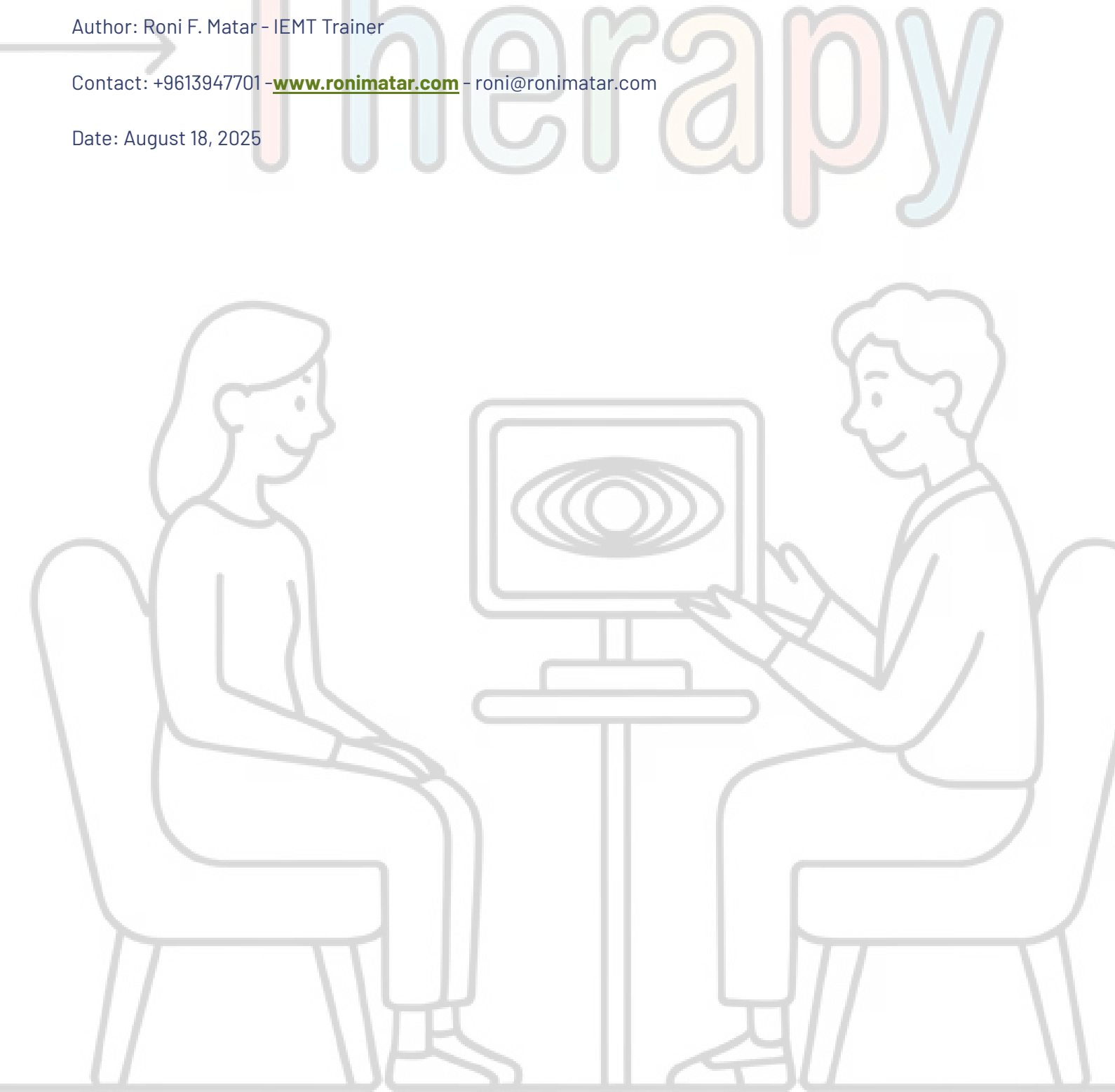


Integral Eye Movement Therapy (IEMT) for the Amelioration of Chronic Migraine: A Case Study

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Abstract

This case study documents the application of Integral Eye Movement Therapy (IEMT) for a female client presenting with a multi-year history of chronic migraine. The client experienced frequent, debilitating episodes lasting up to 18 days, characterized by a complex constellation of up to ten distinct symptoms, including nausea, cognitive disruption, and balance problems, which significantly impacted her professional and personal life. The intervention consisted of a single, 60-minute online session of IEMT. The therapeutic process focused on identifying and resolving a foundational emotional imprint of sadness, which was traced back to a non-visual but vivid memory from the age of two, seemingly unrelated to the presenting complaint of migraine. The outcomes, assessed via client feedback several months post-intervention, were significant. The client reported a sustained reduction in the frequency, duration, and intensity of migraine episodes, with approximately half of her previous symptoms having ceased entirely. Furthermore, a profound shift was observed in her relationship with the condition, moving from a position of being "at the effect of" her symptoms to one of proactive management and agency, or being "at cause." This case illustrates the potential of IEMT as a brief therapeutic intervention for complex psychosomatic conditions. It suggests that by targeting and recalibrating the underlying emotional architecture of a client's experience, it is possible to facilitate substantial and lasting physiological and psychological change, even when the presenting problem is a chronic and severe neurological condition.

