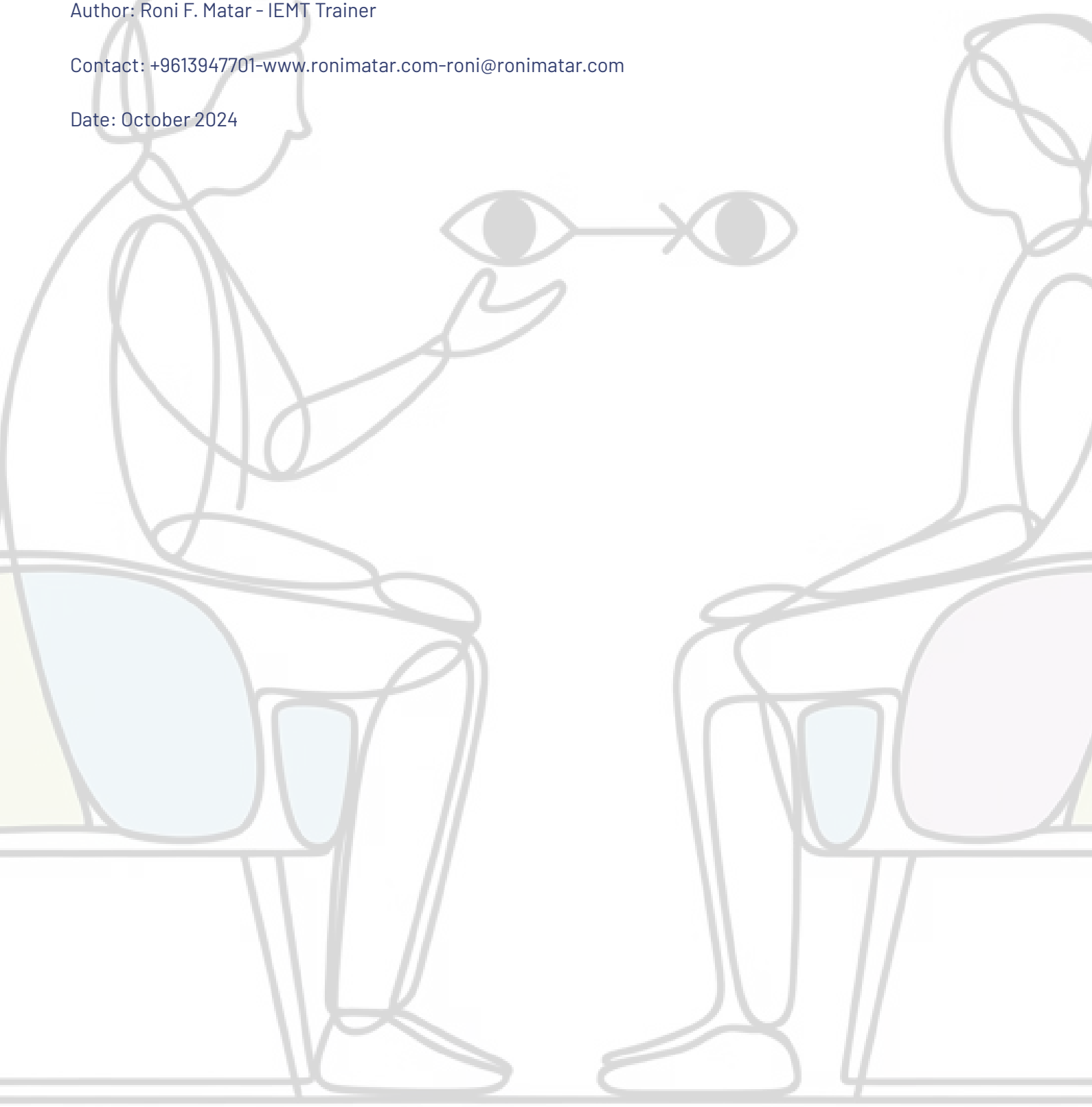
Integral Eye Movement Therapy (IEMT) for a Psychosomatic Auditory Disturbance: A Case Study

Author: Roni F. Matar - IEMT Trainer

Contact: +9613947701-www.ronimatar.com-roni@ronimatar.com

Date: October 2024



Abstract

A 42-year-old female client presented with a chronic and highly distressing psychosomatic auditory disturbance, described as hearing the sound of "soldiers marching" whenever she attempted to sleep. The symptom was resistant to resolution through other means and caused significant disruption to her daily life. The intervention consisted of a single 90-minute session of Integral Eye Movement Therapy (IEMT). The session employed a multi-stage approach, utilizing the IEMT K-Pattern to depotentiate primary emotional imprints, the K-Pattern to address undifferentiated affective states, and the Identity Pattern to restructure underlying patterns of chronicity. The client reported an immediate and complete cessation of the auditory symptom by the end of the session, with a corresponding reduction in subjective distress from a self-rated "15" to a "1" on a normalized 10-point scale. A three-year follow-up confirmed the long-term durability of the results. This resolution was accompanied by a significant cognitive shift related to interpersonal perception and agency. This case study illustrates the potential of IEMT as a rapid and effective intervention for complex psychosomatic phenomena. It suggests that by addressing not only the emotional charge of a symptom but also the foundational identity structures that maintain it, IEMT can facilitate profound and lasting change.

