Integral Eye Movement Therapy (IEMT) for a Dissociative Personification in an Adolescent: A Case Study

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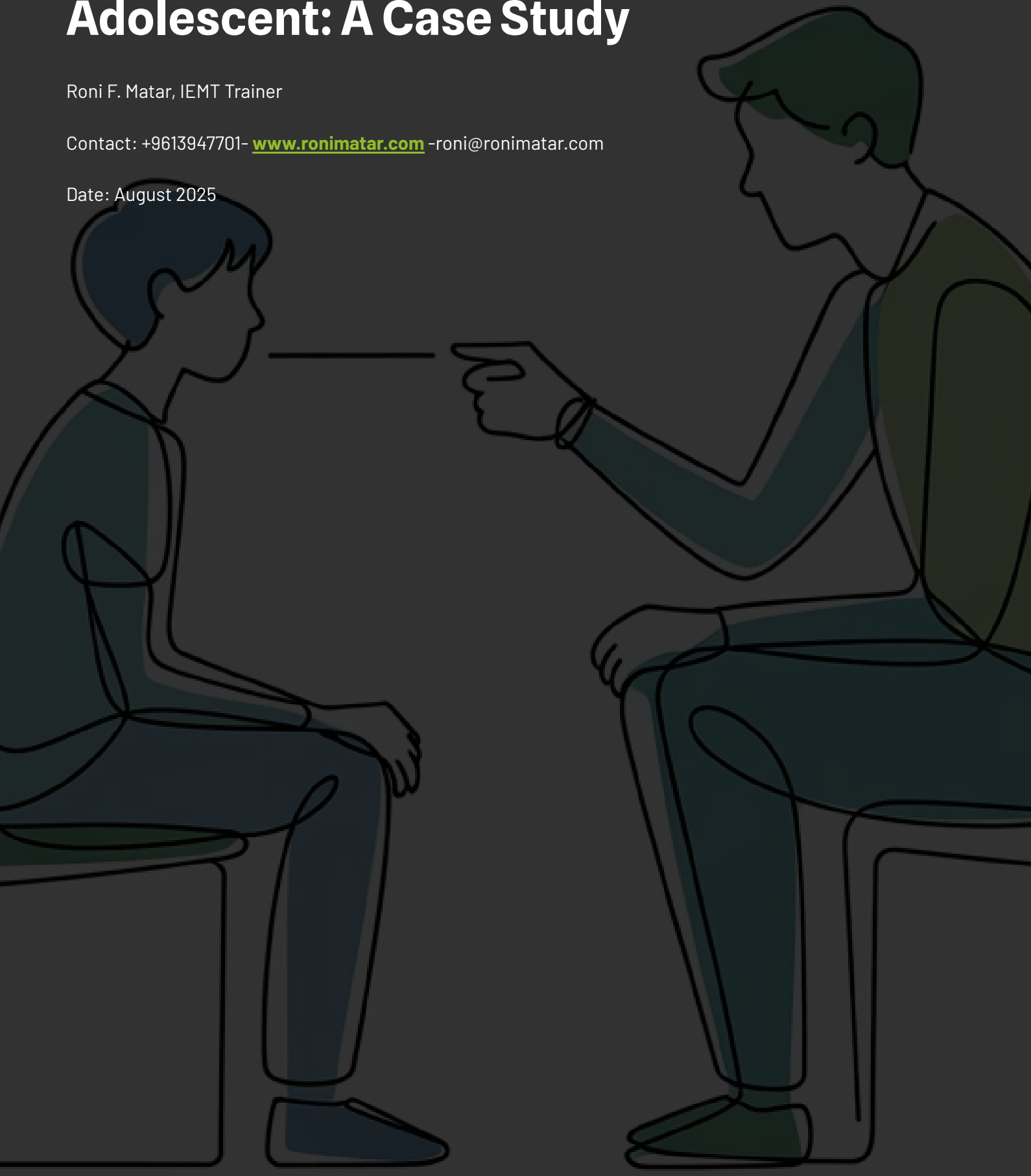