 **Keywords:** Integral Eye Movement Therapy, IEMT, chronic migraine, psychosomatic conditions, emotional imprinting, case study

Introduction

The management of chronic pain syndromes represents one of the most significant challenges in modern medicine and psychotherapy. Among these, chronic migraine stands out for its prevalence, complexity, and profound impact on an individual's quality of life. This case study explores the application of a novel psychotherapeutic modality, Integral Eye Movement Therapy (IEMT), in the treatment of a client with a long-standing history of chronic migraine. To fully appreciate the context and significance of this case, it is necessary to first understand the clinical nature of chronic migraine, the emerging scientific consensus on its link to early life emotional trauma, and the theoretical underpinnings of the therapeutic intervention employed.

The Clinical Challenge of Chronic Migraine

Chronic migraine is not merely a severe headache; it is a complex and debilitating neurological disorder with a specific clinical definition. The International Classification of Headache Disorders defines it as the experience of headache on at least 15 days per month for a minimum of three months, with at least eight of those days featuring symptoms characteristic of migraine (Cleveland Clinic, 2022; The Migraine Trust, n.d.). This condition is estimated to affect between 1.4% and 2.2% of the global population, making it a substantial public health issue and a leading cause of disability worldwide (MedlinePlus, 2023; Schwedt, 2021; Zis et al., 2021).

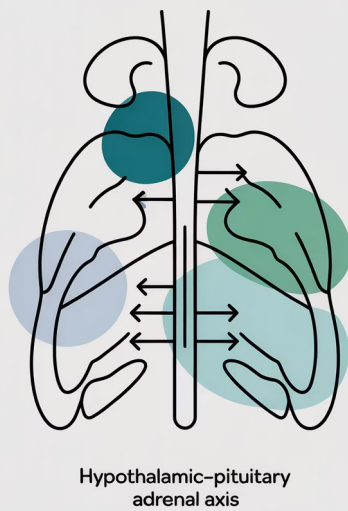
The pathophysiology of chronic migraine is multifaceted, involving structural and functional changes in the brain, central sensitization, and neuro-inflammation (Schwedt, 2021; Zis et al., 2021). It is increasingly understood not as a peripheral pain issue but as a disorder of the central nervous system, where the brain itself is affected directly (Cleveland Clinic, 2022). This explains the wide and varied symptomology that often accompanies the condition. While moderate to severe, often unilateral and pulsating, head pain is a hallmark feature, the full clinical picture can be far more extensive. Patients frequently report associated symptoms such as profound nausea and/or vomiting, extreme sensitivity to light (photophobia) and sound (phonophobia), and cognitive disturbances, such as difficulty concentrating or constructing thoughts (Goadsby & Boes, 2002; The Migraine Trust, n.d.; Woldeamanuel & Cowan, 2017). In some cases, patients experience aura, which can manifest as visual disturbances (flashing lights, blind spots), sensory changes (tingling, numbness), or speech and language difficulties (Cleveland Clinic, 2022; Goadsby & Boes, 2002; Woldeamanuel & Cowan, 2017). The condition often evolves from a pattern of less frequent, or "episodic," migraine in a process of chronification sometimes referred to as "transformed migraine" (Goadsby & Boes, 2002; Woldeamanuel & Cowan, 2017). Given the high frequency of headache days, sufferers of chronic migraine may find themselves in a persistent state of preor post-dromal symptoms even on pain-free days, with limited neurological recovery between attacks (Schwedt, 2021; Zis et al., 2021). This relentless cycle of symptoms makes the condition exceptionally disruptive to work, social life, and family relationships (MedlinePlus, 2023).

Frequency Headache on at least 15 days per month for a minimum of three months	Prevalence Affects between 1.4% and 2.2% of the global population	Impact Leading cause of disability worldwide with significant disruption to work, social life, and family relationships
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The Psychosomatic Connection: Emotional Trauma as an Etiological Factor

While the neurological basis of migraine is well-established, a growing body of research has illuminated a powerful connection between the condition and a history of psychological trauma, particularly Adverse Childhood Experiences (ACEs). Multiple studies have demonstrated a strong and consistent correlation between experiences of childhood maltreatment—including emotional, physical, or sexual abuse, as well as neglect or witnessing domestic violence—and an increased likelihood of developing migraine, and specifically chronic migraine, in adulthood (American Migraine Foundation, 2016; Brennenstuhl & Fuller-Thomson, 2015). Research indicates that the greater the severity of the abuse, the higher the risk of developing headache conditions (American Migraine Foundation, 2016). This link suggests that for a significant subset of sufferers, chronic migraine may be best understood through a biopsychosocial lens, where early life experiences create a physiological predisposition to the disorder.

The proposed mechanism for this connection centers on the dysregulation of the body's primary stress-response system, the Hypothalamic-Pituitary-Adrenal (HPA) axis (Brennenstuhl & Fuller-Thomson, 2015; Stress.org, 2022). In a healthy individual, the HPA axis activates in response to a perceived threat (the "fight or flight" response) and then returns to baseline once the threat has passed. However, prolonged or repeated exposure to trauma, particularly during the critical developmental windows of childhood, can permanently alter the functioning of this axis. The system can become chronically over-activated and hypersensitive, leading to a state of sustained physiological stress, elevated neuro-inflammation, and altered brain chemistry (DH Acupuncture, n.d.; Feiles, 2025). This chronic dysregulation creates a state of central sensitization, where the nervous system is primed to overreact to stimuli, and it can fundamentally change how the brain processes pain signals (Feiles, 2025). MRI studies have shown that adults with a history of childhood abuse exhibit structural changes in the same brain regions—particularly within the limbic system, which governs emotion—that are also observed to be affected in adults with migraine (American Migraine Foundation, 2016). This provides a plausible physiological pathway explaining how a distressing emotional experience from the past can create and maintain a severe physical pain condition in the present.



