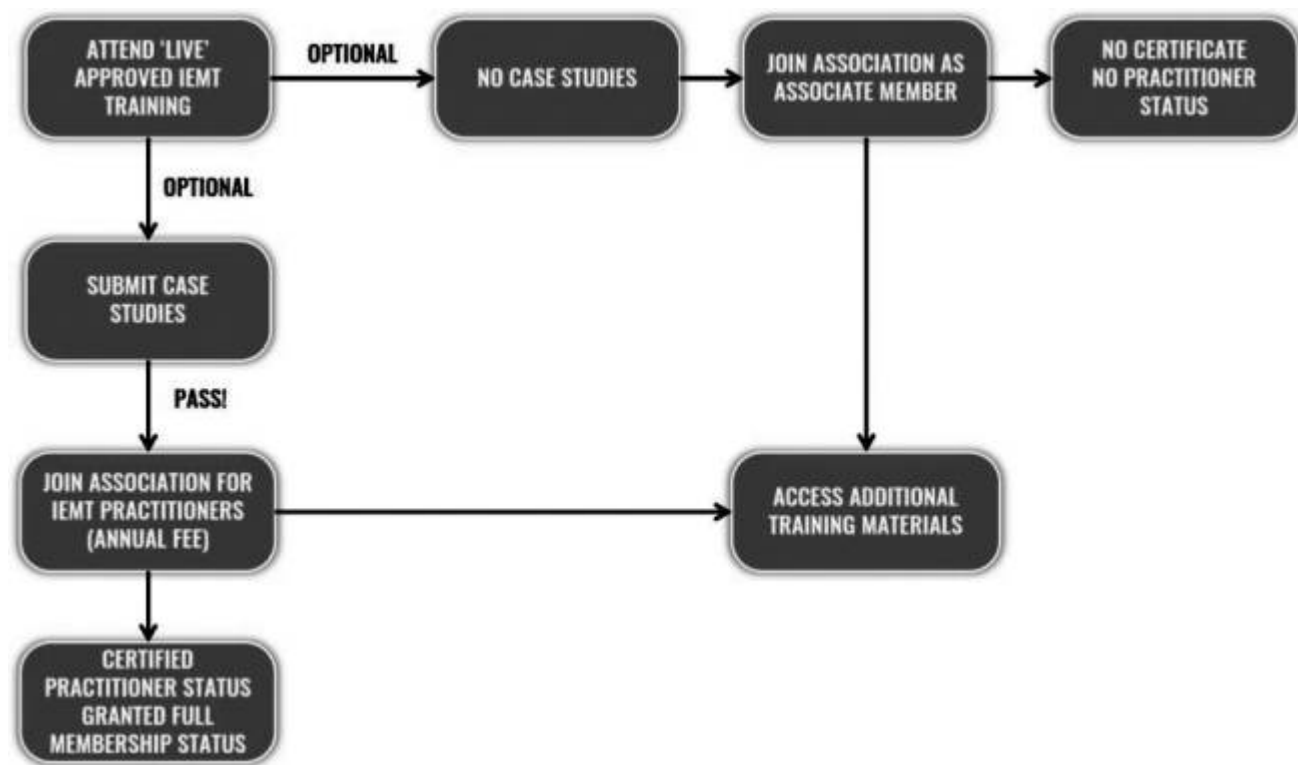


## Route to IEMT Practitioner Certification

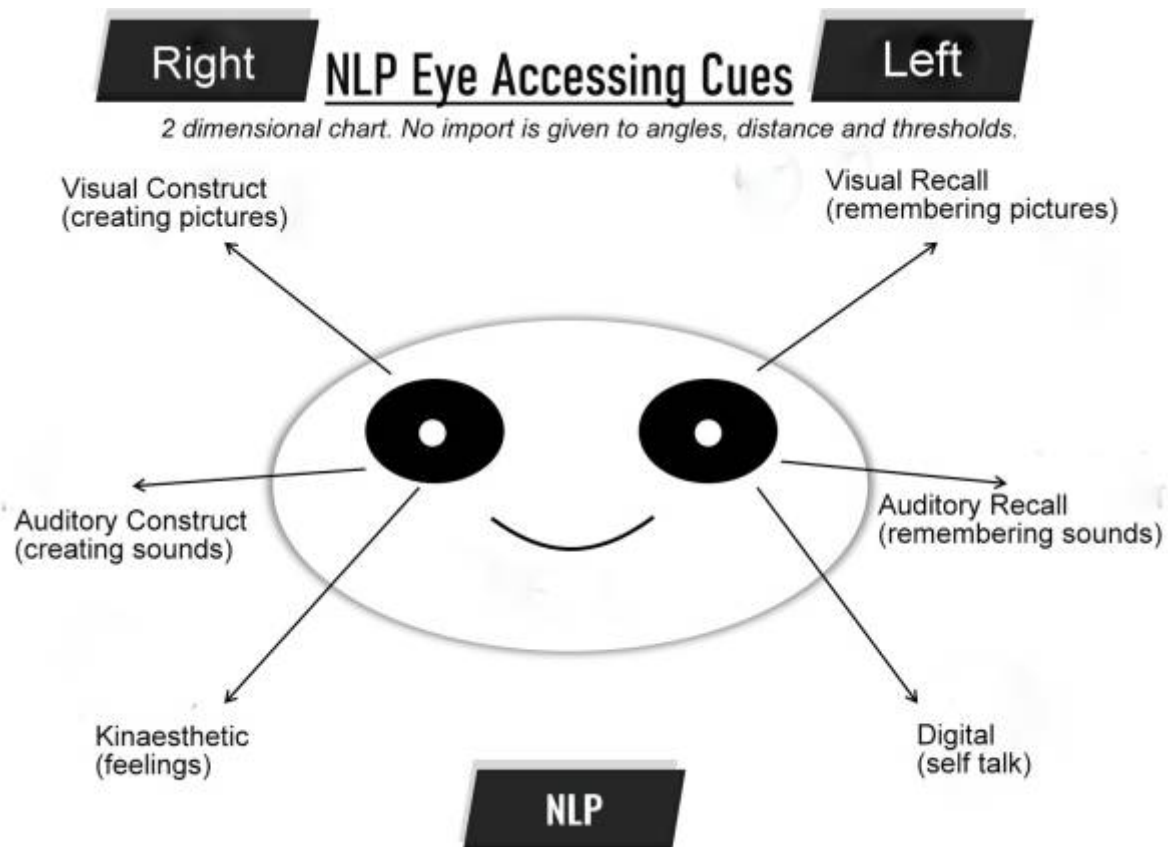


## Part 1. Emotional Engineering - Depotentiating Imprints of Emotion with IEMT

### Module 1 - Introductory Concepts

**00.00 - 00.05 - Rule setting for the group, mobile phones, toilets, etc.** For IEMT training it is essential to “set the frame” for the training that follows. Some participants may have never attended training before whilst others may be there for their own benefit rather than to certify as a practitioner. The rule setting establishes a professional frame, reminds everyone of confidentiality and mutual respect. Many trainees with experience in an NLP style training may be more familiar with the “edutainment” training model (recreational education) where emotional and psychological issues are mostly handled in a light-handed manner. NLP trainees are reminded that this is not an NLP training course.