Key Points

- Single 90-minute IEMT session
- Complete resolution of auditory hallucination
- Distress reduction from "15" to "1"
- Results maintained at 3-year follow-up

Introduction

Psychosomatic conditions represent a complex intersection of psychological states and physical symptoms. This case study examines the application of Integral Eye Movement Therapy (IEMT) in treating a persistent auditory hallucination that significantly impacted a client's quality of life. The following sections provide context on the neurobiological basis of such phenomena and the therapeutic approach employed.

Case Focus

This study documents the treatment of a 42-year-old female experiencing the sound of "soldiers marching" when attempting to sleep

Intervention

A single 90-minute session of Integral Eye Movement Therapy (IEMT) targeting emotional imprints and identity structures

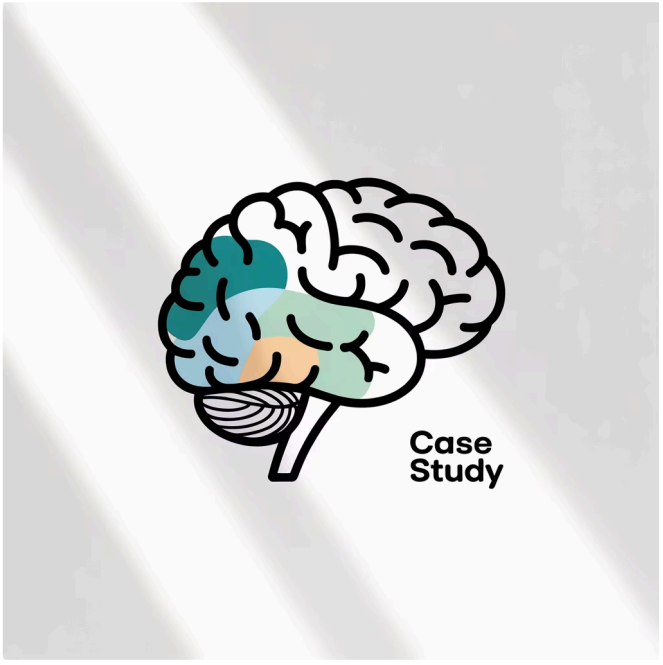
Outcome

Complete resolution of symptoms with results maintained at three-year follow-up

The Neurobiology of Psychosomatic Auditory Phenomena

Auditory hallucinations, or paracusias, are defined as the perception of sound in the absence of an external auditory stimulus.**1** While these phenomena are most commonly associated with severe psychotic disorders such as schizophrenia, in which they affect approximately 75% of individuals, a growing body of evidence indicates their prevalence in a wide range of non-psychotic conditions.**1** Research demonstrates that auditory disturbances can manifest in individuals experiencing post-traumatic stress disorder (PTSD), bipolar disorder, severe anxiety, and major depression.**1** Furthermore, transient auditory hallucinations can occur in otherwise healthy individuals under conditions of extreme stress, sleep deprivation, or substance use, suggesting that they exist on a spectrum of severity and etiology rather than being exclusively pathognomonic of psychosis.**4**

This broader understanding aligns with the bio-psycho-social model prevalent in psychosomatic medicine, which recognizes the intricate connections between psychological states and physical symptoms.**7** Tinnitus, the perception of ringing or other noises in the ears, serves as a prominent example of a psychosomatic auditory condition. Studies have established a strong bidirectional relationship between tinnitus and psychological stress; high stress levels can trigger or exacerbate tinnitus, while the chronic nature of the symptom can, in turn, become a significant source of stress and anxiety.**8** The neurobiological underpinnings of this link are increasingly understood. Chronic stress leads to sustained activation of the body's primary stress response systems, including the Hypothalamic-Pituitary-Adrenal (HPA) axis and the sympathetic nervous system.**11** Elevated levels of stress hormones like cortisol can alter brain chemistry and disrupt neural pathways in the auditory cortex, effectively transducing psychological distress into a physiological, sensory experience.**5** Indeed, research suggests that psychosocial stress may be as significant a risk factor for the development of tinnitus as prolonged occupational noise exposure.**9** This provides a robust scientific rationale for employing psychologically-focused interventions to address such seemingly physical symptoms.