Abstract

This case study documents the application of Integral Eye Movement Therapy (IEMT) to a 13-year-old male client (Client R13) presenting with a distressing, personified visual hallucination accompanied by significant anxiety, self-hatred, and cognitions of worthlessness. The client's symptoms were linked to psychosocial stressors, including parental divorce and ongoing interparental conflict. The intervention, a single 90-minute session of IEMT, is described as it would be applied based on current IEMT protocols. The therapeutic strategy focused on depotentiating the foundational emotional imprints and, critically, updating the identity structures underlying the client's distress, including the personification itself. The expected outcomes included a significant reduction in subjective distress across multiple affective states and a perceptual shift wherein the personification became distant and non-threatening, effectively dissolving its impact. A six-year follow-up confirmed the long-term durability of these changes. This case illustrates the potential utility of IEMT as a brief, targeted intervention for complex, trauma-based dissociative phenomena in adolescents. It proposes a clinical framework that views such presentations through a trauma and dissociation lens rather than a psychosis-first model, highlighting the importance of addressing underlying identity fragmentation for lasting resolution.

Introduction

The appearance of hallucinatory phenomena in children and adolescents has historically been viewed as a harbinger of severe psychopathology, often leading to a diagnostic pathway toward psychotic disorders such as schizophrenia.1 However, contemporary research challenges this assumption, revealing that hallucinatory experiences are surprisingly common in non-psychotic youth.2 Epidemiological studies indicate prevalence rates as high as 17% in children aged 9-12, suggesting that for many, these experiences are transient and may be part of typical, albeit distressing, development.3 Crucially, these phenomena are frequently associated with non-psychotic factors, including anxiety, sleep deprivation, high fever, and, most significantly, psychosocial adversity and trauma.1

For adolescents, parental divorce represents a profound psychosocial stressor, one that research has consistently linked to an increased risk for a cascade of adjustment problems, including academic difficulties, disruptive behaviors, anxiety, and depression.7 The emotional sequelae often include intense feelings of anger, confusion, loss, self-blame, and abandonment, as the adolescent navigates a fundamental disruption to their family structure and sense of security.9 The ongoing interparental conflict that frequently accompanies and follows a divorce can be particularly damaging, creating a sustained environment of stress and emotional turmoil.10 It is within this context of overwhelming and unmanageable affect that the mind may employ powerful defense mechanisms.

Dissociation as a Defense Mechanism

Dissociation can be understood as a psychological process in which there is a disruption or disconnection in the usual integration of thoughts, memories, feelings, identity, or perception of the environment. It may range from mild experiences—such as "spacing out" or feeling detached from one's surroundings—to more severe disruptions that can interfere with daily functioning.

Many clinicians and researchers view dissociation as a potential protective response to overwhelming or traumatic experiences. In this view, when a person is confronted with extreme stress—especially in situations where escape or active defense is not possible—the mind may partially "disconnect" from the full emotional and sensory impact of the event. This is thought to help the individual endure the experience by reducing immediate psychological pain, somewhat like a circuit breaker preventing an electrical system from overloading.

One influential theoretical framework, known as the Theory of Structural Dissociation of the Personality (TSDP), proposes that in response to trauma, the personality may organize into distinct functional parts:

Apparently Normal Part (ANP): Typically focused on managing everyday life, responsibilities, and social interactions.

Emotional Part (EP): Often holds unprocessed traumatic memories, emotions, and bodily sensations associated with the traumatic event(s).

According to this theory, in some cases, these emotional parts may be experienced so vividly that they appear to take on a life of their own. This process, sometimes referred to as personification, is described as the externalization of emotional material, perceived as a separate entity. Such experiences might present as voices, images, or bodily sensations that feel "not me" but are, in this model, understood as fragments of the self carrying unresolved trauma. These are generally distinguished from psychotic hallucinations by being coherent, closely linked to past trauma, and interpretable as symbolic or literal expressions of an emotional part of the personality.

From this perspective, dissociation may be seen as the mind's way of "stepping back" from pain it cannot yet process, creating psychological distance until the person is ready—or able—to integrate the experience. While this can be adaptive in the short term, chronic dissociation might interfere with emotional processing, relationships, and self-understanding, making therapeutic support an important consideration for long-term recovery.