The HPA Axis and Chronic Stress

The Hypothalamic-Pituitary-Adrenal (HPA) axis is the body's primary stress-response system. When chronically activated by trauma or persistent stress, it can lead to:

- Sustained physiological stress
- Elevated neuro-inflammation
- Altered brain chemistry
- Central sensitization
- Changes in pain processing

These physiological changes create an environment conducive to the development and maintenance of chronic migraine.

The Therapeutic Intervention: Integral Eye Movement Therapy (IEMT)

Given the potential for chronic migraine to be rooted in foundational emotional experiences, a therapeutic approach that can directly and rapidly address these historical imprints is of significant clinical interest. Integral Eye Movement Therapy (IEMT) is a brief psychotherapeutic modality developed by Andrew T. Austin that utilizes guided eye movements and targeted questioning to facilitate rapid change in problematic emotional states (Counselling Directory, 2024; IEMT Netherlands, n.d.; Positive Psychology Network, n.d.). It is a developing framework that draws on observations from neurology and psychology to address the way in which memories and emotions are encoded in the mind (Association for IEMT Practitioners, n.d.-c).

IEMT is built upon two foundational concepts: "Emotional Imprinting" and "Identity Imprinting" (Association for IEMT Practitioners, n.d.-b). Emotional imprinting refers to the process by which an individual learns *how to feel* in response to a particular stimulus. It is the creation of a new kinaesthetic (bodily) response that becomes neurologically linked to an experience, teaching the person how to react emotionally in similar future situations (Association for IEMT Practitioners, n.d.-b). Identity imprinting, conversely, relates to how an individual learns *how to be* a certain way. These are aspects of self-concept that are often attributed by the environment and are constantly evolving. A problematic identity imprint might manifest as the belief "I am a depressive person," which is distinct from the emotional imprint "I feel unhappy" (Association for IEMT Practitioners, n.d.-b; Integral Eye Movement Therapy Wiki, n.d.). IEMT seeks to address the core question, "How did this person learn to be this way?" by targeting these foundational imprints (Integral Eye Movement Therapy Wiki, n.d.). The therapeutic process does not require extensive disclosure of traumatic events; instead, it focuses on the client's internal patterns and their associated feelings, using precise eye movement protocols to update the way this information is stored and processed in the brain (Positive Psychology Network, n.d.). This process is thought to recalibrate maladaptive neurological responses, allowing for the emotional charge of distressing memories to be reduced or eliminated (Association for IEMT Practitioners, n.d.-c; Counselling Directory, 2024).



Identify Emotional Imprint

Locate the foundational emotional response that may be linked to the presenting problem



Apply Eye Movement Protocol

Guide the client through specific eye movement patterns while holding the emotional imprint in awareness



Neurological Recalibration

The eye movements disrupt and update the way the emotional memory is stored and processed



Symptom Resolution

As the emotional charge diminishes, related physical and psychological symptoms often improve

Purpose of the Case Study

This case study aims to document and analyze the application of a single session of IEMT for a client presenting with a multi-year history of chronic, multi-symptomatic migraine. By detailing the intervention process and the client-reported outcomes, this paper seeks to explore the observed changes in the client's condition within the theoretical frameworks of both IEMT and the established psychosomatic link between emotional trauma and chronic migraine. The case serves as a practical illustration of how a brief, targeted intervention aimed at a historical emotional imprint may lead to significant and lasting amelioration of a complex neurological syndrome.

Client Profile

The client is an adult female who presented for IEMT in March 2025. At the time of the session, she had been experiencing migraines since 2018, a period of approximately seven years (Unpublished Client Feedback, 2025).

The client's history with her condition is notable for her conscious and deliberate approach to its management. She reported having consulted with medical doctors periodically to confirm that her evolving symptoms were still consistent with a migraine diagnosis. However, she had made an informed decision to avoid pharmacological interventions, citing concerns about the potential side effects of migraine medications. Instead of pursuing a path of medication, she had adopted a strategy of self-management, stating she was focused on "working with it" and "finding my way through" (Unpublished Client Feedback, 2025).

This proactive stance is a key feature of the client's profile. She described her pre-session mindset as being "quite positive about it all and quite positive about shifting things around so that I could work with it" (Unpublished Client Feedback, 2025). This indicates a high degree of personal resilience, a commitment to self-efficacy, and a refusal to be defined solely by her illness. She was not a passive victim of her circumstances but an active agent in seeking solutions and adapting her life to accommodate her health challenges.

This self-described positivity presents a fascinating clinical paradox when viewed in light of the debilitating nature of her condition and the deep-seated emotional material that was subsequently uncovered during the IEMT session. In the intervention, a core feeling of "sadness" was identified, which the client rated as an 8 out of 10 in intensity and described as "very" familiar, tracing it back to an early childhood memory (Unpublished IEMT Session Transcript, 2025). The existence of such a powerful and foundational negative emotional state stands in stark contrast to her conscious, positive coping strategy.