Stress-Auditory Connection

- Chronic stress activates the HPA axis
- Elevated cortisol disrupts auditory neural pathways
- Psychological distress manifests as physical symptoms
- Creates self-perpetuating feedback loop

Integral Eye Movement Therapy (IEMT) as a Targeted Intervention

Integral Eye Movement Therapy (IEMT) is a brief psychotherapeutic modality developed by Andrew T. Austin that utilizes guided eye movements in conjunction with specific inquiry protocols to facilitate rapid change in problematic emotional and identity structures.**12** It is predicated on the principle that eye movements, when strategically directed while a client accesses a particular internal state, can alter how the brain processes and stores emotional and identity-based information, thereby reducing the intensity of negative feelings and updating maladaptive patterns.**12**

Although both IEMT and Eye Movement Desensitization and Reprocessing (EMDR) employ eye movements, they are distinct therapeutic models.**12** EMDR is primarily a trauma-focused therapy that uses bilateral stimulation to help clients process and desensitize distressing memories, often requiring them to focus on a "vivid visual image" of the traumatic event.**15** In contrast, IEMT is often described as a "secret therapy" because it does not require the client to disclose detailed narrative content of past events.**12** Its focus is less on the memory itself and more on the structure of the problematic experience. IEMT practitioners utilize specific questioning, such as "When's the first time you can remember feeling this feeling?" and "How did you learn to feel this way?", to identify and depotentiate foundational emotional imprints.**12** Furthermore, IEMT uniquely addresses what are termed the "Five Patterns of Chronicity"—structural patterns of thought and behavior that perpetuate long-term problems—and employs an "Identity Pattern" to work directly with aspects of self-concept that underpin these issues.**13** This multi-level approach allows IEMT to target not just the emotional content of a problem, but the very mechanisms by which it is maintained over time.

Guided Eye Movements

Strategic eye movement patterns while accessing specific internal states

Neural Processing

Alters how emotional and identity information is processed and stored

Pattern Disruption

Interrupts chronicity patterns that maintain problematic states

Resolution

Creates rapid and lasting change in emotional responses and identity structures

Rationale and Aim of the Study

The client in this case presented with a chronic, distressing auditory phenomenon that was clearly linked to psychological state and context, fitting the profile of a psychosomatic symptom. Given IEMT's focus on the interplay between emotion, identity, and the maintenance of chronic issues, it was selected as a potentially suitable intervention. The aim of this case study is to document and analyze the application of a multi-stage IEMT intervention for a chronic psychosomatic auditory disturbance. Specifically, this study seeks to explore the efficacy of a therapeutic sequence that addresses both surface-level emotional imprints and deeper, identity-level structures in the resolution of a persistent physical symptom. By providing a detailed account of the process and outcome, this report aims to contribute to the growing body of clinical evidence for IEMT's application in the domain of psychosomatic conditions. The client's identity has been anonymized to protect confidentiality.

Study Objectives

1. Document the application of IEMT for a psychosomatic auditory disturbance
2. Analyze the efficacy of a multi-stage therapeutic approach
3. Explore the relationship between identity structures and symptom maintenance
4. Contribute to the clinical evidence base for IEMT

Client Profile

The client, hereafter referred to as "C55," is a 42-year-old female who attended a single 90-minute IEMT session in August 2018.**17** The practitioner had worked with her previously on challenges related to anxiety and panic, establishing a degree of therapeutic rapport prior to this specific intervention. The client's general appearance was noted as casual, and she was described as engaged and motivated throughout the session, following the practitioner's instructions even when the processes were unfamiliar to her.**17**

A crucial aspect of the client's presentation was her recurring use of specific linguistic patterns. Throughout the session, she frequently employed phrases such as "I am not able to know" and "I am not able to do" when asked to access or describe her internal experience.**17** Within the IEMT framework, this language is not interpreted as simple resistance or a lack of cooperation. Instead, it is viewed as a significant clinical marker for one of the "Five Patterns of Chronicity," specifically the pattern of being "at effect".**13** This pattern describes a state of passivity and perceived helplessness, where an individual experiences problems as external events that happen *to* them, rather than as processes in which they play an active role. The individual feels they are at the "effect" of circumstances, rather than "at cause" in creating their experience and its potential solutions. The identification of this pattern was a key diagnostic insight, suggesting that a sustainable resolution would require more than simple emotional depotentiation. It indicated that an intervention targeting the client's underlying identity structure and sense of agency would be necessary to create lasting, generative change.

