ARIM and the State Map 360 as a Framework for Practice Recording and Follow Up

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Method description and measurement development proposal
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Abstract

Background. ARIM comprises Abastecimiento, Reparacion, Instalacion and Mantenimiento. The related State Map 360 organizes experience and change relative to a personal reference.

Objective. To describe the source-defined sequence and clarify anchoring, disrooting, flow and evidence provenance.

Approach. Synthesis of the introductory and advanced classes with a proposed comprehension and measurement-development plan.

Evidence status. Teaching values and cases are hypothetical; the retrieved sources do not establish validated scales or clinical thresholds.

Conclusion. Research should first establish consistent interpretation and reproducible recording, with direct responses separated from computed indices and biological claims.

Keywords: ARIM; State Map 360; anchoring; disrooting; flow; follow up; measurement development

Introduction

ARIM connects the selection of a practice with observation and later review. The State Map 360 supplies a representation of the person's experience relative to a reference [2, 3]. The method is described here in its source-defined form. Its immediate contribution is an organized sequence and record, not a validated measure of consciousness or proof of a clinical intervention.

The four phases

Abastecimiento selects a resource or practice relevant to an agreed objective. Reparacion addresses reorganization and perceived load within the framework. Instalacion incorporates a new routine into everyday activity. Mantenimiento repeats observation, reviews stability and adjusts the practice [2, 3]. The Spanish phase names preserve the ARIM acronym. Repair in this sequence is methodological language and does not establish tissue repair. The advanced class provides a hypothetical everyday application: choose a short pause, identify a demand to simplify, connect the pause to closing a computer and record subsequent experience. It is not reported as a completed study.

Indices and domains

Anchoring refers to perceived presence, stability and connection; disrooting to perceived dispersion, disconnection or instability; flow to continuity of activity in the model. The classes require independent anchoring and disrooting ratings [2]. One must not be computed as 100 minus the other. The advanced class proposes direct 0-100 self-ratings [3]; earlier references to software-derived scores require a distinct calculation specification. A twenty-point change is a scale difference, not automatically a twenty-percent improvement. Domain names such as water, air, matter, biological, observer and sleep or information identify areas for description and require their own variables. They do not validate physical cross-system connections.

Reproducible follow up

Record the date, situation, objective, exact question, response source, selected practice, duration, context and intended next observation. The teaching sequence includes before, immediately after, next day, seven-day and twenty-one-day observations [2]. The advanced class also proposes three baseline days as a teaching exercise [3]. These windows organize observation and are not validated transformation thresholds. Retain changes in circumstances, incomplete records, stability, no change and unfavorable experiences. Keep the fifteen-act stage separate from the three indices; an act number is not a score.

Evidence provenance and measurement development

The classes distinguish measured, reported, inferred and hypothetical information. A self-rating remains reported when entered in software; a model-derived summary does not become a physiological measurement. An actual instrument record needs its device, variable and conditions. Begin evaluation with cognitive interviews on the wording of each question. Then assess recording burden, missingness and interpretation across contexts. Later work could examine stability where no change is expected and relationships with independently selected measures. Prospective assessment literature informs the recording strategy [4] but does not validate these new scales. The source-defined category cutoffs should not be treated as clinical thresholds.

Discussion and conclusion

A conceptual map can make experience reviewable while still requiring measurement development. Sources differ in the broader program's placement of the Great Observer; this draft does not reconcile the full fifteen-act sequence by inference. The operational ARIM procedure can be studied separately while the author resolves that historical mapping. Potential limitations include instructional effects, overlap among terms and confusion between reported and computed scores. The next contribution is a fixed record and testing of comprehension, followed by appropriately designed comparative research.

Conceptual sources and lineage

Neuroakashico®, el gran observador and De Akashico a Neuroakashico situate the proposed method within the author's broader practice of observation and reflective interpretation [5, 6]. Their role here is conceptual and historical. Validation of the State Map as a measurement instrument remains a separate empirical task.

Declarations

Ana Silvia Lara develops the concepts, methods and products discussed and is associated with the publisher. No independent editorial assessment, funding award or institutional endorsement is claimed. No participant dataset was analyzed for this draft. Proposed studies have not been conducted through this work. The author is responsible for the final work. © 2026 Ana Silvia Lara. All rights reserved in protectable original human-authored contributions.

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