Integral Eye Movement Therapy (IEMT)

Integral Eye Movement Therapy (IEMT), developed by Andrew T. Austin, is a brief therapeutic modality that uses precise, guided eye movements to facilitate rapid neurological change.17 Distinct from other eye movement therapies like EMDR, IEMT is built on a model that addresses two primary neurological structures: Emotional Imprints and Identity Imprints.19 The work on Emotional Imprints seeks to answer the question, "How did this person learn to feel this way?" by depotentiating the emotional charge of specific memories.17 The work on Identity Imprints addresses the question, "How did this person learn to be this way?" by updating deeply held, often problematic, aspects of self-concept, including pronouns (I, Me, Self) and other identity markers.19 This dual focus on both feeling states and identity structures makes IEMT a potentially powerful tool for presentations involving dissociative personification, as it provides a direct mechanism for engaging with and integrating fragmented parts of the self.

Emotional Imprints

Addresses the question: "How did this person learn to feel this way?"

Focuses on depotentiating the emotional charge of specific memories

Uses guided eye movements to process emotional content

Identity Imprints

Addresses the question: "How did this person learn to be this way?"

Updates deeply held aspects of self-concept, including pronouns (I, Me, Self)

Targets the neurological structure of identity rather than just emotional content

Purpose of the Study

This case study aims to document and analyze the hypothetical application of IEMT to resolve a trauma-based dissociative personification in an adolescent. It seeks to illustrate how IEMT's identity-focused protocols can facilitate the integration of dissociated emotional parts, offering a valuable clinical approach for complex presentations that might otherwise be misdiagnosed or inappropriately treated within a psychosis-based framework. The client's identity has been protected through the use of a client number.

This research contributes to the growing body of literature examining non-pharmacological approaches to treating dissociative phenomena in adolescents, with a particular focus on brief interventions that directly address underlying identity structures.

Client Profile

The client is a 13-year-old male, identified for the purposes of this report as Client R13.22 He was referred for therapy by his mother, who sought an alternative to the clinical pathway suggested by a school psychologist. Following the client's disclosure of experiencing a recurring visual personification, the school psychologist had raised the possibility of a schizophrenia diagnosis and recommended antipsychotic medication. The mother was referred to the practitioner due to their experience in working with unusual clinical presentations.22

The client's relevant history is marked by significant psychosocial stressors. His parents are divorced, and there is ongoing conflict between them regarding custody arrangements, which serves as a direct trigger for his symptoms. The client had previously engaged in therapy with the practitioner for the same presenting issue, indicating the chronicity of his distress.22

Presenting Problem

The client's chief complaint was a recurring, involuntary, and highly distressing visual personification of a nun. He initially identified this figure as "VALAK," a name he associated with a demonic character from a horror film, reflecting the terrifying nature of the experience. He described the personification as an external entity that he felt powerless to control, stating, "I can't do anything to stop it".22

The client presented as visibly anxious and was deeply worried about his mental state, questioning "what was wrong with him." His mother reported a history of suicidal thoughts, underscoring the severity of his emotional distress. The presenting problem was not limited to the visual phenomenon but was deeply interwoven with profound negative affect and cognitions. He verbalized statements of intense self-hatred ("I hate myself") and hopelessness related to his perceived academic failures ("I am always failing"). These were accompanied by a core belief of worthlessness ("I am worthless"), which he and the practitioner linked to the family trauma of his father's departure and the subsequent turbulent parental relationship.22

The symptoms were context-dependent, with two specific triggers identified. The first was academic, with the personification appearing during his Maths Class. The second was familial, with symptoms emerging when his divorced parents argued about where he would spend the weekend.22 The impact on his life was substantial, leading to a potential diagnosis of a serious psychotic disorder and causing him significant personal anguish. The client's implicit goal in seeking therapy was to find relief from the intrusive personification and the associated anxiety, and to find a framework for understanding his experience that did not pathologize him as "crazy".22