Client Demographics

- 42-year-old female
- Previous history of anxiety and panic
- Engaged and motivated in session

Key Linguistic Patterns

- "I am not able to know"
- "I am not able to do"
- Indicators of "at effect" chronicity pattern

Clinical Implications

- Perceived helplessness
- External locus of control
- Need for identity-level intervention

Presenting Problem

The client's chief complaint was a chronic and highly intrusive auditory hallucination, which she described as the sound of "soldiers marching".**17** This auditory experience was not constant but was specifically triggered when she placed her head on a pillow in preparation for sleep. This trigger context made the symptom particularly pernicious, as it directly interfered with her ability to rest and induced significant anticipatory distress around bedtime.

When asked to quantify the intensity of the feeling associated with the sound, the client rated it as a "15".**17** This response is clinically significant. Standard psychometric tools like the Subjective Units of Distress (SUDs) scale typically operate on a 0-10 or 1-10 range. A rating that surpasses the scale's maximum boundary serves as a powerful qualitative indicator of the profound and overwhelming nature of the client's suffering. It suggests a level of distress that feels uncontainable within normal parameters, highlighting the severe negative impact the symptom had on her subjective well-being. The client's stated goal for the session was the complete cessation of this disturbing and persistent auditory phenomenon.**17**

Symptom Characteristics

- Auditory hallucination described as "soldiers marching"
- Specifically triggered when head placed on pillow
- Directly interfered with sleep
- Extreme distress rating of "15" (on standard 0-10 scale)
- Created anticipatory anxiety around bedtime

Intervention

The intervention consisted of a single, continuous 90-minute IEMT session conducted by the practitioner. The session was structured as an exploratory application of IEMT, as the practitioner was in the early stages of learning the modality at the time.**17** The therapeutic process unfolded in three distinct and sequential phases, targeting progressively deeper layers of the client's problem structure.

Phase 1: Emotional Imprint Depotentiation

Applied the K-Pattern to target the primary emotional state of annoyance associated with the auditory symptom

Phase 2: Addressing Affective Complexity

Utilized the K-Pattern to work with the client's "tornado of feelings towards herself"

Phase 3: Identity Reimprinting

Implemented the Identity Pattern to address the underlying "at effect" chronicity pattern

Phase 1: Emotional Imprint Depotentiation (The K-Pattern)

The session began by targeting the primary emotional state associated with the auditory symptom. The practitioner presupposed a link between the sound and a specific feeling, which the client confirmed, identifying a state of intense annoyance.**17** To address this, the IEMT K-Pattern was applied. This protocol involves asking the client to access the target feeling and, while holding that kinaesthetic sensation, to follow the practitioner's fingers through a specific series of non-repetitive eye movements.**12** The practitioner guided the client through this process for four different memories that were found to be associated with the same feeling of annoyance. This initial phase focused on depotentiating the foundational emotional imprints that gave the symptom its affective charge. Following this work, the client's subjective distress rating dropped significantly, from her initial "15" to a "5" on a normalized 10-point scale.**17**

Identify Emotion

Client identified "intense annoyance" as the primary feeling associated with the auditory hallucination

1

Access Memories

Four distinct memories associated with the same feeling of annoyance were identified

2

Apply K-Pattern

Client followed practitioner's fingers through specific non-repetitive eye movement sequences while holding the feeling

3

Initial Result

Distress rating dropped from "15" to "5" on a normalized 10-point scale

4

Phase 2: Addressing Affective Complexity (The K-Pattern)

Despite the significant reduction in distress, the problem was not yet resolved. At this point, the client articulated a new layer of the experience, describing a "tornado of feelings towards herself".**17** This description of a swirling, undifferentiated, and self-directed negative state indicated that the problem was more complex than a single emotion. In response, the practitioner shifted to the IEMT K-Pattern. This technique is specifically designed for such multifaceted emotional states. It involves guiding the client through eye movements while calibrating closely to involuntary physiological responses, such as eye-accessing cue jumps and other micromovements, which signal shifts in internal processing.**17** This allowed the practitioner to work with the complex affective state without needing to break it down into distinct components.

K-Pattern Process

1. Client accesses the complex emotional state
2. Practitioner guides through specific eye movement patterns
3. Practitioner calibrates to physiological responses
4. Process continues until shifts in state are observed

This approach allows for working with undifferentiated emotional states without requiring the client to articulate or categorize each distinct feeling.