This apparent contradiction suggests a potential split between the client's conscious cognitive processing and her subconscious emotional and neurological state. It is plausible that her positivity and resilience were highly effective conscious coping mechanisms that allowed her to function despite her condition. However, these conscious strategies may have been unable to access or resolve the underlying neurological imprint that was contributing to, or perhaps even driving, the physical symptomatology. The migraines, in this context, could be interpreted as a somatic expression of an unresolved emotional issue that her conscious mind had successfully managed or compartmentalized, but which her body continued to express.

This distinction is crucial, as it underscores the potential value of a therapeutic modality like IEMT, which is designed to bypass conscious cognitive analysis and work directly at the level of the subconscious neurological imprint (Counselling Directory, 2024; Positive Psychology Network, n.d.). The client's problem was not a deficit in positive thinking, but rather the persistence of an un-integrated emotional learning from her past.

Client Demographics • Adult female • Presented for IEMT in March 2025 • 7-year history of migraines (since 2018)	Management Approach • Periodic medical consultation • Avoidance of pharmacological interventions • Focus on self-management strategies • Proactive and positive mindset	Underlying Emotional State • Core feeling of "sadness" identified during IEMT • Rated as 8/10 in intensity • Described as "very" familiar • Traced to early childhood memory
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Presenting Problem

The client's chief complaint was chronic migraines, a condition she had been contending with since 2018 (Unpublished Client Feedback, 2025). Her presentation was fully consistent with the established clinical picture of a severe and complex neurological syndrome, extending far beyond the common conception of a headache.

The frequency, duration, and severity of her episodes were characteristic of the chronic form of the disorder. The client reported that a single migraine episode could persist for as long as 18 consecutive days, with the intensity of symptoms cycling up and down throughout that period (Unpublished Client Feedback, 2025). This pattern aligns with the diagnostic criteria for chronic migraine, which requires at least 15 headache days per month (Schwedt, 2021; The Migraine Trust, n.d.; Zis et al., 2021). The severity of the experience was described as "all encompassing," a state so overwhelming that it made it difficult for her to engage in the basic self-care of identifying and responding to specific triggers in the moment, such as a bothersome light source (Unpublished Client Feedback, 2025). This description points to a state of significant central nervous system dysregulation, where the brain's capacity for normal processing is severely compromised during an attack (Cleveland Clinic, 2022; Schwedt, 2021; Zis et al., 2021).

Symptom Profile

The symptom profile reported by the client was exceptionally broad and systemic, highlighting the whole-brain nature of a migraine event. She noted experiencing "up to 10 different symptoms," emphasizing that a sore head was not necessarily one of them (Unpublished Client Feedback, 2025). This is a critical clinical detail, as it moves the diagnosis away from a simple headache disorder and firmly into the category of a complex neurological event. The specific symptoms she named included:



Gastrointestinal

Nausea and upset digestion.



Neurological (Speech/Motor)

Affected speech and muscle twitches.



Vestibular

Balance problems.



Sensory

Flashing lights behind the eyes, sensitivity to noise and light, and odd tastes.



Cognitive

Difficulty with higher-order executive functions, such as "trying to construct thoughts" and "typing on the computer," which she described as becoming "a jumble" (Unpublished Client Feedback, 2025).

This constellation of symptoms is well-documented in the medical literature on migraine and reflects the widespread impact of the condition on brain function, affecting areas responsible for sensory processing, motor control, and cognition (Cleveland Clinic, 2022; Goadsby & Boes, 2002; Woldeamanuel & Cowan, 2017).

The impact of this condition on the client's life was substantial. The unpredictable and prolonged nature of the episodes made planning extremely difficult and frequently forced her to cancel work commitments. This had a secondary emotional impact, as she reported that she "didn't feel so great about that" (Unpublished Client Feedback, 2025). Despite her proactive management style, the condition imposed significant limitations on her professional life and created a persistent sense of uncertainty.

In summary, the client presented with a classic, albeit severe, case of chronic migraine. The problem was not isolated pain but a recurring, long-duration, multi-symptomatic state of systemic neurological breakdown. This complex and deeply entrenched presenting problem set the stage for an intervention that, paradoxically, would not focus on the symptoms of migraine at all, but on the underlying emotional structure that was hypothesized to be sustaining them.

Intervention

The therapeutic intervention consisted of a single Integral Eye Movement Therapy (IEMT) session, conducted online via video conference and lasting approximately 60 minutes. The practitioner employed a systematic approach consistent with the IEMT model, focusing on identifying and resolving a foundational kinaesthetic imprint rather than directly addressing the client's narrative about her migraines. The process unfolded in several distinct stages.

Step 1: Externalizing the Internal Representational System

The session began not with a discussion of migraine symptoms, but with an exploration of the client's childhood family structure. The practitioner utilized a digital whiteboard with a selection of images of coins. This technique, often referred to as the Coin Exercise, was originally created by James Lawley and Penny Tompkins (Tompkins & Lawley, 2000). The client was asked to choose a coin to represent her childhood self and then to select and place coins representing key family members: her mother, father, brother, sister, maternal grandparents, paternal grandmother, and an aunt (Unpublished IEMT Session Transcript, 2025).

The client directed the placement, size, and relative proximity of each figure, creating a visual map of her internal representation of her family system. This technique serves to externalize a complex internal state, allowing both client and practitioner to observe and interact with it objectively, without the client being overwhelmed by the associated internal feelings. The spatial arrangement provided a rich source of implicit data about the perceived family dynamics. For example, the mother was placed "on the right" because "mum's always right," suggesting a perception of authority or correctness. The father was placed "level" with the client's coin, and her brother was positioned "closer to me than my mother," hinting at different degrees of perceived closeness and hierarchy within the family (Unpublished IEMT Session Transcript, 2025).



