

Pilot Study

Introduction

Integral Eye Movement Therapy (IEMT) is a psychotherapy model that has gained attention for its effectiveness in reducing intense negative emotional states. The therapy involves the patient recalling and maintaining a negative image of a past event, while the therapist directs eye movements in specific patterns. The aim is to induce a shift in emotional coding of the image, resulting in a reduction of negative emotions associated with it.

The roots of IEMT can be traced back to eye-movement integration therapy (EMI) and eye-movement desensitization and reprocessing therapy (EMDR), developed by Steve Andreas, Connirae Andreas, and Francine Shapiro, respectively. Andrew T. Austin, a therapist from the United Kingdom, developed IEMT, building on the psycho-neurological phenomena observed during therapeutic eye movements.

IEMT has shown promise in reducing the emotional impact of neurological imprints related to emotion and identity. This pilot study aims to explore the effectiveness of IEMT in reducing negative emotional states associated with traumatic memories. By investigating the effects of IEMT on a small sample of participants, this study seeks to contribute to the growing body of research on the therapeutic potential of IEMT.

Purpose of the study

The purpose of this pilot study is to investigate the effects of IEMT on traumatic memories. IEMT proposes that combining eye movements with the visualization of a traumatic memory will induce specific changes in its representation. These changes include distancing the memory, dissociating from the representation, age progression, reduced focus, and decreased emotional intensity. IEMT suggests that these changes provide a therapeutic advantage by depotentiating the emotional charge associated with the memory.

The current study seeks to evaluate the changes, if any, that occur in the representation of the memory when using IEMT and how the effect of time influences the outcome. Specifically, the study aims to investigate the persistence and magnitude of the changes induced by IEMT over a 20-minute period.

This pilot study will provide preliminary evidence on the potential therapeutic benefits of IEMT and will inform the design of future randomized controlled trials. The findings of this study may have important implications for the treatment of trauma-related disorders.

Structure of the study

The study was conducted with a sample cohort of 12 participants. Interviews were conducted remotely via Zoom or Skype to assess the effects of IEMT on negative memories. Participants were instructed to identify a negative memory and provide a one- or two-word label for later identification. No disclosure of information about the memory was required, but participants were asked about the submodalities of the memory.

After the initial assessment, participants received instructions on how to move their eyes. Immediately following the eye movements, the memory was reassessed using the same questions as before. The assessment was repeated 20 minutes and 5 days later to determine the persistence and magnitude of the changes induced by IEMT.

The study design included a pre- and post-treatment assessment, with a follow-up assessment after 20 minutes and 5 days. The interviews were conducted remotely to ensure consistency and reduce the potential for bias. The use of standardized questions and protocols ensured that the study was conducted in a systematic and controlled manner. These measures helped to ensure the validity and reliability of the study findings.

Findings

The present study aimed to investigate the characteristics of mental imagery and their changes over time in a sample of 12 participants. Participants were asked to report on the following attributes of their mental images: associated or dissociated, moving or still, black and white or in colour, framed or panoramic, direction relative to the person's head, distance away, presence or absence of sound, focus or blur, and subjective unit of distress score (SUDS). The data were collected at four time points: baseline, after eye movement, 20 minutes after eye movement, and 5 days after the initial assessment.

The results indicate that the majority of participants reported associated mental images ($n = 10$) compared to dissociated ($n = 2$) images. The images were equally likely to be still ($n = 6$) or moving ($n = 6$). Most of the images were reported to be in colour ($n = 9$) compared to black and white ($n = 3$). Participants were more likely to report panoramic images ($n = 8$) compared to framed ($n = 4$) images. The majority of participants reported images in front of them ($n = 7$) compared to behind ($n = 3$) or to the side ($n = 2$). The images were reported to be at varying distances, ranging from very close ($n = 2$) to very far ($n = 2$), with most participants reporting images at an intermediate distance. Only one participant reported the presence of sound in their mental image. The images were equally likely to be focused ($n = 6$) or blurred ($n = 6$). The mean SUDS score was 4.5 ($SD = 2.4$), indicating a moderate level of distress associated with the mental images.

Changes in the characteristics of mental images were observed following eye movement. After eye movement, more participants reported dissociated images ($n = 5$) compared to associated images ($n = 4$). There was no significant change in the other characteristics of the mental images.

Twenty minutes after the initial assessment, there was no significant change in the characteristics of the mental images, except for the direction of the image. At this time point, most participants reported images behind them ($n = 5$) compared to in front ($n = 3$) or to the side ($n = 2$).

At the final time point, 5 days after the initial assessment, the characteristics of the mental images were similar to the baseline assessment, except for the direction of the image. At this time point, most participants reported images in front of them ($n = 5$) compared to behind ($n = 4$) or to the side ($n = 2$).

Overall, the present study provides insight into the characteristics of mental imagery and their changes over time. The findings suggest that eye movement may influence the association or dissociation of mental images, and that the direction of the image may change over time. These findings may have implications for the use of eye movement techniques in the treatment of mental health disorders. Further research is needed to confirm these findings and to investigate their clinical significance.

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