IMT Integrated Mental Training
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IMT - INTEGRATED MENTAL TRAINING

Mental Training was developed by Lars-Eric Uneståhl, Ph.D. at Uppsala University during the 60:s. The name in Sweden was “Mental Training”, while it became known in other countries by IMT (Inner or Integrated Mental Training) or “The Swedish Model”)

It was introduced in Sport and Stage Performance during the 70:s, in Health and Education during the 80:s and in Business and Public Administration during the 90:s. Today it is used by more than 1/4 of the population. The most common applications are Personal Growth, Stressmanagement, Sport, School and Work Performance and various Behavior and Health Problems)

Characteristics:
1. IMT is based on a special state for change and development, characterized by an alternative state of consciousness similar to hypnosis (self-hypnosis), in which the brain way of working is changed in a quantitative as well as a qualitative way.
2. IMT contains a systematical, long-term and evaluated training of mental processes (Thoughts, Images, Attitudes) combined with an inner state of activation and emotions.
3. The goal of IMT is to define a “better life”, to find the criteria behind a “better life” and to develope a training with the purpose of creating a “better Life”.
4. IMT also contains a special Philosophy and a ”new Lifestyle”. One part of that is to replace the clinical model (where interventions are problembased) with a developmental model directed to all people.
5. IMT also replace the old concept of ”insight”, where the present is a consequence of the past (”blocking insight”) with a ”developmental insight model”, where the present becomes a starting point for an attractive future.

Vision and Goals
As the IMT vision was ”A better world / a better Life/ through Education and Training” some of the first investigations were to find out what it means to have a ”better Life”. The two most important areas was ”Mission” – to be needed, a feeling of importance etc and Health – especially the ”wellness concept”. A better Life was therefore defined as an improvement in functions (work, sport, studies, relations) and wellbeing.

International Organisation
Dr Uneståhl called for meeting in Port Dickson, Malaysia in July 1989, which more than 60 people from 17 countries took part. During that week the ”International Society for Mental Training and Excellence” (ISMTE) was created. ISMTE consists of the following sections:
1. Sport and Stage Performance
2. Business and Public Administration
3. School and Education
4. Health and Clinical Areas

International meetings
The first world Congress was organized 1991 in Örebro Sweden by the founding president Dr Uneståhl. The 2nd was held in Ottawa 1995 (Dr Terry Orlick) and the 3rd in Salt Lake City 1999 (Dr Keith Henschen). The next will be held in St Petersburg in 2003 (Dr Pavel Bundzen) Mental Training Academies are organized between the World Congresses, The next one will be held in Malaysia during the first week in July 2002 (Dr Michel Gagné)
RESEARCH – IMT/SPORTS

1. Imaginary skills (intensity, clarity, control) as well as "hypnotic susceptibility skills" could be improved by systematic and long-term training (Uneståhl 1973, 1975)

2. A group of PE-student, who shot 30 daily mental penalty shots (basket) improved as much as those who performed the same number of shots physically (compared with a control group) (Uneståhl 1979)

3. An experimental group of 100 bowlers did not differ significant from a matched control group of 100 bowlers after 3 month of mental training but the difference became bigger and bigger during the 3 years of investigation. (Uneståhl, 1979)

4. Thinking on a number of technical instructions gave the worst result in alpine skiing while the best performance came after an imagery programming of the body, following by handing the performance over to the body while the mind was occupied by whizzling a melody. (Uneståhl 1979)

5. Physical training (in swimming and other sports) was made more effective by replacing a negative and delayed feedback with a positive and immediate feedback. This was done by operant techniques, where, the "right" performance was reinforced by signal released and posthypnotically programmed positive emotions. (Uneståhl, 1982)

6. Differences in motivation was shown between individual sports and teamsports. In one investigation hundred of our best soccer players told that they wanted to improve. However, 67 of them had a season goal of "making the team". It turned out to be two explanations for that. Half was satisfied with "making the team" and half had this goal as they could not construct a developmental goal. (Uneståhl 1985)

7. Another study showed an inverted U-form between performance level and goal-probability. Before mental training the optimal level was around .55 and after mental training around .75 (Uneståhl, 1990)

8. Investigations of the effects of posthypnotically induced variations of Mental states on Performance, measured with maximum isometric strength showed a performance increase of 18% when the athletes had an optimal selfimage and optimal goalimages. The biggest decrease of performance was during relaxation. (Uneståhl, 1994)

9. This led to investigation of the optimal muscular state in Sports showing that the crucial thing differing national athletes from lower class was "the ability to relax the antagonist muscles". I therefore introduced the new English term "relaxense" for the ideal Performance state, meaning "optimal tension in relevant muscles and relaxation in irrelevant and antagonistic muscles. (Uneståhl 1998)

10. Measurements of left-right-brain activity (with omegapotential) during competitions showed that high performance was related to better integration between the two hemispheres (Uneståhl, 1998)
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Uneståhl, L-E(Ed.) Contemporary Sport Psychology. VEJE International Publ., 1985
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RESEARCH – HEALTH AND CLINICAL AREAS – EXAMPLES

1. Investigations of the Alternative State of Consciousness (in IMT called "the mental room") shows a change of brain acitivity quantitative as well as qualitative. EEG shows the biggest differences on the theta level (4-7 c/s) with a significant increase in the "mental room" The qualitative change could be described as a levling out of the activity with the same activity in each of the four quarters of the brain. (change of operative system).

2. Systematic IMT-training change the hormonal level. Examples are decrease of cortizol levels and increase of betaendorphin levels.

3. Three different studies have all showed an improvement of the immune defense (measured with T4/T8 cells) after Mental Training. The decrease of the immune defence in connection with hard training and overtraining could be prevented by Mental Training. The last sudy showed that the improved immune defence could be related to one part of IMT – the Life Quality Training.

4. Biological aging (measured with the DHEAS-hormone) stopped in connection with 6 month IMT-training. The experimental group instead became 7 years younger.

5. 300 cancer patients were divided into two similar groups through matching. The experimental group combined the hospital treatment with IMT. There was a significant lower mortality rate in the experimental group.

6. 70 tinnitus patients was training with 15 minutes a day for 4 months. Very few got rid of the sound and noise but almost everyone could learn to lower or remove the disturbance.

7. Studie madeat the hospital in Helsingborg show that even if the chronic pain was stll there the patients had learned to dissociate and detach from the pain and concentrate on the important things in Life.

8. A number os studies about sleep (Motala), overweight (Lund), asthma (Åre) etc. show that regular IMT-training gives positive effects independent on medical area. However, IMT is not an alternative but a complementary medicine

9. Using IMT-tapes during general anesthesia (ortopedic operations) have shown positive effects during operation and less postoperative complications.

10. A jet-lag study with the Swedish National Swimming Team in connection with the preparation for the Sydney Olympics shwed better effects on sleep and performance of IMT compared with Melatonin, Placebo and Control.