The Coin Exercise

This technique allows the client to:

- Externalize their internal representation of relationships
- Create a visual map that can be observed objectively
- Reveal implicit information about perceived family dynamics
- Interact with complex emotional material in a contained way

The spatial arrangement of coins provides valuable data about the client's perception of authority, closeness, and hierarchy within their family system.

Step 2: Identifying the Kinaesthetic Marker

Once the family map was established, the practitioner introduced a coin to represent the concept of "migraine." The practitioner then moved this "migraine" coin around the map, probing different areas to see if its presence elicited a kinaesthetic (felt) response in the client. The client reported "no" feeling when the coin was near most figures. However, when the coin was moved into a space near the representations of her granddad, her brother, and her aunt, she reported, "There's a little bit" (Unpublished IEMT Session Transcript, 2025).

This is a direct application of the IEMT "K-Protocol," or kinesthetic pattern, which is designed to trace a current problematic state or feeling back to its original imprinting experience or associated emotional structure (Integral Eye Movement Therapy Wiki, n.d.). The client was asked to describe this feeling. She clarified that it was not the feeling of migraine itself, but rather "a feeling of sadness" (Unpublished IEMT Session Transcript, 2025). This feeling of sadness, now linked to the client's relational map, became the primary therapeutic target for the remainder of the session. The focus shifted entirely from the presenting problem (migraine) to this newly identified emotional imprint.

Create Family Map

Client places coins representing family members on a digital whiteboard

Introduce "Migraine" Coin

Practitioner adds a coin representing the concept of migraine

Probe for Kinaesthetic Response

Practitioner moves the migraine coin around the map to identify areas that elicit a felt response

Identify Core Feeling

Client identifies "sadness" as the feeling that emerges when the migraine coin is placed near specific family members

Step 3: De-potentiating the Emotional Imprint

The practitioner then focused on quantifying and exploring this feeling of sadness. The client chose to begin with the feeling as it related to her aunt. On a scale of 1 to 10, she rated the intensity of the sadness at an 8. When asked about its familiarity, she responded, "Very." The practitioner then asked the pivotal IEMT question, "When's the first time you can remember feeling this feeling?" The client traced it back to the age of two, describing the memory as having no visual component but being nonetheless "vivid" (Unpublished IEMT Session Transcript, 2025).

With the target memory and its associated feeling held in mind, the practitioner guided the client through a series of specific, prescribed eye movements. The client was instructed to keep her head still and follow the practitioner's finger as it moved through various patterns: vertically (all the way up, all the way down), diagonally (up to the right, down to the left), and horizontally (right and left) (Unpublished IEMT Session Transcript, 2025). This is the core mechanistic component of IEMT. The specific patterns of eye movement are theorized to disrupt the persistent pattern of neural firing associated with the problematic memory. This disruption is believed to create a window of opportunity for the brain to re-access, re-process, and re-consolidate the memory without the intense emotional charge, effectively updating the old neurological learning (Counselling Directory, 2024; Joyful Mind Mentor, 2023).

Quantifying the Emotional Imprint

- Feeling: Sadness
- Intensity: 8/10
- Familiarity: "Very"
- First occurrence: Age 2
- Memory quality: No visual component but "vivid"

Eye Movement Protocol

The client was guided through specific eye movement patterns while maintaining focus on the target memory:

- Vertical movements (up and down)
- Diagonal movements (up-right to down-left)
- Horizontal movements (right and left)

These movements are designed to disrupt the neural pattern associated with the emotional memory, allowing for reprocessing and reconsolidation.

Step 4: Post-Intervention Check and Deepening the Work

After the first round of eye movements, the practitioner asked the client what she noticed about the memory. Her response was immediate and definitive: "It's not there." When asked about the associated feeling of sadness, she reported it was "softer," and its intensity had dropped from an 8 out of 10 to a 3 out of 10 (Unpublished IEMT Session Transcript, 2025). This demonstrated a significant and rapid de-potentialization of the emotional imprint.

The practitioner then moved to a deeper level of the IEMT framework, exploring the structure of the problem as perceived in the external figure of the aunt. The client was asked to identify what her aunt "lacks," "needs," and "wants." The client identified "family" as both a lack and a want, and "connection" as a need. When asked which was most significant, she chose the "lack of family," rating its intensity at a 9 out of 10 (Unpublished IEMT Session Transcript, 2025). A second round of IEMT eye movements was then applied while the client held this representation of "lack" in her mind. This part of the process aims to resolve the problematic structure within the client's internal map, which can further collapse the stability of the negative feeling state.

Step 5: Symbolic Integration and Session Conclusion

Following the second set of eye movements, the client reported that the feeling was now "all okay." As a final check, the practitioner returned to the visual map of the family system and asked if anything needed to change. The client's response was symbolic of the shift that had occurred: "You can make my auntie a little bit smaller now, please" (Unpublished IEMT Session Transcript, 2025). This request indicated that the emotional significance and influence of this figure within her internal world had been tangibly reduced. The session concluded shortly thereafter, with the work on the other associated figures (granddad and brother) left for the client to potentially explore in a subsequent group exercise.