Phase 3: Identity Reimprinting and Agency (The Identity Pattern)

The final and most critical phase of the intervention was designed to address the underlying chronicity pattern of being "at effect," which had been identified through the client's language ("I am not able to do").**17** The practitioner first introduced the conceptual framework of "being at cause" versus "at effect," explaining the difference between taking an active role in one's experience versus being a passive recipient of it.**17**

Following this psychoeducation, the IEMT Identity Pattern was applied. This involved exploring the client's internal organization of key pronouns—"I," "Me," "Self," and in her case, "It"—to map her identity structure in relation to the problem.**13** This exploration revealed that the "Self" pronoun was associated with predominantly negative experiences, and an impersonal pronoun, "It," was identified as a major, overwhelming trigger for various emotional states.**17** The practitioner then utilized the "lazy 8" (lemniscate) eye movement algorithm, guiding the client's eyes in a figure-eight pattern while she accessed these specific identity imprints. After the first application, the client reported feeling "more at ease" but noted that "It" was still overwhelming. A second round of the pattern was applied, focusing specifically on the "It" imprint. This culminated in a major cognitive breakthrough for the client.**17**

Identity Mapping

Exploring internal organization of pronouns "I," "Me," "Self," and "It"

Cognitive Shift

Major breakthrough in client's understanding of interpersonal dynamics

Pattern Identification

Identifying "Self" as negative and "It" as overwhelming trigger

Lazy 8 Pattern

Applying figure-eight eye movement algorithm while accessing identity imprints

Repeated Application

Second round focusing specifically on the "It" imprint

Outcome

The results of the multi-stage IEMT intervention were observed immediately at the conclusion of the 90-minute session. The outcomes were both quantitative, in terms of distress reduction, and qualitative, marked by a complete resolution of the presenting symptom and a profound cognitive shift.

15

Initial Distress Rating

Client's self-reported distress level at the beginning of the session (on a normalized 10-point scale)

1

Final Distress Rating

Client's self-reported distress level at the conclusion of the 90-minute session

100%

Symptom Resolution

Complete cessation of the auditory hallucination confirmed by client testing with pillow