**00.05 - 00.15 - Introduction to eye movements** including NLP’s eye accessing cues and the limitation of this model being only in 2 dimensions when in fact eyes move through a 3-dimensional field. The “eye accessing cues” model is well known to many people even outside of NLP training and we find that most trainees have accepted this model with little scepticism and understanding. It is found that pointing out that the chart is very limited by its two-dimensional scope and that “eye accessing cues” occur in 3 dimensions invariably comes as new information even to practitioners trained to trainer level.



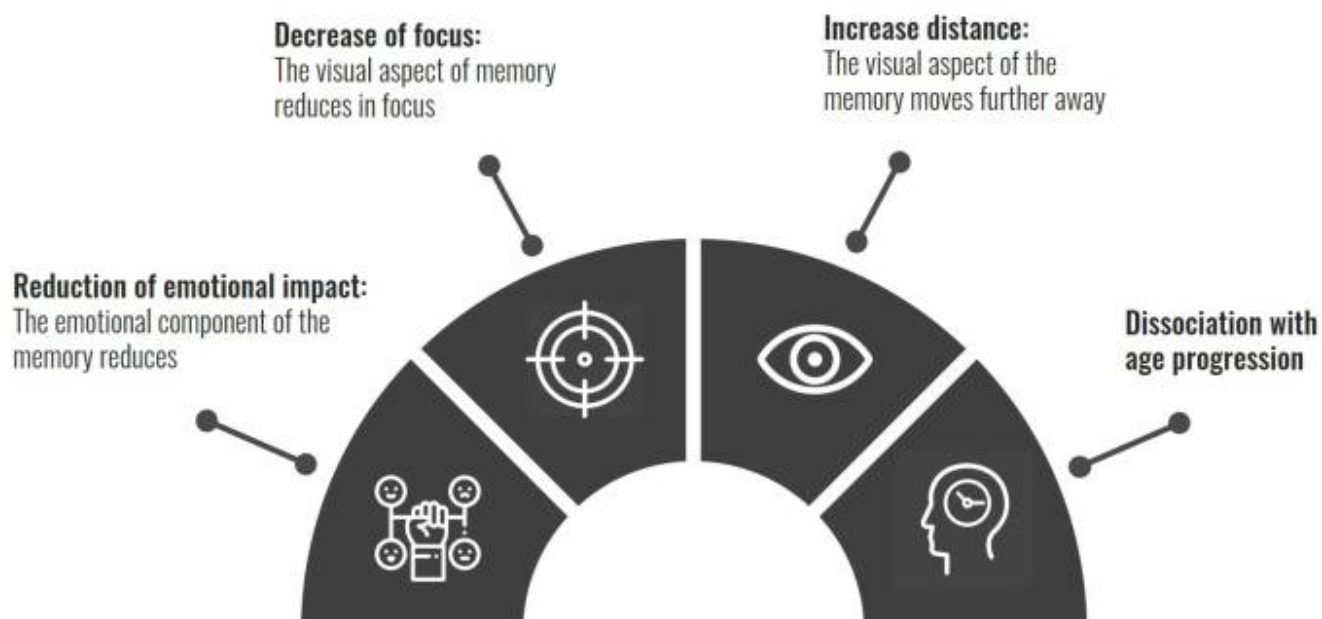
**00.15 - 00.30 - First introductory exercise.** In pairs, one person thinks of a situational problem, holds memory whilst the partner directs eye movements through 3 different axis lines about 6 times each way. Then swap over.

Trainers should construct their own story around historically feeling "terrible" because of what today (as an adult) seems a trivial issue (for example - a lunch box that was stolen in school, a fancy pencil that got spoilt etc.) This way, the trainees will connect with their own experiences and it will also show that it is not only the "big stuff" that needs to be considered for the eye movements.

**00.30 - 00.45 - Feedback from the group,** leading them to discover that the following tends to happen to memory:

- the emotional component of the memory reduces
- the visual aspect of memory reduces in focus
- the visual aspect of the memory moves further away
- dissociation from the representation of the memory with age progression occurs.

## Effects of IEMT when applied to a specific memory



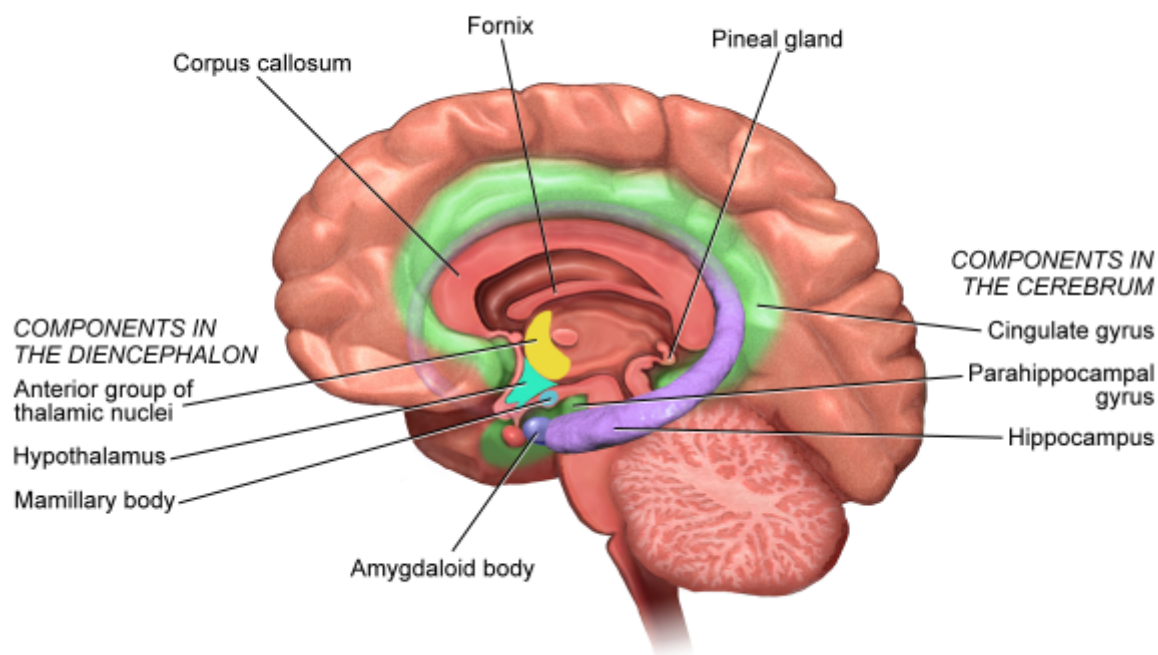
Discover from the group:

- who found that they feel better, or derived benefit/relief from the eye movements applied to a specific memory
- who found that no change occurred
- who found that it got worse in some way

Trainers should make a note of any participant who reports a negative somatic response such as dizziness or nausea. Experience has demonstrated that these are the individuals who 1. are most likely to abreact (creating release/relief) during the exercises and 2. report afterwards deriving the most personal benefit from the work.

**00.45 - 01.15 - Neurological overview of the limbic system.** A simplified introduction to the limbic system with particular reference to the hippocampal and amygdaloid regions.

# The Limbic System



## Core concepts:

- distinctions and differences between visual memory and emotional/kinaesthetic memory with reference to Alzheimer's disease and senile dementia (hippocampus/amygdala)
- emotional discrimination (amygdala)
- "the Hungers" or "drives" (hypothalamus)

It must be emphasised that this over-simplified description might give the impression that these are the functions of this neurological region, but in fact are merely a small aspect of this region's function.

**01.15 - 01.30 - Q&A and feedback from the group.** A common request from the group is where they can learn more about neurology. Whilst there are a large number of resources, the following books might be most suitable to trainees of IEMT:

- "Mapping the Mind" by Rita Carter
- "The Emotional Brain" by Joseph LeDoux
- "Phantoms in the Brain" by V.S. Ramachandran.
- All the writings by Oliver Sacks.

## References

**Claudia Wilimzig, Karl Nielsen, "NLP and Psychological Research: Rapport, Reframing and Eye Accessing Cues."** Journal of Experiential Psychotherapy vol. 20, no 3 (79) September 2017 [https://jep.ro/images/pdf/cuprins\\_reviste/79\\_art\\_3.pdf](https://jep.ro/images/pdf/cuprins_reviste/79_art_3.pdf)

**Laura Florea, Corneliu Florea, Ruxandra Vrânceanu, Constantin Vertan, "Can Your Eyes Tell Me How You Think? A Gaze Directed Estimation of the Mental Activity."** [http://alpha.imag.pub.ro/common/staff/cflorea/bmvc\\_NLP\\_2013.pdf](http://alpha.imag.pub.ro/common/staff/cflorea/bmvc_NLP_2013.pdf)

**Nate, Susan Rigtrup, "Eye accessing cues: A study of eye movements while**

**retrieving internal information."** Walden University. ProQuest Dissertations Publishing, 1999. 9958731.

<https://www.proquest.com/openview/057921c3eb33e006bd9bde521b3cd362/>

**Jeffrey J. Walczyk, Diana A. Griffith, Rachel Yates, Shelley R. Visconte, Byron Simoneaux, Laura L. Harris, "LIE Detection by Inducing Cognitive Load: Eye Movements and Other Cues to the False Answers of "Witnesses" to Crimes."** First Published March 28, 2012 Research Article, <https://doi.org/10.1177/0093854812437014>

---

**15-20 minute break with refreshment**

---

## **Module 2 - Introduction to the IEMT Kinaesthetic Pattern (Also, "K-Pattern" or "K-Protocol")**

### **00.00 - 00.15 - Introduction to the IEMT Kinaesthetic Pattern questions and formula.**

The trainees are taken through the script for the "Basic Pattern" emphasising that it is of paramount importance to follow the script exactly as it is. The wording of the script has a specific design and though a little deviation is acceptable, participants are told to read it word by word with the suggested emphasis and pauses, as and where required.

The script contains embedded commands/suggestions to facilitate the process of the Kinaesthetic Pattern and this concept may need to be explained to trainees who have little or no prior experience with hypnotic language patterns.

# The IEMT Kinaesthetic Pattern - Set Up Questions

Elicit the undesired state (whole being) or kinaesthetic expression (part body feeling)



Ask client to assign amplitude scale (1 – 10).  
“...and out of ten, how strong is this feeling, with ten being as strong as it can be?”



Ask: “...and how familiar is this feeling?”



Ask: “...and when was the first time that you can remember feeling this feeling... now... it may not be the first time it ever happened, but rather the first time that you can remember now...”

Trainers are to mention Trans-Derivational Search when the mind is searching for a memory by moving the eyes all around in space.

It is essential to point out that it is okay for feelings to not have a specific name or diagnostic category. Many emotions are experienced in the body that does not have an easy label. It is for the person to feel the feeling and hence, the first two questions are targeted at that (mapping the feeling on a scale of 1 to 10 and its familiarity). It is not necessary for the “client” to give a lengthy description or history of the emotion/feeling. This eases the next step, the person’s access to the memory and it is where the eye movements work.

Trainees are instructed to direct their clients in the training exercises to “how does that feel?” when someone presents either a thought, an outcome as behaviour (for example, procrastination), or a physical pain. Then follows the Kinaesthetic Pattern algorithm.

**00.15 - 00.20 - Direction is given to the group on how to deliver the hand movements “professionally”** when directing the client’s eye movements. Posture, position relative to the “client”, movement of the arm, and levels of eye contact are referenced.

The trainees are instructed:

- The speed of movement is to be kept consistent, neither too fast, nor too slow
- The eyes of the “client” are taken all the way to the periphery
- The client's head is to be kept still
- The client's eyes are to follow the fingers
- The focal distance to be comfortable (about 2 feet)

A demonstration is given.

## 00.20 - 00.45 (approx) - Set exercise in pairs to practice the IEMT Kinaesthetic Pattern

Second exercise. In pairs, one person thinks of a recurring unpleasant feeling and the other asks the questions as per the script.

If no change in the memory is reported, eye movements are repeated on the same memory.