Parental Divorce

Fundamental disruption to family structure and sense of security

Ongoing Conflict

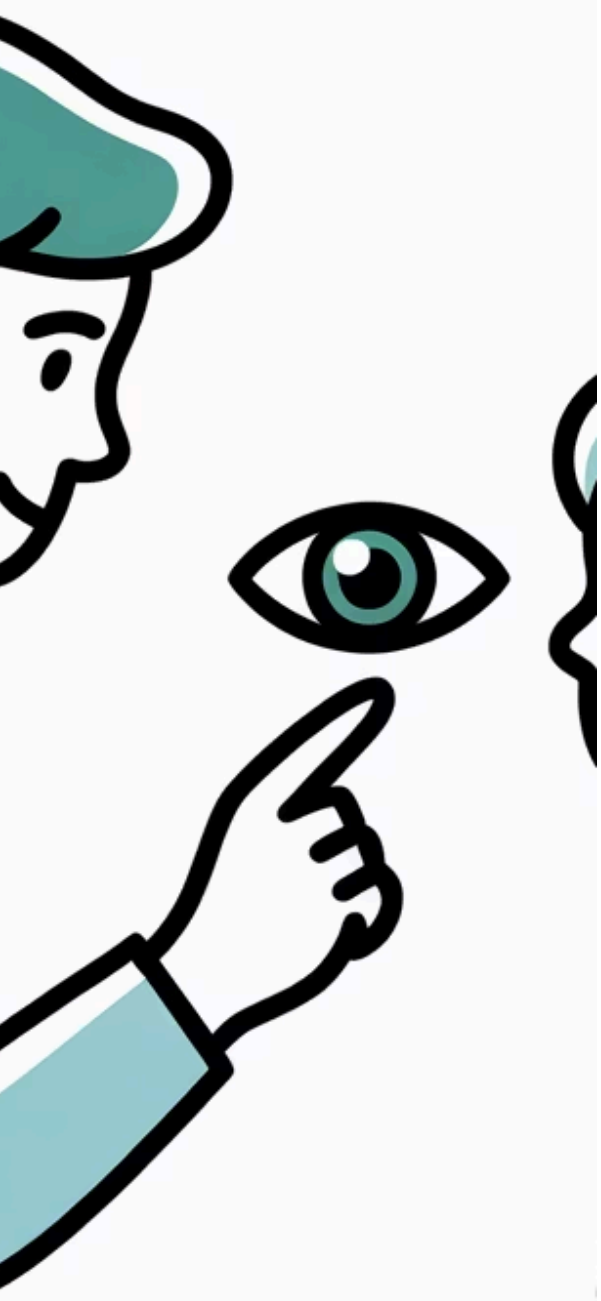
Sustained environment of stress and emotional turmoil

Dissociative Response

Personification of overwhelming emotions as a defensive mechanism

Visual Personification

Manifestation as a frightening visual hallucination



Intervention

The intervention consisted of a single, 90-minute IEMT session conducted in-person. The client's mother was present for the initial part of the session to provide context, after which she was asked to wait outside to allow for a confidential therapeutic space for the client.22 The following is a procedural account of the hypothetical IEMT intervention that would be applied based on current protocols.

Phase 1: Rapport, Psychoeducation, and Reframing

The session commenced with establishing rapport and creating a safe, validating environment. The practitioner normalized the client's experience by explaining that it is not uncommon for the mind to create personifications for emotions that are too difficult to process or understand, especially for a young person navigating significant life changes like parental divorce and remarriage. To further de-pathologize the experience, the practitioner shared personal anecdotes of being misunderstood as a child and having imaginary friends, framing these as creative ways the mind copes.22 A key initial therapeutic move was the use of provocative language to reframe the personification. By collaboratively renaming the frightening entity from the demonic "VALAK" to the slightly absurd "Crispy" (based on the client's description of its skin), the practitioner immediately began to diminish its perceived power and threat level.22

> The renaming process is a strategic intervention that helps shift the client's relationship with the personification from one of fear and powerlessness to one of greater agency and control.

Phase 2: Efficacy Building with the K-Pattern

To build the client's confidence in the therapeutic process and demonstrate that change was possible, the practitioner strategically shifted focus from the primary trauma to a less emotionally charged issue: an "annoying teacher." The IEMT K-Pattern was applied to the feeling of annoyance, which the client rated as an 8/10 on a Subjective Units of Distress (SUDs) scale. The practitioner guided the client through a specific sequence of eye movements while he held the feeling in mind. The successful reduction of this feeling to a 2/10 served as a powerful demonstration of the technique's efficacy, building therapeutic momentum and hope for the anxious client.22