The intervention was notable for its non-linear and non-cognitive approach. There was no logical, narrative-based exploration of how the client's aunt might be connected to her migraines. Instead, the practitioner followed the client's somatic feedback, trusting the kinaesthetic link discovered through the probing process. The therapeutic work was conducted entirely at the level of feeling and internal representation, demonstrating a core principle of IEMT: that profound change can be facilitated without the need for conscious cognitive insight or storytelling (Positive Psychology Network, n.d.).



Initial Sadness Intensity

Before eye movement protocol



Post-Intervention Sadness

After first round of eye movements



"Lack of Family" Intensity

Secondary target for intervention

Outcome

The outcomes of the single IEMT session were assessed through detailed client feedback provided several months after the intervention. The reported changes were substantial, multifaceted, and sustained over time, encompassing a reduction in physical symptoms, an improvement in functional capacity, and a profound shift in the client's cognitive and emotional relationship with her condition.



Immediate and Sustained Symptom Reduction

The client reported experiencing "a shift almost immediately" following the session. She described this initial change as her "relationship to migraine" feeling "different, like it felt easier" (Unpublished Client Feedback, 2025). This suggests an immediate change in the subjective experience of the condition, even before the next physical episode occurred.

This initial shift was followed by tangible, long-term improvements in the physical manifestation of the migraines. At the time of the follow-up, the client stated, "about five of the symptoms I've not had since" (Unpublished Client Feedback, 2025). This represents a significant reduction in the complexity of her episodes. For the migraines that did still occur, she reported that they were consistently "softer" in intensity and that they "doesn't last as long" as they did previously (Unpublished Client Feedback, 2025). The change was not a complete cure, but a dramatic amelioration of the condition's severity, duration, and symptomatic breadth.

Functional and Behavioral Improvement

The reduction in symptom severity translated directly into improved functional capacity. The client provided a powerful example of this change, stating that during a recent migraine episode, "I was actually reading a book" (Unpublished Client Feedback, 2025). She qualified that it was not a difficult text, but the very act of being able to focus her eyes and mind on a book during a migraine was a novel and significant improvement over her previous state, where she would have been limited to simply resting or listening to audio. This newfound ability to engage in activities during an episode demonstrates a marked decrease in the condition's debilitating impact.

Immediate Shift "A shift almost immediately" in relationship to migraine Condition felt "different" and "easier" to manage	Symptom Reduction "About five of the symptoms I've not had since" Remaining episodes "softer" in intensity Episodes "doesn't last as long" as previously	Functional Improvement Able to read a book during a migraine episode Increased ability to engage in activities during episodes Reduced debilitating impact on daily functioning
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Enhanced Agency and Emotional Impact

Perhaps the most profound outcome was the reported shift in the client's sense of agency. Before the session, despite her proactive and positive attitude, the "all encompassing" nature of the migraines meant that during an episode, it was difficult to identify and act on specific triggers, leaving her feeling "at the effect of" the condition in those moments (Unpublished Client Feedback, 2025). After the session, she described a fundamental change in her ability to proactively manage her state. She explained, "I'm more likely to notice the light is affecting me and go put the blind down" (Unpublished Client Feedback, 2025). She explicitly linked this enhanced efficacy to the IEMT work, stating, "I feel like the eye movement is what has helped everything else" (Unpublished Client Feedback, 2025). This suggests that the intervention did not just remove a negative state but also created the internal space and clarity necessary for her existing coping strategies to become more effective. She had moved from being a passenger to being the driver in her own experience.

Emotional and Lifestyle Impact

The emotional burden associated with the condition also lessened significantly. The unpredictability of her migraines had previously made planning difficult and forced her to cancel work and life events, which she "didn't feel so great about" (Unpublished Client Feedback, 2025). After the session, while acknowledging that she still sometimes has to cancel commitments, she stated, "even that I feel differently about now... if I need to cancel, I'll just cancel." She identified that this emotional shift occurred specifically "at that time" of the IEMT session (Unpublished Client Feedback, 2025). The reduced frequency and duration of episodes meant she was no longer facing the prospect of cancelling "18 days of my life anymore," but perhaps just a single day or a few hours, which made the overall management of her work and life far more possible (Unpublished Client Feedback, 2025).

In her own words, the client summarized the impact of the session as "a turning point that I recognize" (Unpublished Client Feedback, 2025). The table below provides a structured summary of these client-reported outcomes, contrasting the pre- and post-intervention states.

Metric	Pre-Intervention State (as reported by client)	Post-Intervention State (as reported by client)
Symptom Profile	"Up to 10 different symptoms" including nausea, speech issues, cognitive jumbling.	"About five of the symptoms I've not had since."
Episode Duration	Up to 18 days, with cycling and unpredictable intensity.	"It doesn't last as long."
Episode Intensity	"All encompassing," making it "hard to go, 'Oh, do you know what? That light is affecting me'".	"Softer," allowing for activities like "reading a book" during an episode.
Coping Strategy	A sense of being "at the effect of" the condition, despite a positive attitude.	Proactive management and feeling "at cause." "I'm more likely to notice the light is affecting me and go put the blind down."
Emotional Impact	"Didn't feel so great" about cancelling life/work events.	"Feel differently about now if I need to cancel, I'll just cancel."
Overall Assessment	A chronic, managed but highly disruptive condition since 2018.	"It was a turning point that I recognize."