To the question, "... and how has the feeling changed?", after the response, if required (ask, "do you want to bring it down further?"), the entire formula can be repeated again, starting from, "on a scale of 1 to 10, how strong...".

Trainees are told that people are either taught how to feel or learn how to feel. For example, guilt and shame are taught; anxiety and panic are learned.

## 00.45-1.00 - Feedback and Q&A

People often report their amazement with regards to their inability to recall the memory and at the loss of intensity of the feeling. It is essential to introduce how IEMT is attaching a failure-to-recall to the problem, not through conversation but through direct experience. Asking the client to "try harder" to bring the memory back automatically highlights the inability to recall the event with full intensity.

Where appropriate introduce the Patterns of Chronicity as they arise within the behaviour of the group. Typically, a "what if" question arises from someone, introduce the "Great What If Question". Ideally, the "Three Stage Abreaction" and "Maybe Man" are covered in this module.

Where there is sufficient time before the break, direct the group to repeat the same exercise (20 mins.)

## References

**Barry A. Tanner** "*Validity of Global Physical and Emotional SUDS.*" Applied Psychophysiology and Biofeedback volume 37, pages 31-34 (2012)  
<https://link.springer.com/article/10.1007%2Fs10484-011-9174-x>

*"The data supports SUDS as global measures of both physical and emotional discomfort."*

**Nikki Kiyimba, Michelle O'Reilly,** "*The clinical use of Subjective Units of Distress scales (SUDs) in child mental health assessments: A thematic evaluation.*"  
<https://core.ac.uk/download/pdf/151305816.pdf>

"Miscommunication as a theme highlighted the need for clarity when using SUDs with children and young people."

**Lycia D. de Voogd, Jonathan W. Kanen, David A. Neville, Karin Roelofs, Guillén Fernández and Erno J. Hermans** "*Eye-Movement Intervention Enhances Extinction via Amygdala Deactivation*". Journal of Neuroscience 3rd October 2018, 38 (40) 8694-8706; DOI: <https://doi.org/10.1523/JNEUROSCI.0703-18.2018>

**Deborah E. Hannula & Charan Ranganath,** "*The Eyes Have It: Hippocampal Activity Predicts Expression of Memory in Eye Movements.*" Neuron Volume 63,

Issue 5, 10 September 2009, Pages 592-599.

<https://www.sciencedirect.com/science/article/pii/S0896627309006369>

*"Findings from recent experiments suggest that relational memory may be evident in patterns of eye movements even when conscious recollection fails. In these experiments, participants study realistic scenes and are subsequently tested with scenes that are repeated exactly as they were studied and scenes that have been systematically manipulated. Participants typically fixate disproportionately on regions of scenes that have been manipulated, suggesting that memory for the original item-location relationships has modulated viewing patterns."*

**Sarah Hashim, Lauren Stewart, Mats B. Küssner, "Saccadic Eye-Movements Suppress Visual Mental Imagery and Partly Reduce Emotional Response During Music Listening."** First Published November 30, 2020

<https://doi.org/10.1177/2059204320959580>

*"Thirty-five participants took part in Distractor (eye-movement) and Control (blank screen) conditions, and reported the prevalence, control, and vividness of their visual imagery, and felt emotion ratings using the GEMS-9 in response to short excerpts of film music. The results show that the eye-movement task was highly effective in reducing ratings for prevalence and vividness of visual imagery, and for one GEMS item, Nostalgia, but was not successful in reducing control of imagery or the remaining GEMS items in response to the music."*

**Jaana Simola, Jari Torniainen, Mona Moisala, Markus Kivikangas and Christina M. Krause, "Eye movement related brain responses to emotional scenes during free viewing"** Cognitive Science/Cognitive Brain Research Unit, Institute of Behavioural Sciences, University of Helsinki, Helsinki, Finland, Front. Syst. Neurosci., 20 August 2013 |

<https://doi.org/10.3389/fnsys.2013.00041>

*"...the unpleasant scenes elicited stronger responses than pleasant scenes. The ERP results did not support parafoveal emotional processing, although the eye movement results suggested faster attention capture by emotional stimuli. Our findings, thus, suggested that emotional processing depends on overt attentional resources engaged in the processing of emotional content. The results also indicate that brain responses to emotional images can be analyzed time-locked to eye movement events, although the response amplitudes were larger during serial presentation."*

**Arnold M. Ludwig, MD; Frank Farrelly, ACSW, "The Code of Chronicity."** December 1966, Arch Gen Psychiatry. 1966;15(6):562-568.

doi:10.1001/archpsyc.1966.01730180002002

<https://www.provocativetherapy.com/the-code-of-chronicity/>

*"This code of behaviour represents not only the acceptance of socially deviant group values but specifically prohibits a member of the group from consorting with members of other groups, especially those representing 'authority'."*

