that stressors are integral to living and our adaptability to them defines well-being. Therefore, IEMT gives an empowering choice to stay on the spectrum towards robust health, in all domains, physical, mental, social and spiritual.

The intention of IEMT is the integration of experience and maturing of identity thereby leading to increased well-being within the dynamic system called the human being.

An integrated individual with greater well-being is more contributive to self and their social environment invariably leading to a better quality of life.

Steps of IEMT

1. Addressing a troublesome memory and mitigating the impact of unpleasant feelings
2. De-linking the cognate emotion-physiologic-memory web (separating stimuli and response) by identifying patterns of distress and specific stimuli
3. Increasing awareness of the maladaptive behaviours (“Patterns of Chronicity”) that hinder healing and evolution
4. Identifying triggers within the body-mind loop
5. Introducing choice towards any frame/ state of mind
6. Evaluation of the intervention in the real world



See also

- Additional nursing models
- Orders of Adaptation
- Orders of Change

[1)] Callista RoyWikipedia
[2)] Adaptation model of nursingWikipedia
[3)] Application of Roy's Adaptation Model (RAM)currentnursing.com

1. ˆ C. Riehl, 1980. *Conceptual Models for Nursing Practice (Archive.org Online Library).* Century Crofts.
2. ˆ H. Andrews, C. Roy, 1991. *The Adaptation Model (Archive.org Online Library).* Appleton & Lange.