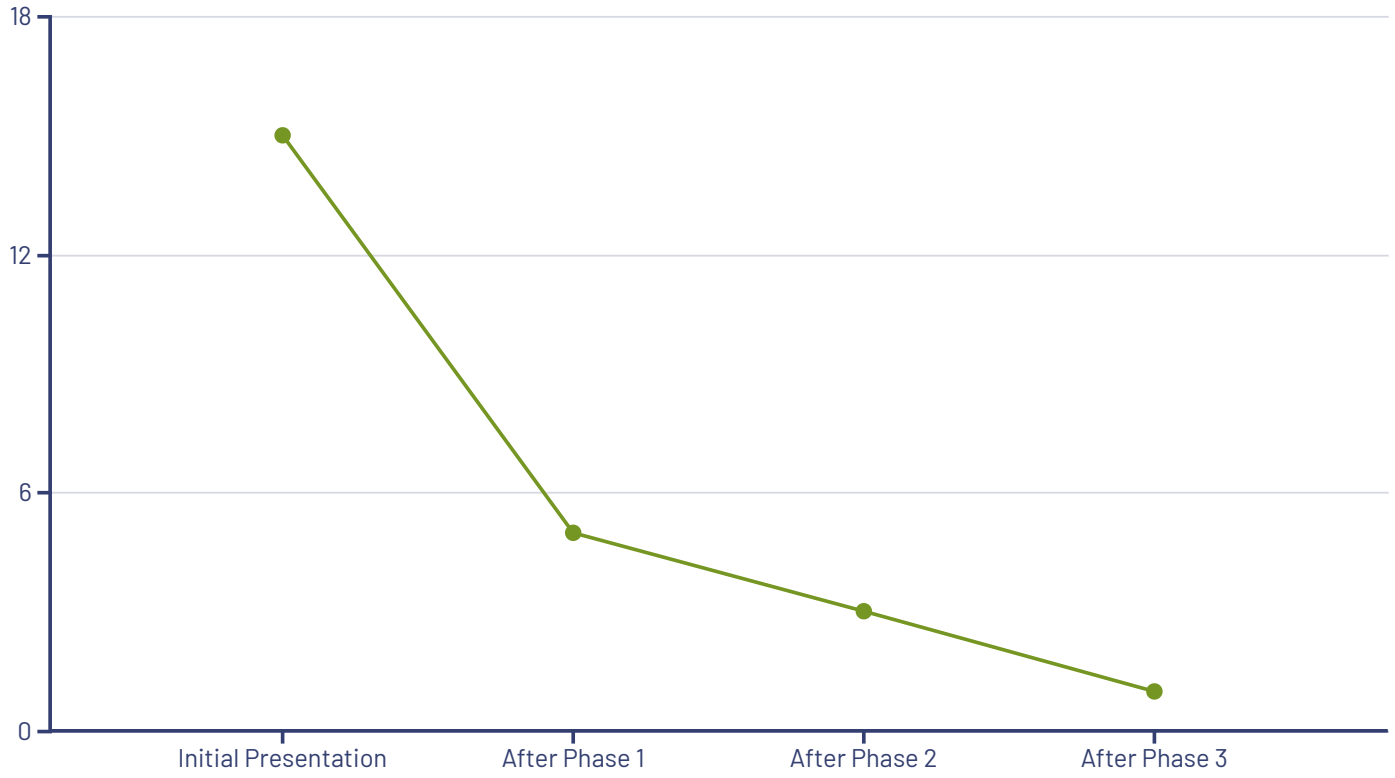
3 yrs

Follow-up Duration

Length of time after which results were confirmed to be maintained

Immediate Symptom Resolution and Distress Reduction

The primary goal of the session was achieved. To verify the outcome, the client, who had brought her pillow with her, was asked to test the trigger condition. She placed her head on the pillow several times and confirmed that "the marching sounds were gone".**17** The chronic psychosomatic auditory disturbance that had prompted the session was no longer present. Concurrently, her final subjective distress rating regarding the issue had diminished to a "1" on a 10-point scale, indicating that the problem was no longer a source of significant emotional disturbance.**17**



The graph shows the progressive reduction in the client's subjective distress levels throughout the three phases of the IEMT intervention. The most dramatic decrease occurred during Phase 1, with continued improvement through Phases 2 and 3.

Cognitive and Structural Change

Perhaps the most significant outcome was the qualitative shift in the client's cognitive framework. Following the application of the Identity Pattern, she articulated a major realization: she now knew "the difference when someone reacts in relation to her behavior versus when they are reacting because of their emotional state, and that not everything is about her".**17** This statement signifies a fundamental change in her model of the world, moving from a self-referential and likely hyper-responsible ("at effect") position to one with clearer interpersonal boundaries and a more objective locus of control ("at cause"). This insight demonstrates a change not just in a feeling or a symptom, but in the underlying identity structure that governed her perception of herself in relation to others.

The following table summarizes the progression of the intervention and its corresponding outcomes across the three distinct phases.

Session Phase	IEMT Pattern Applied	Target of Intervention	Initial SUDs (Normalized 0-10 Scale)	Final SUDs (Normalized 0-10 Scale)	Key Qualitative Notes & Outcomes
Phase 1	K-Pattern	Feeling of "annoyance" linked to the auditory symptom across 4 memories.	10+ (Reported as "15")	5	Addressed the primary emotional charge associated with the symptom.
Phase 2	K-Pattern	Client's report of a "tornado of feelings towards herself."	5	(Not specified)	Targeted a complex, undifferentiated negative affective state.
Phase 3	Identity Pattern	"At Effect" state; Identity imprints of "Self" and "It."	(Not specified)	1	Client reports feeling "more at ease" and has a significant cognitive shift regarding interpersonal responsibility.

Long-Term Follow-up

A follow-up with the client three years after the session confirmed the durability of the results. The client reported that the symptoms remained absent most of the time. On the minimal occasions when the auditory experience recurred, she was able to self-administer the K-Pattern to resolve the issue.

Follow-up Findings

- Symptoms remained absent in most situations
- Rare recurrences successfully self-managed
- Client able to apply K-Pattern independently
- No need for additional therapeutic intervention
- Maintained improved quality of life

Discussion

The rapid and complete resolution of a chronic psychosomatic symptom through a single IEMT session raises important questions about the mechanisms of change and the relationship between identity structures and physical symptoms. The following sections explore these aspects in detail.

1

Mechanisms of Change

Analysis of how the multi-layered IEMT approach addressed progressively deeper structural levels of the problem

2

Psychoneurobiological Hypothesis

Exploration of how psychological shifts may have disrupted the physiological feedback loop maintaining the symptom

3

The Centrality of the "At Cause" Shift

Examination of how the fundamental change in agency and interpersonal perception created lasting change

4

Limitations and Practitioner Reflection

Acknowledgment of the case study's limitations and the practitioner's own learning process

Interpreting the Mechanisms of Change

The rapid and complete resolution of a chronic psychosomatic symptom in a single session warrants a detailed analysis of the therapeutic mechanisms involved. The success of this intervention can be attributed to IEMT's strategic, multi-layered approach, which addressed the problem at progressively deeper structural levels. The session's progression demonstrates that the client's symptom was not a simple, isolated issue but a surface-level manifestation of a more complex underlying structure.

The initial application of the K-Pattern successfully depotentiated the primary emotional imprints associated with the symptom, evidenced by the significant drop in SUDs from "15" to "5".**17** This addressed the "what" of the problem—the immediate feeling of annoyance. However, this intervention alone was insufficient for complete resolution. The emergence of the "tornado of feelings" and the persistence of a "5" level of distress indicated that deeper structures were maintaining the problem. The critical therapeutic leverage was gained through the application of the Identity Pattern. This intervention targeted the "how" of the problem—the chronicity pattern of being "at effect" that generated and perpetuated the client's state of distress. It was only after this identity-level work, which restructured the client's fundamental sense of agency and interpersonal perception, that the SUDs rating dropped to "1" and the physical symptom was fully extinguished.**17** This sequential efficacy suggests that for this client, the psychosomatic symptom was inextricably linked to a core identity pattern; resolving the symptom necessitated resolving the pattern that sustained it.