---

## 1 - 1.5 hour break

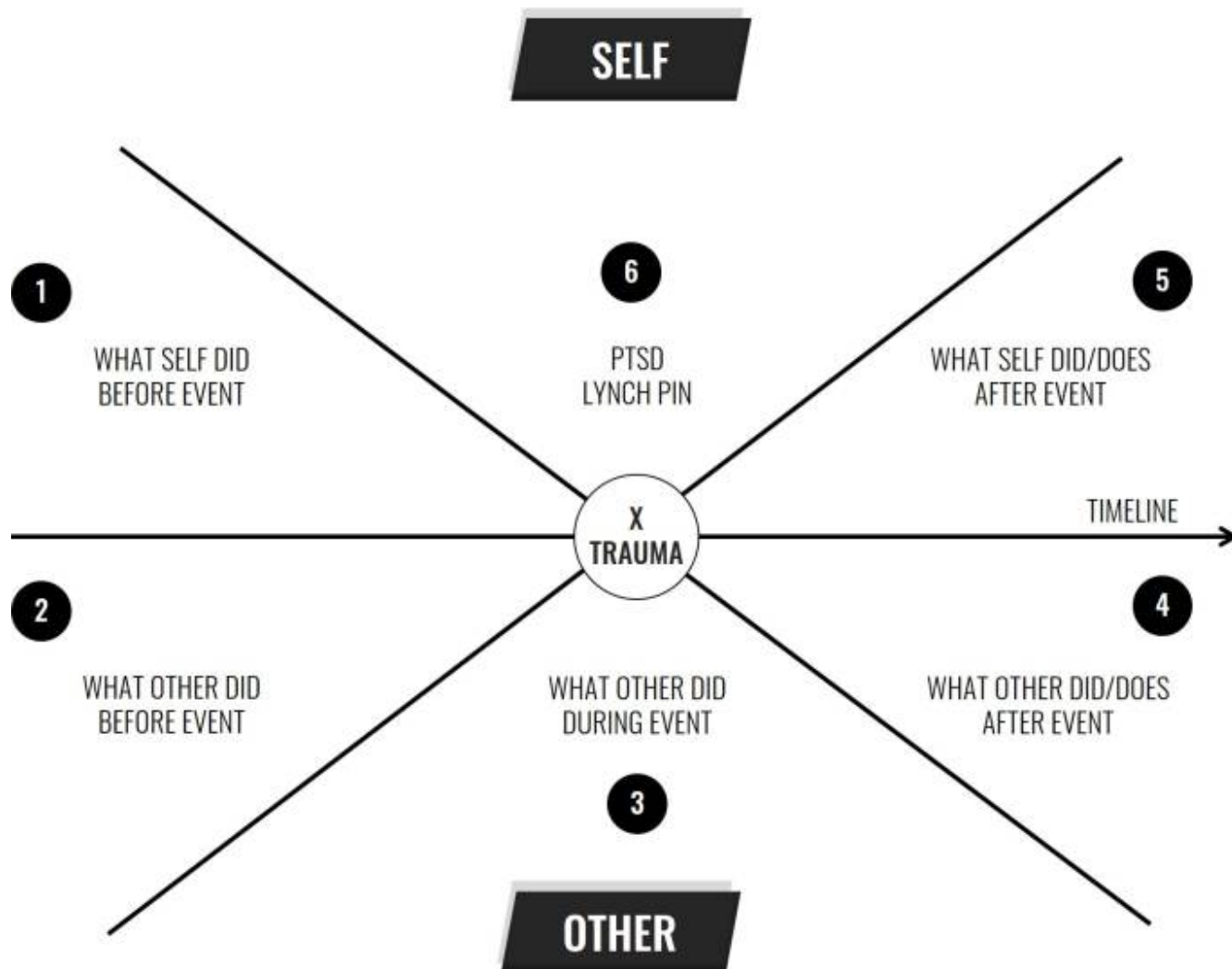
## Module 3 - Post Traumatic Stress Disorder

### 00.00 - 00.30 - The structure of PTSD and identification of “The Lynchpin” including Q&A from the group.

Trainers should emphasise the existence of PTSD, highlighting the definition and impact, with a diagnostic structure by which it is defined. It is essential to distinguish something that is perceived, or someone is simply calling PTSD versus clinically diagnosed PTSD with symptoms meeting the diagnostic criteria set out in the *Diagnostic and Statistical Manual of Mental Disorders (DSM5)*. It is seen to be helpful to give examples of how PTSD came into current terminology and how, to begin with, it was mostly deemed present only in war veterans, refugees, and victims of torture.

The two Patterns of Chronicity, “Three-Stage Abreaction” and “Being at Effect rather than at Cause”, are brought up again when discussing the common need on the part of those who develop PTSD to 1. go back to being the person they were before the trauma (“I want my life back”) and the expectation from others to understand their suffering (often demonstrated by the creation of an awareness campaign, another “foundation” or charity, writing a book about the experiences and so on.

Proposing the existence of “the lynchpin”, trainers should give a lot of stories and examples while explaining “the lynchpin” diagram. Trainers essentially point out that we can only work with the experiences of the client who is present and not the other person, people, or other extrinsic factors that may have been involved contributing to the trauma.



The lynchpin is defined as a normal personality trait that before the trauma was unremarkable but has since been reframed by the traumatic experience to be a primary causative factor. Thus any context or experience in which this trait exists is likely to be a trigger for “flashback” experiences.

A common question that emerges is regarding what is the difference between PTSD and cPTSD. It is also not uncommon for trainees to ask, “what if I don’t have a trauma?”

### **00.30 - 00.45 - Exercise in pairs in reducing “The Lynchpin” via eye movements.**

In pairs, the question is kept simple, “have you identified your lynchpin?”; asking the subject to keep that in mind, eye movements are professionally conducted, concluding with the two questions, “what did you notice? What did you experience?”. Then swap over.

### **00.45 - 00.50 - Feedback from exercise.**

Trainees report feeling blank, neutral, lighter, or experiencing a more positive feeling after the exercise. Few also report a sudden change in perspective and a sense of age progression.

**00.50 - 01.10 - Time predication in memory.** Explanation of the edit points of memory (every episodic memory has precise edit points for where it starts and where it stops).

Trainers invite trainees to participate in discovering for themselves that every episodic memory has a specific point where it begins and a specific point where it ends before it loops back.

Where the memory is a “still picture” rather than a “movie” this still picture is a specific snapshot in time, and not, for example, something from 10 seconds earlier or 3 seconds later.

It is essential for trainers to educate the trainees on the “living dead metaphor” which is found to be rather common in a trauma patient and subsequently, a way to address this is presented.

### **01.10 - 01.20 - Group exercise as guided visualisation of changing these edit points.**

In this section, trainees are guided by the trainer to experiment by changing the beginning and the endpoint of the memory and report back their experiences.

They are advised to add time to their memory and then notice the impact of it on their emotional charge with respect to that event.

### **01.20 - 01.30 - Feedback from exercise and Q&A on any aspect of this module.**

Typically, the feedback includes the experience of the diminished emotional impact of the memory by moving the edit points.

Importance is placed on giving an explanation of “the lynchpin” diagram with examples in order to facilitate the identification of the lynchpin by the subject.

Trainers are also recommended to highlight the process for exploring the “living dead metaphor” through the subject's timeline and taking the subject through it a couple of times (and at times, a large number of times), recognising that it may not be easy for them.