Identify Target Emotion

Client identified annoyance toward teacher at 8/10 intensity

Apply K-Pattern

Practitioner guided client through specific sequence of eye movements

Process Neurologically

Client's brain processed the emotional imprint during eye movements

Measure Results

Annoyance reduced to 2/10, demonstrating efficacy of technique

Phase 3: Addressing Core Affect with the K-Pattern

With the client's trust and engagement secured, the intervention moved to the core affective statements: "I hate myself" and "I hate school." After validating the client's feelings about school, the practitioner again applied the IEMT K-Pattern, this time to the state of self-hatred. The application was adapted for the more complex emotional state by calibrating the eye movements specifically to the client's neurological cues (involuntary saccades or "eye jumps"). The protocol was applied to both "the I that hates" and "the self that is being hated," targeting the structure of the internal conflict.22 This work revealed that the self-hatred was underpinned by a deeper, more foundational emotional imprint of worthlessness, which was connected to the trauma of his father leaving.22

Phase 4: Integrating the 'Worthless Self' with the Identity Pattern

The focus then shifted to the newly emerged cognition, "I am worthless." The practitioner utilized the IEMT Identity Pattern to directly address this negative self-concept. This involved asking the key identity questions: "When you think 'I', where is 'I'?", "How old is 'I'?", and "What is happening around [age] 'I'?".19 These questions access the neurologically encoded location, age, and context of this identity part. Following this elicitation, guided eye movements were used to update and integrate this problematic identity imprint, aiming to separate the client's sense of self from the feeling of worthlessness.

Identity Pattern Questions

- "When you think 'I', where is 'I'?"
- "How old is 'I'?"
- "What is happening around [age] 'I'?"

These questions help locate the neurologically encoded identity imprint in space, time, and context, making it accessible for therapeutic intervention.

Neurological Processing

The guided eye movements facilitate the updating of these identity structures by engaging both hemispheres of the brain and activating the brain's natural information processing systems.

This allows for the integration of new information and perspectives into the previously rigid identity structure.

Phase 5: Integrating the Personification with the Identity 'Lazy 8'

This final and most critical phase directly addressed the personification of "Crispy." The practitioner explained the IEMT model of how unprocessed emotions can become personified parts of our identity.22 The Identity Pattern "lazy 8" was then applied directly to the client's "identity experiences with Crispy." This specific algorithm, involving smooth, continuous eye movements in a figure-eight pattern, is designed to facilitate the integration of dissociated parts of the self. Throughout this process, the practitioner carefully observed the client's eye movements, noting the "jumps" that signify moments of neurological processing and change.22

Phase 6: Closing and Future Pacing

The session concluded with a final check-in on the client's emotional state. To reinforce the client's newfound sense of agency and control, the practitioner gave him a task: if the personification were to reappear, he was to try and take a picture of it with his phone and send it. This paradoxical instruction serves to change the relationship with the symptom from one of passive victimhood to active observation.22

This paradoxical task reinforces the client's agency and shifts their relationship with the symptom from fear to curiosity, further diminishing its power.

Outcome

The intervention produced significant changes in the client's subjective experience, evident in both quantitative distress ratings and qualitative reports of perceptual and cognitive shifts.

Quantitative Summary

The application of IEMT protocols resulted in a marked reduction in the intensity of targeted negative emotions. The changes in Subjective Units of Distress (SUDs), rated on a scale from 0 (no distress) to 10 (maximum distress), are summarized in Table 1.

Target Feeling / Imprint	Initial SUDs (0-10)	Post-Intervention SUDs (0-10)
Annoyance towards teacher	8	2
Anger (triggered mid-session)	10	2
Distress from Personification ("Crispy")	Not explicitly rated, but high	3

The data demonstrates a consistent and substantial depotentiation of negative affect across different emotional targets, bringing each down to a manageable level.22

Qualitative Outcomes

The qualitative outcomes were profound, particularly concerning the client's relationship with the personification and his own self-concept.

Perceptual Shift in Personification

The most significant outcome was the change in the client's perception of the nun. Following the identity work, he reported that she seemed "much less" and "a bit distant." The application of the "lazy 8" pattern precipitated a further shift, which he described as "fuzzy feelings," as if the figure was actively "moving away".22 Crucially, the client noted a reversal in the dynamic: whereas before the nun had seemed to be coming towards him, she was now moving away from him into the distance. While he could still see her, she was no longer an immediate, threatening presence.22 This change signifies a fundamental alteration in the relational dynamic between the client and the dissociated part, moving from intrusive to integrated.

