Title: Two-Year Follow-up for Bulimia Case Study

February 16, 2003,

Greetings all,

Just posted a revised version of the case study on bulimia. The new material is included below. As always, the e-mail drops the footnotes. Go to the web site (Case Studies page of www.kclehman.com) for the version that includes footnotes.

Blessings

Dr. Lehman/Karl

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Follow-up note (February 6, 2003): We have remained in contact with Mary (not her real name) since working with her to prepare her case study for our web site. I recently asked if she would be willing to share "follow-up" information (now more than two years after her initial healing with Theophostic ministry), and specifically asked her to comment on both fruit that remains and on any problems that have continued and/or returned. She graciously responded, and also gave us permission to include her response as an addendum to the original case study:

> As I related in my original testimony, I worked with my first Theophostic minister for about 6 months. I received my healing from bulimia sometime within the first 3 weeks. After my initial counselor moved, I worked *briefly* with another woman who'd had Theophostic training, but she kept lapsing into guided imagery and inserting her own thoughts regarding what the lie might be, and what Jesus might be revealing as truth. I quit working with her after a couple of fruitless months. My husband and I also had one meeting with yet another Theophostically-trained therapist, who preferred to rely on behavior modification techniques instead. We didn't return to her. For the past 18 months, it seems that God has me in a sort of "holding pattern" regarding Theophostic ministry. I do believe, however, that He's at work "behind the scenes," and I'm learning, hopefully, to trust Him with the path my further healing takes.
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> I did have a brief "challenge" to my healing last year. It was just after my daughter's birth, so I was hormonally imbalanced and had some post-partum depression, and I had also just quit taking Celexa "cold turkey."[1] My house had just been vacated after a

[1]Celexa is a Selective Serotonin Reuptake Inhibitor (SSRI) that is used for a number of mental health concerns, including depression, various anxiety disorders (such as panic disorder and phobias), Post Traumatic Stress Disorder (PTSD), and various compulsive/addictive disorders (such as bulimia).

two-week visit from my parents, my sister and my two year old niece. The day after they all went home, it was the first Sunday I was *supposed* to go back to church since my daughter's birth – this was her "big debut." However, I couldn't get my act together – too overwhelmed by a messy house, clothes that no longer fit, a crying infant who hadn't found a schedule yet, lack of sleep, withdrawal from Celexa, and hormonal depression.The rest of my family headed out for church, my baby was (finally) asleep, and there I sat, alone in my house for the first time in recent memory (I home school my 7 children, so solitude is a rarity). I felt abandoned, angry, out of control, and overwhelmed. I didn't feel like *me*. I got hit with wave after wave of doubts and fears: "What if I'm not really healed, and it was just the Celexa that kept me from binging?"... "What if I end up where I was, with my head in the food and the toilet?"... "What if I always feel this way?"... "What if I'm not even a Christian?"... on and on. Out of nowhere, for the first time in over a year, the thought came to me to go "lose myself" in a big bowl of comfort food. It really scared me, and I had no one to call! Everyone I was close to locally was at church. My parents were in an airplane somewhere over the country. I ran to the computer and quickly sent off two emails: one to my former Theophostic minister (who had moved to Tokyo), and one to you [to Dr. Lehman]. My daughter suddenly woke up and needed to be nursed, so I was distracted. By the time I was done, I had received answers back from both of my emails.

You advised me that there are times in our lives when it is appropriate to use a crutch, such as an antidepressant like Celexa. You informed me that if ever someone needed such a crutch, that would be me (having multiple major stressors[2] and biological changes affecting me, and not having anyone who could provide Theophostic ministry for the issues that still remained). It was as if you said (in a very professional and nice way, of course), "Duh!" Your advice, plus getting Celexa back into my system, brought me back to sanity. I was assured that my healing had been genuine, and that using an antidepressant was an appropriate tool until more healing in other areas could be accomplished.

Since then, I've had no temptations, "stinky-thinking," or any other threat to my healing. Here's a brief summary of the fruit that has remained (in spite of all the testing):

1. I'm no longer in bondage to binging and purging. Before, it was the lens through which I viewed myself and the world around me. My first thought would be, "*When* can I binge?", "When will my husband leave the house so I *can*?", "What can I binge *on*?", "Do I have any money to buy food to binge on?" Then I would pull myself together on the outside so as to appear calm (inside I was quivering with desire to binge). I would go through the motions of "normalcy:" take care of children (while considering them to be "in the way" of what I really

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Mary stopped Celexa due to concerns about taking medication while nursing. See "Discussion/Comments" below for additional comments regarding medication in Mary's case study.