## **References**

**Ad de Jongh, Robert Ernst, Lisa Marquesce & Hellen Hornsveld, “The impact of eye movements and tones on disturbing memories involving PTSD and other mental disorders.”** Journal of Behavior Therapy and Experimental Psychiatry Volume 44, Issue 4, December 2013, Pages 477-483

**Robert Tym, Paul Beaumont & T. Lioulios, 2009 “Two Persisting Pathophysiological Visual Phenomena Following Psychological Trauma and Their Elimination With Rapid Eye Movements: A Possible Refinement of Construct PTSD and Its Visual State Marker.”** Traumatology, 15(3), 23-33.  
<https://doi.org/10.1177/1534765609335521>

**Alastair L Barrowcliff PhD, Nicola S Gray MSc, PhD, Tom CA Freeman PhD & Malcolm J MacCulloch MD, “Eye-movements reduce the vividness, emotional valence and electrodermal arousal associated with negative autobiographical memories”** The Journal of Forensic Psychiatry & Psychology Volume 15, 2004 - Issue 2, Pages 325-345

**David P. G. van den Berg, MSc; Paul A. J. M. de Bont, MSc; Berber M. van der Vleugel, MSc; et al “Prolonged Exposure vs Eye Movement Desensitization and Reprocessing vs Waiting List for Posttraumatic Stress Disorder in Patients With a Psychotic Disorder - A Randomized Clinical Trial.”** JAMA Psychiatry. 2015;72(3):259-267. doi:10.1001/jamapsychiatry.2014.2637

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2091663>

**Dr. Jackie Andrade, David Kavanagh, Alan Baddeley, "Eye-movements and visual imagery: A working memory approach to the treatment of post-traumatic stress disorder."** First published: 12 July 2011,

<https://doi.org/10.1111/j.2044-8260.1997.tb01408.x> The British Journal of Clinical Psychology.

**Christopher William Lee, Pim Cuijpers, "A meta-analysis of the contribution of eye movements in processing emotional memories."** School of Psychology, Murdoch University, South St., Murdoch WA 6150, Australia, Department of Clinical Psychology and EMGO Institute for Health and Care Research, VU University and VU University Medical Center Amsterdam, The Netherlands. <https://doi.org/10.1016/j.jbtep.2012.11.001>

**Ruth E. Propper, Stephen D. Christman, "Interhemispheric Interaction and Saccadic Horizontal Eye Movements. Implications for Episodic Memory, EMDR, and PTSD."** Journal of EMDR Practice and Research, Volume 2, Number 4, 2008  
<https://connect.springerpub.com/content/sgremdr%3A%3A%3A2%3A%3A%3A4%3A%3A%3A269.full.pdf>

---

### **15-20 minute break with refreshment**

---

## **Module 4 - Development of The IEMT Kinaesthetic Pattern.**

**00.00 - 00.10 - Review of the IEMT kinaesthetic algorithm** as covered in Module 1 referencing the most common mistake made by practitioners ("...keep thinking of this *feeling*..." instead of "...keep thinking of this *memory*...")

It is essential to point out a common mistake that practitioners make, which is, they say, "...keep thinking of that feeling and follow my fingers...", instead of "... keep thinking of that memory and follow my fingers..".

Trainers are also recommended to talk about paying attention to the language used by the subject. Practitioners overlook The Patterns of Chronicity in the subject with ease. For example: when asked about the scale of the feeling, the reply could be "5-6". This non-specific mapping of the feeling is best pointed out as it occurs, guiding the person towards specificity.

### **00.10 - 00.30 - Calibration to the axis deviation.**

There are two ways this can be taught, neither has an advantage over the other.

(i). Upon each axis deviation, the eye movements are continued until there exists no further deviation in that axis upon which the eyes are directed to move through a different axis.

(ii). the axis through which the eyes are moved is changed upon each axis-deviation.

Two constants exist: (i) never continue the eye movements for more than 20-40 seconds in any one sequence without resting. 20 seconds tend to be sufficient in most cases. (ii) Eye movements through an axis without axis deviations will yield little or no positive results.

### **00.30 - 01.00 - Exercise and practice of the “Kinaesthetic Pattern” in pairs.**

It is essential for trainers to discuss the complexity of human emotions which may present as a constellation of different, mixed, or even conflicting emotions rather than simply one emotion experienced at a time.

There is value in pointing out that the feelings may be layered leading to either the scale not dropping below 10 or remaining out of the scale (more than 10), for a couple of rounds.

### **01.00 - 01.10 - Feedback from group on the experience and Q&A.**

Numerous times, the presence of a number of feelings together as a nexus is experienced by the trainees.

Diagrammatic explanation of this nexus can be useful for explanation and understanding.

### **01.10 - 01.45 - The Three Pillars of Depression**

Trainees are taught the three pillars of depression highlighting the sequence of the feelings and it is only this specific set of feelings that constitute the three pillars.

Trainers are instructed to focus on the time orientation and time duration with regards to each pillar and the significance of the Rule Structure that makes it almost impossible to escape these pillars.

Trainees are asked about their feelings amongst the three pillars and are worked with, in pairs, doing another round of the “complex pattern”.

## **The Three Pillars of Depression**



In this section, it is advised that trainers can cover any of the other 5 Patterns of Chronicity that

haven't already been referenced.

The group is set to repeat the Complex pattern with the same partner if the work is incomplete, or with a new partner where desired.

## References

**Boyns, D.; Luery, S., "Negative Emotional Energy: A Theory of the "Dark-Side" of Interaction Ritual Chains."** Soc. Sci. 2015, 4, 148-170.

<https://doi.org/10.3390/socsci4010148>

**Drew, P., & Wootton, A. (Eds.). (1988). "Erving Goffman: Exploring the interaction order."** Polity Press; Northeastern University Press.

**Harry F. Harlow, Clara E. Mears, "Chapter 6 - EMOTIONAL SEQUENCES AND CONSEQUENCES."** Editor(s): Robert Plutchik, Henry Kellerman, Emotions in Early

Development, Academic Press, 1983, Pages 171-197, ISBN 9780125587020,

<https://doi.org/10.1016/B978-0-12-558702-0.50012-1>

**Pascual-Leone, A., & Kramer, U. (2019). "How clients 'change emotion with emotion': Sequences in emotional processing and their clinical implications."** In L. S. Greenberg & R. N. Goldman (Eds.), Clinical handbook of emotion-focused therapy (pp. 147-170). American Psychological Association. <https://doi.org/10.1037/0000112-007>

---

## End of Day 1

---

# Part 2. Identity Reimprinting - Updating Our Way of Being with IEMT

## Module 5 - Introduction to the IEMT Identity Pattern

**00.00 - 00.30 - Introduction to the structure of identity** and I, Me, Self and You pronoun structure in linguistics.

*In regions where progressive "identity politics" has become prevalent, it may be necessary to differentiate this work from that of "identity politics" or simply dismiss any perceived connection and relationship.*

Identity is introduced by implying its existence, origin, and fixed yet dynamic nature. Essentially, it is pointed towards the understanding of the ways of the being. A hint towards management of change

being the prerogative of the individual is introduced even in the otherwise immovable identity.