Cognitive and Emotional Shifts

The client experienced several cognitive reframes. His perception of the "annoying teacher" shifted to one of empathy, concluding the teacher was likely "just angry because we tease him all the time".22 His intense feelings of hatred towards school were eased, and the anger triggered mid-session was reduced to a "manageable and ok" level of 2/10.22

Overall State

Throughout the session, the client was reported to be highly engaged and participative. He expressed that he felt listened to and acknowledged, a stark contrast to his previous experience of being told "It's all in your head".22 This validation was a critical component of the therapeutic success.

Long-Term Follow-up

A follow-up with the client six years after the initial sessions confirmed the long-term efficacy of the treatment. The client reported that he no longer had the problem. He noted that on sporadic occasions, a visual hallucination might appear, but he remembers the sessions and recognizes it as a figment of his imagination. He is able to "laugh it off," and it dissipates quickly without causing any distress.

Discussion

The positive outcomes observed in this case can be interpreted through the lens of IEMT's unique theoretical framework, which focuses on the rapid updating of neurologically encoded imprints of emotion and identity. The success of the intervention appears to be rooted in its capacity to precisely target and resolve the underlying structural fragmentation that gave rise to the client's distressing symptoms.

IEMT and the Integration of Dissociative Parts

The central argument of this discussion is that the client's personified "nun" was not a symptom of psychosis, but rather a dissociative personification—an externalized Emotional Part (EP) of the personality, consistent with the Theory of Structural Dissociation.6 This EP held the unintegrated and overwhelming emotions—fear, worthlessness, anxiety—stemming from the client's developmental trauma, primarily the parental divorce and conflict. The client's description of the nun as an autonomous entity that he could not control is a hallmark of a dissociated state.13

The IEMT intervention appears to have facilitated the integration of this EP by targeting it directly through identity-level work. This process can be understood through two key integrative actions described in the context of trauma therapy: synthesis and personification.14

Synthesis

The initial phases of the IEMT session, which addressed the client's anger and feelings about his teacher and school, began the process of synthesis. By linking these disparate feelings to memories and rating their intensity, the client started to bind together the cognitive and affective elements of his experience into a more coherent whole.14

Personification

The crucial therapeutic action was the promotion of personification, defined as the ability to take personal ownership of one's experiences.14 The IEMT Identity Patterns provided the mechanism for this. By working on the "I am worthless" imprint, the therapy helped the client's Apparently Normal Part (ANP) begin to acknowledge and process the painful feelings it had previously disowned. The final application of the "lazy 8" pattern to the client's "identity experiences with Crispy" was a direct intervention to foster this ownership. The client's report of the nun "moving away" and becoming "distant" 22 can be interpreted as the subjective experience of this integration process. The EP was no longer an intrusive, alien presence but was being brought back into the client's personal sphere, its emotional charge depotentiated and its structure integrated into a more cohesive sense of self.

Clinical Implications and Diagnostic Considerations

This case carries significant clinical implications, particularly for the assessment and treatment of adolescents presenting with hallucinatory phenomena. The initial diagnostic consideration of schizophrenia 22 highlights a common pathway where unusual perceptual experiences are reflexively categorized as psychotic. This could have led to a treatment plan involving antipsychotic medication, which would have failed to address the underlying traumatic etiology and identity fragmentation. This case powerfully advocates for a trauma-and-dissociation-informed approach as a primary differential diagnosis in such presentations.1 Clinicians should thoroughly explore the client's history of psychosocial stressors, adversity, and trauma before defaulting to a psychosis framework.

Furthermore, the case demonstrates the potential of a brief, targeted, and non-narrative therapy like IEMT for complex presentations. Unlike traditional talk therapies that might require extensive exploration of traumatic content, IEMT works on the structure of the problem, bypassing the need for detailed disclosure, which can be less re-traumatizing for the client.23 The practitioner's ability to validate and normalize the client's experience was a critical non-specific factor that fostered the therapeutic alliance necessary for this deep work to occur. This stands in stark contrast to the pathologizing experience the client had previously encountered and underscores the importance of the therapist's stance in creating safety for change.22