Surface Level

Auditory symptom and associated feeling of annoyance

Middle Level

Complex "tornado of feelings" and undifferentiated emotional states

Core Level

Identity structure and "at effect" chronicity pattern

A Psychoneurobiological Hypothesis

The observed outcome can be understood through a psychoneurobiological lens. The client's history of anxiety and her presenting "at effect" state likely contributed to a condition of chronic psychological stress.**17** As established, chronic stress leads to the sustained activation of the HPA axis and the sympathetic nervous system, creating a neuro-hormonal milieu that can directly impact central auditory processing and generate or amplify auditory disturbances like tinnitus or, in this case, paracusia.**5**

This creates a self-perpetuating psychosomatic feedback loop. The psychological state of helplessness and anxiety (the "at effect" pattern) generates a physiological stress response. This physiological state, in turn, produces the auditory symptom ("soldiers marching"). The presence of the distressing physical symptom then validates and reinforces the initial psychological state of helplessness and distress, completing the loop and ensuring its chronicity. The IEMT intervention appears to have succeeded by interrupting this feedback loop at its psychological source. The Identity Pattern, by facilitating a shift from an "at effect" to an "at cause" position, fundamentally altered the initial cognitive-emotional input to this system. This structural shift in agency and perception likely led to a downregulation of the HPA axis and a quieting of the sympathetic nervous system, which in turn caused the physiologically-mediated auditory symptom to cease. The disappearance of the symptom broke the feedback loop, allowing the new, more resourceful state to stabilize.

Psychological State

"At effect" pattern creates helplessness and anxiety

Physiological Response

HPA axis activation and sympathetic nervous system arousal

Increased Distress

Symptom reinforces helplessness and anxiety

Auditory Symptom

Disruption in auditory processing creates hallucination

The IEMT intervention broke this cycle by addressing the foundational psychological state, which then had cascading effects throughout the system.

The Centrality of the "At Cause" Shift

The most profound outcome of the session was the client's final cognitive insight: the realization that "not everything is about her".**17** This should not be viewed as a mere pleasant side effect of the therapy, but rather as the central indicator of the core therapeutic change. This statement encapsulates a fundamental restructuring of her locus of control and her model of interpersonal reality. It represents the successful shift from a passive, self-referential "at effect" stance to an active, discerning "at cause" position of agency. This change in self-perception is a primary objective of advanced IEMT work and is considered key to creating long-term, generative change that extends beyond the resolution of a single presenting problem.**12** It is this structural change, not just the removal of a symptom, that constitutes the most significant and lasting therapeutic achievement.

"At Effect" Position

- Passive recipient of experience
- Self-referential interpretation of events
- Hyper-responsibility for others' reactions
- Perceived helplessness
- External locus of control

"At Cause" Position

- Active participant in experience
- Objective interpretation of events
- Clear interpersonal boundaries
- Sense of agency and choice
- Internal locus of control

Limitations and Practitioner Reflection

In the interest of academic rigor, it is essential to acknowledge the limitations of this case study.**17** As a single-case observation, the results are not generalizable and cannot be taken as definitive proof of IEMT's efficacy for all psychosomatic conditions. Factors such as client motivation and the therapeutic alliance may have contributed to the positive outcome.

It is also pertinent to note the practitioner's own reflection that, at the time of this session, he was in the early stages of learning and experimenting with the IEMT model.**17** While the outcome was successful, a more experienced practitioner might have approached the session differently, perhaps identifying the "at effect" pattern even earlier or using other IEMT tools. This context adds a layer of authenticity to the report and underscores that even when applied by a practitioner in training, the IEMT model can yield powerful results. The practitioner noted that in future sessions, he would more directly explore patterns like "I am not able to know" and other indicators of abreaction triggers.**17**

Practitioner Learning Points

- Earlier identification of chronicity patterns
- More direct exploration of linguistic markers
- Attention to abreaction triggers
- Potential application of additional IEMT tools

Conclusion

In summary, the application of a single 90-minute Integral Eye Movement Therapy session resulted in the immediate and complete resolution of a chronic and distressing psychosomatic auditory hallucination. The intervention, which progressed from addressing surface-level emotional imprints to restructuring foundational identity patterns, demonstrates the potential of IEMT as a rapid, targeted, and multi-layered therapeutic modality.