Attention is brought to the linguistic structures of these simple pronouns in a way that is different in everyday conversations. The focus is on hearing these pronouns in short sentences to get the awareness of how they operate differently, both in language and experience. Hence, providing enough examples of each pronoun is imperative for the understanding of the trainees.

Trainers also highlight the relationship between each of these pronouns and the linguistic pattern that tilts towards expressing a person's real challenge or problematic behaviour.

## CORE PRONOUN ELICITATION QUESTIONS



Ask: "...and when you think  
<I/Me/Self/You> where is  
<I/Me/Self/You>?"



Ask: "...and how old is  
<I/Me/Self/You>?"



Ask: "...and what is happening  
around <insert age>  
<I/Me/Self/You>?"

**00.30 - 01.15 (approx) - exercise in pairs, elicitation of I, Me, Self, and You experiential structures.** There is a wide variation between different groups on how long this takes, allow for at least 45 minutes.

Greater understanding on behalf of the trainees is enabled through the designing of this exercise. The differences between the experiential nature of these pronouns, both in themselves and others are experienced by the trainees through this exercise.

The questions lead to an internal experiential mapping of the pronouns and association of significant events either in the form of internal experiences and/or memories.

### **01.15 - 01.25 - Explanation of the Identity Pattern (Simple Form)**

Potential information derived from the previous exercise is brought to the attention of the trainees in order to look at a set of things to be worked on. This gives an idea to the trainees to take up various pronouns as a part of the Identity Pattern eye movements.

Trainers are instructed to lead the group through working of various examples and asking for information from the trainees. It is also recommended to talk about commonly experienced locations of the pronouns.

### **01.25 - 01.45 - Exercise in pairs of the Identity Pattern (Simple Form)**

The algorithm of the Identity Pattern is introduced. In pairs, one person asks the other which identity aspect/pronoun on which they'd like to work, and then they are instructed to move their eyes according to the Identity Pattern. Eye movements are directed with the fingers, 6 times each way before changing the direction.

Once complete, participants swap over roles.

## References

**C. W. Van Staden, K. W. M. Fulford, "Changes in Semantic Uses of First Person Pronouns as Possible Linguistic Markers of Recovery in Psychotherapy."**

<https://doi.org/10.1080/j.1440-1614.2004.01339.x> Australian & New Zealand Journal of Psychiatry, Volume: 38 issue: 4, page(s): 226-232, Issue published: April 1, 2004

**Priest, Alan (2013), "You and I listening to me: towards an understanding of the significance of personal pronoun usage in psychotherapy."** Other thesis, Middlesex University and the Metanoia Institute.

**Demiray, Ç.K., Gençöz, T., "Linguistic Reflections on Psychotherapy: Change in Usage of The First Person Pronoun in Information Structure Positions."** ]

Psycholinguist Res 47, 959-973 (2018). <https://doi.org/10.1007/s10936-018-9569-4>

**Carey, A. L., Brucks, M. S., Küfner, A. C. P., Holtzman, N. S., große Deters, F., Back, M. D., Donnellan, M. B., Pennebaker, J. W., & Mehl, M. R. (2015).**

**"Narcissism and the use of personal pronouns revisited."** Journal of Personality and Social Psychology, 109(3), e1-e15. <https://doi.org/10.1037/pspp0000029>

---

## 15-20 minute break with refreshment

---

## Module 6 - Development of The IEMT Identity Pattern

### 00.00 - 00.15 - Feedback from the previous exercise with Q&A about the exercise.

Feedback from the group usually entails a subtle change in feeling, being blank relative to the previous problem, or feeling extremely positive. Reactions and confusion at the inability to hold the problem structure in place are commonly reported through experiencing the Identity Pattern.

For a lot of people, changes begin to reflect in their everyday behaviour, with a change of perspective about their own way of being and the enhanced awareness to see things from a dissociated and more "grown-up" perspective.

### 00.15 - 00.30 - Fuller Explanation of the Identity Pattern - calibration to axis-deviations.

As with the Kinaesthetic pattern, there are two variables of which, either or both, can be taught.

- upon each axis deviation, the eye movements are continued until there exists no further deviation in that direction upon which the eye movements are reversed to the opposite direction.
- the direction through which the eyes are moved is changed upon each axis deviation.

There is no evidence that either is more beneficial to the other.

As with the Kinaesthetic Pattern, Two constants exist: (i) never continue the eye movements for more than 20-40 seconds in any one sequence without resting. 20 seconds tend to be sufficient in most cases. (ii) Eye movements through an axis without axis deviations will yield little or no positive results.

In case no axis deviation is observed along the direction, it is advisable to change the axis and come back to the previous one later.

### **00.30 - 00.45 - Exercise in pairs of the Identity Pattern.**

The setting up of the exercise of the Complex Form of the Identity Pattern involves checking for axis deviation and calibrating it as eyes are moved in accordance with the movement of the fingers.

Letting the trainees explore simple sentences that involve the pronouns (I, Me, Self, You) and feelings is a component that is beneficial to add here. This way, they begin to experiment and combine both Kinaesthetic and Identity patterns, gaining more confidence to use them when a situation is presented outside the training environment.

### **00.45 - 00.55 - Feedback from exercise and Q&A**

Calibrating the eye movements to the axis deviation becomes easier with observation and awareness.

Trainees are taught to work with the feelings first, followed by the identity, introducing that change interventions are either remedial or generative.

### **00.55 - 01.30 - Explanation and exploration of “Other Identity Markers” (him, her, he, she, his, hers, etc)**

Relationship with other people is explored in this section. Interaction with the world leads us to see other people as either responsible or instrumental in our behaviour and way of being.

Trainers are also instructed to point out the role of positions, job titles, nicknames, etc. while discussing this section. Being a mix of default (inherent) and design (dynamic), these different roles and names do bring in dissonance in the internal ecosystem of the individual.

The understanding of the trainees is enhanced by giving examples and helping the group break down a complex sentence that has multiple pronouns.

### **01.30 - 01.45 - Exercise in pairs exploring other identity markers.**

## OTHER IDENTITY MARKERS

- ❖ Ask: "What representation do you have when you hear, 'Him/Her'?"
- ❖ Elicit visual representation and what the representation means to the client.

## REPEAT FOR THE FOLLOWING MAJOR THEMES:



Also explore pertinent themes such as: boyfriend, girlfriend, husband, wife, daughter, son, mother, mummy, mum, dad, father, daddy and so forth.

In pairs, trainees are encouraged to explore a sentence with multiple pronouns and deconstruct it to move through various identity markers that present themselves in the sentence. The eye movements and calibrating the axis deviation remain the same as per the Identity Pattern.