Discussion

The outcomes observed in this case are noteworthy for their rapidity, magnitude, and durability, particularly given that they resulted from a single, brief intervention for a long-standing chronic condition. The discussion that follows will interpret these results through the integrated lenses of IEMT theory and the contemporary understanding of psychosomatic disorders. It will propose a plausible mechanism of change, analyze the specific therapeutic process, and acknowledge the inherent limitations of a single-case observation.

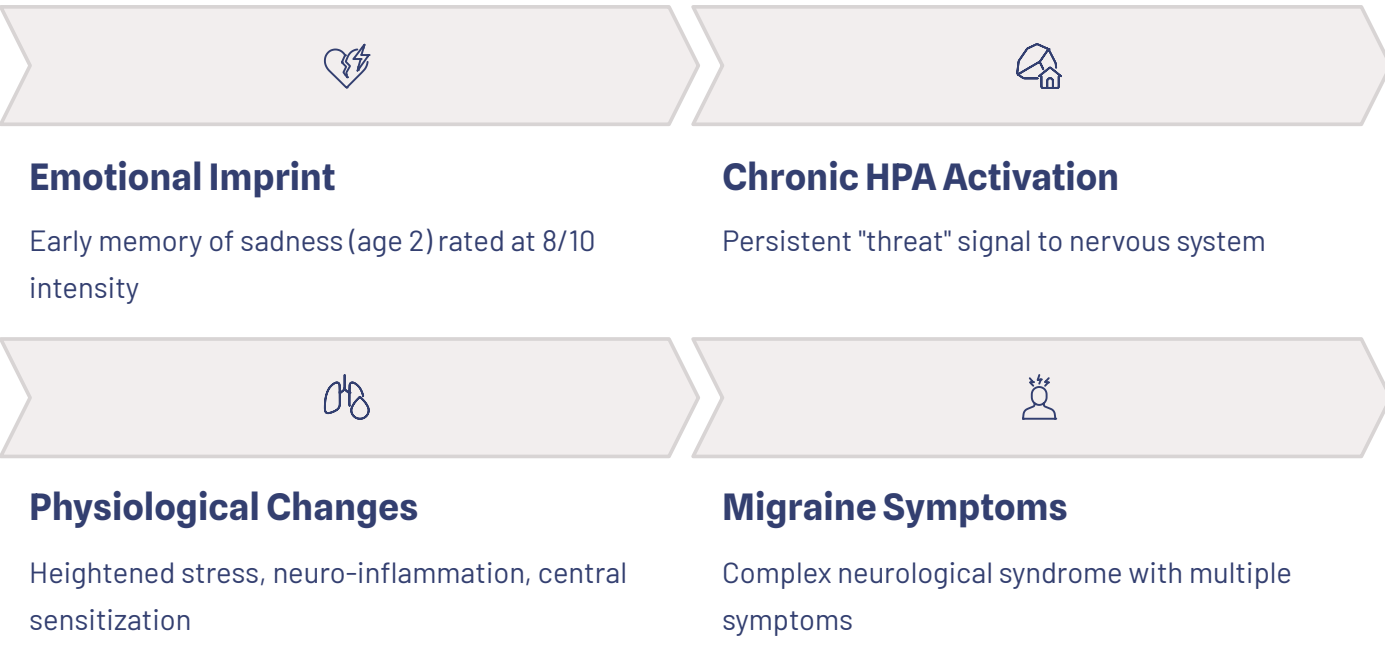
Interpretation of Outcome and Mechanism of Change

The significant and lasting amelioration of the client's chronic migraine symptoms following an IEMT session that focused exclusively on a historical emotional imprint lends strong support to a psychosomatic model for her condition. The therapeutic success suggests that the migraines were, at least in large part, a somatic manifestation of an unresolved, foundational emotional issue. The client's own bewildered assessment—"that emotional stuff that we worked on, I have no idea quite what it was... And yeah, it's just very different now" (Unpublished Client Feedback, 2025)—is itself evidence of the IEMT process at work. The change occurred at a pre-cognitive, neurological level, without the need for a coherent narrative or conscious understanding of the connection between the emotional imprint and the physical symptoms.

Biopsychosocial Mechanism

A plausible biopsychosocial mechanism can be constructed to explain this outcome, connecting the psychological intervention to the physiological changes. While the client reports no known Adverse Childhood Experiences (ACEs) and a secure childhood attachment, she does acknowledge experiencing multiple traumas in early adulthood. The "vivid" memory of "sadness" from age two, rated at an 8/10 intensity, represents a foundational emotional imprint that, while not necessarily an ACE in the formal sense (American Migraine Foundation, 2016), can be seen as an early distressing experience. As established in the literature, traumatic or distressing experiences, particularly when repeated in early adulthood, can lead to a long-term dysregulation of the Hypothalamic-Pituitary-Adrenal (HPA) axis, the body's central stress-response system (Brennenstuhl & Fuller-Thomson, 2015; Stress.org, 2022). It is plausible that the cumulative effect of these experiences, potentially linking back to the earlier emotional imprint, contributed to a state of chronic HPA axis activation, creating a physiological environment of heightened stress, neuro-inflammation, and central sensitization—the very conditions known to underlie and perpetuate chronic migraine (Feiles, 2025; Schwedt, 2021; Zis et al., 2021).