The key takeaway from this case is that for complex, chronic mind-body issues, targeting the underlying structures of problem maintenance may be more critical than addressing the symptom itself. IEMT's capacity to work with both emotional content (the "what") and identity structure (the "how") appears to make it a particularly potent intervention for such conditions. While the findings of a single case are not definitive, this report adds to a growing body of clinical observation suggesting that eye movement-based therapies that address psychophysiological patterns can provide profound and lasting relief for psychosomatic disorders. Further research, including larger case series and controlled studies, is strongly encouraged to substantiate these findings and to further explore the applicability of IEMT across the spectrum of psychosomatic and psychodermatological conditions.

Key Findings

- Complete resolution of chronic auditory hallucination
- Significant reduction in subjective distress (15→1)
- Fundamental shift in identity structure and agency
- Durable results at three-year follow-up

Clinical Implications

- IEMT as effective intervention for psychosomatic symptoms
- Importance of addressing identity-level structures
- Value of multi-layered therapeutic approach
- Potential for rapid resolution of chronic conditions

Future Directions

- Larger case series and controlled studies
- Application to broader range of psychosomatic conditions
- Investigation of neurobiological mechanisms
- Development of standardized protocols

References

Client Session Transcripts. 17

IEMT Association. (n.d.). Case Studies Guidelines – Integral Eye Movement Therapy (IEMT). 17

Matar, R. F. (2025). Integral Eye Movement Therapy (IEMT) for Psychosomatic Pruritus: A Case Study. 17

Anxiety Centre. (n.d.). Anxiety Hallucinations. 19

Austin, A. T. (n.d.). Integral Eye Movement Therapy. The Association for IEMT Practitioners. 13

CalmClinic. (n.d.). Anxiety May Cause Simple Auditory Hallucinations. 21

Charlie Health. (2024). Understanding Auditory Hallucinations: Types, Causes, and Treatment. 3

Chaudhary Hospital. (n.d.). Can Stress Cause Auditory Hallucinations? Exploring the Connection. 6

Cleveland Clinic. (2023). Auditory Hallucinations. 1

Counselling Directory. (2024). What is IEMT (integral eye movement therapy), and its benefits? 14

Creating Change IEMT. (n.d.). Integral Eye Movement Therapy (IEMT) for Trauma Recovery & Emotional Healing. 16

EMDR Institute, Inc. (n.d.). What is EMDR? 15

Gámez-Medina, M., et al. (2024). Long-term effects of an internet-delivered emotional awareness and expression therapy for somatic symptom disorder: 12-month follow-up of a randomized controlled trial. Frontiers in Psychiatry. 22

Gärtner, M., et al. (2022). Early Psychological Interventions in the Prevention and Treatment of Somatic Symptom and Functional Somatic Syndromes: A Systematic Review and Meta-Analysis. Psychosomatic Medicine. 23

Hiller, W., & Geyer, M. (1998). Psychosomatic disorders in ENT. GMS Current Topics in Otorhinolaryngology, Head and Neck Surgery. 7

Hvidt, N. C., et al. (2024). Somatic health among patients in opioid maintenance treatment: a 1-year follow-up study. Health & Justice. 24

Khan, A., & Husain, F. T. (2023). The role of psychosomatic conditions and cognitive functioning in patients with chronic tinnitus. Frontiers in Psychology. 25

Medical News Today. (2022). What to know about ringing in the ears and anxiety. 10

Metaphors of Movement. (n.d.). Recommended Reading. 26

Neuromed. (n.d.). Tinnitus and Stress: Understanding the Connection. 9

Positive Psychology Network. (n.d.). Eyes - The Windows to the Soul... 12 /split

Reddit. (2023). EMDR vs IEMT. 27

Schaefer, I., et al. (2023). The Association of Tinnitus with Depression, Anxiety, and Somatic Symptom Disorders: Results from a Large Population-Based Cohort. Journal of Clinical Medicine. 28

Sonik Hearing. (n.d.). The Psychological Impact of Tinnitus and How to Cope. 29

Sy, M. P., & O'Connor, K. (2022). Somatic Symptoms in Japan and Indonesia: A Cross-Cultural Study of Health Concerns, Affective State, Somatosensory Amplification, and Spirituality. Frontiers in Psychology. 30

Teymoorian, A., et al. (2023). The role of stress in the development of tinnitus. Frontiers in Public Health. 11

The CBT Lady. (n.d.). Integral Eye Movement Therapy. 31

Tinnitus UK. (n.d.). Tinnitus and stress. 8

Torous, J., & Firth, J. (2020). Can Stress Cause Hallucinations? Amae Health. 5

Toussaint, A., et al. (2021). Auditory Hallucination. StatPearls. 2

Wikipedia. (n.d.). Auditory hallucination. 4

Author Information and Contact

Author

Roni F. Matar - IEMT Trainer

Contact Information

- Phone: +9613947701
- Website: **www.ronimatar.com**
- Email: **roni@ronimatar.com**

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