### References

Singer, J.A., Blagov, P., Berry, M. and Oost, K.M. (2013), "*Self-Defining Memories, Scripts, and the Life Story: Narrative Identity in Personality and Psychotherapy*". *Journal of Personality*, 81: 569-582. <https://doi.org/10.1111/jopy.12005>

**Andrei Novac, Margaret C. Tuttle & Barton J. Blinder (2019), "Identity Narrative and Its Role in Biological Survival: Implications for Child and Adolescent Psychotherapy."** Journal of Infant, Child, and Adolescent Psychotherapy, 18:2, 155-184, DOI: 10.1080/15289168.2019.1583053  
<https://www.tandfonline.com/doi/full/10.1080/15289168.2019.1583053>

**Mark Schechter, Benjamin Herbstman, Elsa Ronningstam & Mark J. Goldblatt (2018), "Emerging Adults, Identity Development, and Suicidality: Implications for Psychoanalytic Psychotherapy."** The Psychoanalytic Study of the Child, 71:1, 20-39, DOI: 10.1080/00797308.2017.1415596  
<https://www.tandfonline.com/doi/abs/10.1080/00797308.2017.1415596>

---

### **1-1.5 hour break**

---

## **Module 7 - Physiological State Accessing and Identity**

Timings for the afternoon exercises are difficult to give owing to the highly practical nature of the exercises and explorations. We typically allow for 3-4 hours to complete this module

### **00.00 - 00.30 - Explanation of Physiological State Accessing Cues (PSACs)**

Exploration of the relationship between identity and kinaesthetic is done in this section. The fundamental premise of PSACs is the requirement of accessing the body language in order to access a specific state of mind.

Trainers are instructed to guide trainees to exploring states of mind through the body. Emphasis is laid on the connection between the body postures and the corresponding state of mind. Learning how one feels leads to options and choices for accessing the problem state at will and leaving it at will as well.

It is essential for the trainers to emphasise the importance of practicing these sets of exercises for their own benefit in order to understand the connection of physiology and state of mind.

### **00.30 - 00.45 - PSACs exercise in pairs.**

The exercise is set up to demonstrate that even a minuscule, seemingly insignificant, change in the body posture leads to a change in state. In pairs, trainees are instructed to ask their partner to access a state of mind through a body posture and then change body posture, one movement at a time. Post the complete exercise, they swap over.

### **00.45 - 01.15 - Explanation of Incapacitating Inadvertent Negative State Access**

Trainers are instructed to discuss the merits of holding a problem in place. By referencing the body movements with taboo statements, trainees are likely to build flexibility and suspend any filters regarding the self that they may be holding.

**01.15 - 01.35 - Incapacitating Inadvertent Negative State Access exercise in pairs.**

An effective exercise for habitual behaviours. Trainers are expected to stress that it is a training exercise and not something to be done with the clients.

In groups of 3-4, a person is to get into a negative state through demonstration of the body language and posture and then is commented by the other people on the body movements and not the person, using taboo subjects. After 10-15 minutes, it is rotated to the other person and is complete when each one has experienced accessing the negative state and being commented on it by the other people in the group.

**References**

**Kazuki Inagaki, Takeshi Shimizu & Yosuke Sakairi, "Effects of posture regulation on mood states, heart rate and test performance in children."** An International Journal of Experimental Educational Psychology Volume 38, 2018 - Issue 9  
<https://doi.org/10.1080/01443410.2018.1504003>

**Nair, S., Sagar, M., Sollers, J. III, Consedine, N., & Broadbent, E. (2015). "Do slumped and upright postures affect stress responses? A randomized trial."** Health Psychology, 34(6), 632-641. <https://doi.org/10.1037/hea0000146>

**Wilson, V.E., Peper, E., "The Effects of Upright and Slumped Postures on the Recall of Positive and Negative Thoughts."** Appl Psychophysiol Biofeedback 29, 189-195 (2004). <https://doi.org/10.1023/B:APBI.0000039057.32963.34>

**Tomi-Ann Roberts & Yousef Arefi-Afshar (2007), "Not all who stand tall are proud: Gender differences in the proprioceptive effects of upright posture."**, Cognition and Emotion, 21:4, 714-727, DOI: 10.1080/02699930600826432  
<https://www.tandfonline.com/doi/abs/10.1080/02699930600826432>

**Emma Alexandra Barr, Erik Peper, Ronald J Swatzyna, "Slouched Posture, Sleep Deprivation, and Mood Disorders: Interconnection and Modulation by Theta Brain Waves."** The Tarnow Center for Self-Management DOI: <https://doi.org/10.15540/nr.6.4.181>

**Zabetipour, M., Pishghadam, R., & Ghonsooly, B. (2015). "The Impacts of Open/closed Body Positions and Postures on Learners' Moods."** Mediterranean Journal of Social Sciences, 6(2 S1), 643. Retrieved from  
<https://www.richtmann.org/journal/index.php/mjss/article/view/6002>

**Benjamin T. Wellens & Andrew P. Smith (2006), "Combined workplace stressors and their relationship with mood, physiology, and performance, Work & Stress."** 20:3, 245-258, DOI: 10.1080/02678370601022712  
<https://www.tandfonline.com/doi/abs/10.1080/02678370601022712>

**15-20 minute break with refreshment**

## Module 7 - Continued

### **00.00 - 00.30 - Explanation for Creating Motivation to Change within the problem emotional state and identity.**

Focus is paid on stepping out of the patterns of chronicity through a change in body movements. The self-preserving nature of the existence of the problem is brought to conscious awareness.

With change being put inside the problem, the access to the problem becomes the motivation to change.

### **00.30 - 01.00 - Exercise and practice for Creating Motivation to Change.**

In pairs, trainees are instructed to physically get into a problem state by demonstrating the same through the body. They are then required to tense up their muscles for long enough to create increased tension and then release it. Five to seven rounds of the same are encouraged before the swap over.

### **01.00 - 01.45 - Summary and review of the IEMT model with Q&A**

Aspects of IEMT that bring about remedial change and those that cause a more generative change are highlighted here. Needless to say, there is an overlap between the two.

The model is revised with the fundamentals of each module and common mistakes are mentioned again. Criteria for the certification are discussed.

From:

<https://dokuwiki.3dd.de/> - **Integral Eye Movement Therapy (IEMT) Wiki**

Permanent link:

<https://dokuwiki.3dd.de/training?rev=1632403423>

Last update: **2021/09/23 14:23**