From this perspective, the IEMT intervention did not treat the migraine; it treated the foundational emotional learning that was keeping the HPA axis in a state of high alert. The eye movement protocols, by targeting the memory of sadness, effectively disrupted and allowed for the reprocessing of the neurological pattern that was sending a continuous "threat" signal to the client's nervous system (Counselling Directory, 2024; Joyful Mind Mentor, 2023). By resolving this imprint and reducing its emotional intensity from an 8/10 to a 3/10, the session likely recalibrated the baseline functioning of her HPA axis. This "turning down the volume" on the chronic stress signal would, in turn, reduce the levels of central sensitization and neuro-inflammation, making the brain less susceptible to triggering a migraine state. The physical symptoms of migraine then diminished as a direct consequence of this fundamental shift in the client's underlying psychophysiological state.



The IEMT intervention disrupted this chain by targeting the foundational emotional imprint, reducing its intensity from 8/10 to 3/10, which likely recalibrated the HPA axis and reduced the physiological conditions that perpetuated the migraine state.

The IEMT Model in Practice

This case provides a clear demonstration of several core principles of the IEMT model. Firstly, the intervention successfully resolved what IEMT terms an "emotional imprint" ("I feel sad") (Association for IEMT Practitioners, n.d.-b). The cascading effect of this resolution—impacting physical symptoms, functional capacity, and emotional well-being—illustrates the IEMT principle that targeting a single, foundational imprint can lead to widespread systemic change.

Secondly, the client's reported shift from feeling "at the effect of" her symptoms during an episode to being more consistently "at cause" in managing them is a textbook example of the resolution of one of the "Five Patterns of Chronicity" identified in the IEMT model (Integral Eye Movement Therapy Wiki, n.d.). This pattern, "Being at Effect," describes a state where individuals perceive themselves as passive subjects of their problems, limiting their ability to influence their circumstances. The restoration of the client's sense of agency is not merely a welcome side effect of the therapy; it is a core therapeutic goal and a key indicator of successful change within the IEMT framework. The therapy did not just remove a negative feeling; it fundamentally altered the client's relationship to her experience and restored her capacity for effective action.

Core IEMT Principles Demonstrated

- Resolution of a foundational emotional imprint
- Cascading effect of change across multiple domains
- Shift from "at effect" to "at cause" positioning
- Change at the neurological rather than cognitive level
- Rapid transformation without extensive narrative exploration



Limitations of the Study

While the results of this case are compelling, it is essential to approach them with academic rigor and acknowledge the study's limitations. As a single-case observation, the findings are not generalizable to the broader population of chronic migraine sufferers. The positive outcome observed in this specific client cannot be taken as proof that IEMT is an effective treatment for all, or even most, cases of chronic migraine.

Furthermore, the contribution of other factors to the client's improvement cannot be definitively ruled out. The placebo effect—the therapeutic benefit derived from a client's belief in a treatment—may have played a role. The client's high degree of motivation, her pre-existing "positive" mindset, and her active engagement in other self-management strategies are also potential confounding variables (Unpublished Client Feedback, 2025). However, it is significant that the client herself attributes the "turning point" specifically to the IEMT session, suggesting that, from her perspective, it was the pivotal event in her recovery journey (Unpublished Client Feedback, 2025).

Finally, this case study relies exclusively on the client's qualitative self-report for outcome measurement. While this feedback is rich and detailed, the study lacks objective, standardized pre- and post-intervention measures of headache frequency, severity, and impact, such as the Headache Impact Test (HIT-6) or the Migraine Disability Assessment (MIDAS) scale. The inclusion of such quantitative data in future studies would provide a more objective measure of change and strengthen the evidence base for the intervention.



Key Limitations

- Single-case design limits generalizability
- Potential contribution of placebo effect
- Possible influence of client's pre-existing positive mindset
- Reliance on qualitative self-report without standardized measures
- Lack of control group or comparison treatment

Conclusion

In summary, this case study has documented the significant and sustained amelioration of chronic migraine symptoms, along with a marked improvement in functional capacity and emotional well-being, following a single session of Integral Eye Movement Therapy. The intervention, which targeted a foundational emotional imprint from early childhood, appears to have catalyzed a profound shift in the client's psychophysiological state, leading to a dramatic reduction in the severity and frequency of her neurological symptoms.

The key takeaway from this case is the illustration of IEMT's potential as a rapid and powerful intervention for complex psychosomatic conditions. It suggests that by looking beyond the surface symptoms to the underlying emotional architecture of a client's experience, it is possible to intervene at a key leverage point within the mind-body system. The resolution of a single, deeply held emotional imprint appears to have initiated a cascade of positive changes, ultimately restoring a sense of agency and control to a client who had been contending with a debilitating chronic illness for years.

On a broader level, this case contributes to the growing body of clinical observation supporting the efficacy of mind-body interventions for chronic health conditions. It reinforces the importance of the biopsychosocial model and encourages practitioners to consider the role of unresolved emotional trauma as a potential etiological factor in otherwise intractable physical complaints. The success observed in this case suggests that for some individuals, the most effective therapeutic pathway may involve addressing the learned patterns of feeling and being that form the silent, subconscious foundation of their illness.

While the results of a single case must be interpreted with caution, they are sufficiently compelling to warrant further investigation. Future research, ideally in the form of case series or controlled studies employing standardized outcome measures, is needed to more formally evaluate the efficacy of IEMT as a treatment for chronic migraine and other psychosomatic disorders. Such research would be invaluable in determining the potential role of this promising modality within the broader landscape of mental and physical healthcare.

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