1 Traditional Approach

Hallucinatory phenomena viewed as psychotic symptoms

Focus on symptom suppression with antipsychotic medication

Potential for stigmatizing diagnosis and side effects

2 Trauma-Informed Approach

Hallucinatory phenomena viewed as potential dissociative responses

Assessment of psychosocial stressors and trauma history

Consideration of developmental context and family dynamics

3 IEMT Intervention

Direct targeting of underlying emotional and identity imprints

Brief, focused therapy without extensive trauma narrative

Integration of dissociated parts through neurological updating

4 Positive Outcome

Reduction in distress and symptom intensity

Integration of dissociated emotional parts

Long-term resolution without medication

Limitations

This case study has several important limitations that must be acknowledged. The primary limitation is that the intervention described is a hypothetical reconstruction based on the practitioner's current expertise, rather than a direct report of the original 2018 session. While this provides a valuable illustration of the IEMT protocol, it is not an empirical account of a historical event. Secondly, as a single-case observation, the results are not generalizable and cannot be taken as definitive proof of IEMT's efficacy. The positive outcome could have been influenced by a number of non-specific therapeutic factors, including the strong rapport between the practitioner and client, the practitioner's validation and psychoeducation, and the client's own motivation and hope for change. The placebo effect cannot be conclusively ruled out. Future research, including case series and controlled studies, is needed to further investigate the mechanisms and effectiveness of IEMT for dissociative presentations.

Conclusion

In summary, the hypothetical application of a single, 90-minute session of Integral Eye Movement Therapy resulted in the significant reduction of distress and the perceptual integration of a personified visual hallucination in a 13-year-old male client. The case illustrates the potential of IEMT, particularly its identity-based protocols, as a precise and rapid intervention for addressing the underlying structure of trauma-based dissociative phenomena. The success observed suggests that such complex presentations in adolescents may be more effectively understood and treated through a trauma-and-dissociation framework rather than a psychosis-first model. While one case is not definitive, it adds to a growing body of clinical observation suggesting that eye movement therapies which directly target and update emotional and identity imprints can provide profound and lasting relief for complex psychological issues. Further research is strongly encouraged to substantiate these findings and explore the applicability of IEMT across a wider range of trauma-related and dissociative disorders.

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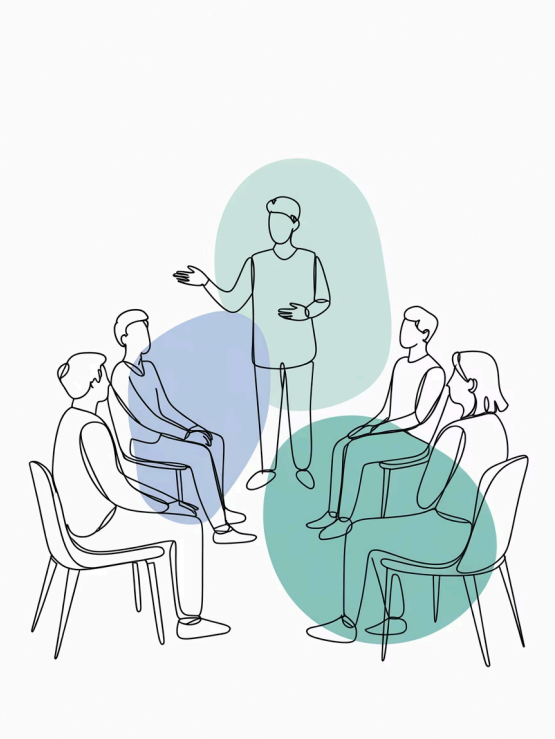
About IEMT

Integral Eye Movement Therapy (IEMT) is a brief, targeted therapeutic approach that utilizes guided eye movements to facilitate rapid change in problematic emotional and identity structures. For more information about IEMT or to inquire about training opportunities, please contact the author directly.

About the Author



Roni F. Matar is a certified IEMT Trainer with extensive experience in applying eye movement therapies to a range of psychological and psychosomatic conditions. His work focuses on brief, targeted interventions that address the emotional and identity-based underpinnings of chronic symptoms. This case study was prepared as part of ongoing research into the efficacy and mechanisms of IEMT. For more information about IEMT or to inquire about training opportunities, please contact the author directly using the information provided above.

Areas of Expertise

- Integral Eye Movement Therapy (IEMT)
- Psychosomatic conditions
- Brief therapeutic interventions
- Identity-based approaches
- Practitioner training and supervision

Professional Activities

- Clinical practice
- IEMT training and certification
- Case study research
- Conference presentations
- Professional writing and publication