[2]Mary was also dealing with other major stressors, in addition to those mentioned in her notes.

wanted to do), tend to my husband (all the while desperately wanting him to leave for work so I could binge), clean the house (just to keep myself busy while waiting for a chance to binge), teach my children (again, to stay busy).

2. I'm free from the need to lie in order to cover my tracks. Lying used to be my way of life. I no longer have to worry about when my husband comes home. I'm at peace if he decides to work from home (it used to *enrage* me). I no longer have to worry about what my children know about my behavior, or how they feel about me. When people ask me, "How are you?", I no longer suspect they really mean, "Have you thrown up lately?"
3. I no longer have to resort to drinking alcohol in order to suppress the anxiety I lived with while binging (and formerly shoplifting several years ago).

4. I'm more at peace with my body (although, quite frankly, I'm like most women I know who are over 40 and find that what aging does to their bodies is quite distasteful). I *know* I still need some healing here. I'm not at total peace in this area – I'm still more concerned about how I *look* than I want to be. Now I keep myself in shape with walking and light weight-lifting – compare that to the pre-healing regimen of managing an aerobic studio, spending hours in the gym, and running even with stress fractures! People tell me that I look younger than my age, and they can't believe I've had one baby, much less 7, but I still fret about aging, losing my attractiveness, and wish I had a flatter stomach. I long to feel comfortable in my own skin *sometime* before I die (and get that perfect heavenly body!).

5. My identity used to be, "I'm a bulimic." When I met new people, it wouldn't take long for me to reveal this to them. It was practically my answer to the question, "So, what do *you* do?" Answer: "Oh, I eat vast quantities of food and then throw it up. And you?" Now, I have many things to tell them: "I'm a Child of God, a follower of Jesus." "I'm a wife and a mother of 7 children." "I'm a home-schooler." "I'm an artist." "I'm a singer." "I'm a dancer." "I'm a seeker of truth and healing."

6. I'm free of the compulsion to turn to food and purging as my only resource. Now, when I'm overwhelmed by emotions, I have many options for comfort: prayer, praise, singing, reading, journaling, listening to music, calling a friend, painting something, decluttering my home, snuggling with a child, taking a dog for a walk, playing with our new kitten, and yes, even cleaning the house (do you have *any* idea how messy a home that's lived in 24/7 by 9 people can get?!?).

7. I'm free to participate in relationships with others. I used to have to keep people at arm's length away. I *couldn't* have friends, because friends might show up unexpectedly, and I would most likely be somewhere in the binging and purging process. My only "intimacy" was with food. Everyone else was a potential enemy, because they could get in the way of my "true love." Granted,

my relationships are still precarious. You can't spend 21 years focused on food and expect to just know how to relate well with the people you tried so hard to stay away from. I'm still in a learning mode. In many ways, I'm still quite immature in my relationships (I think I had arrested development way back there). But I'm teachable, motivated, and I'm learning. I can honestly communicate with my husband. My children like being with me. And I have real friends (yes, they do drop by unexpectedly, and they'll usually find me covered in paint, rather than in food crumbs!).

8. I'm no longer a slave to a "diet mentality." I eat what I want, when I want it. My only caveat is that I must be *truly* hungry (not just desiring to eat), and I must stop when I'm satisfied (rather than continuing to eat just because it tastes good, etc.). I trust that God can speak through my food desires to let me know what my body needs (i.e., protein, fat, water, salt, carbohydrates, etc). I do make healthy choices (believe me, I've eaten everything under the sun, and I know what I *really* like, and what *truly* satisfied me). If I'm going to have a dessert, it's going to be a really good one; I'd rather have *one* Godiva truffle than a big slice of cake from a box. But when a meal is done, when I've had enough, it no longer grieves me that it's over. Nor do I sneak off to eat more and end up purging, as was the case prior to my healing. And, if I do end up eating more than I really need, I can peacefully wait until I'm hungry again, knowing that my body knows what to do with food.

9. I'm free to take care of my body. To feed it well, to get enough sleep, to give it exercise, to take it to the doctor and dentist, to moisturize it and give it bubble baths. I no longer need to serve it, nor to punish it. Instead it serves me, and I treat it with respect (and humor! Sometimes bodies are very funny).

10. I'm free to wake up and *choose* how I'm going to live that day. I no longer feel *compelled* to live as a bulimic. If I make a mistake, it's just a mistake, not a reason to give up and binge and purge. I can repent and start over. I'm free from obsessive thoughts of food and purging. It simply doesn't cross my mind. I'm free from needing to "maintain" my healing. Being bulimic is just not who I *am* anymore. It's no longer a part of me.

11. I'm free to focus on others rather than just myself. I'm learning empathy, something I didn't have a file for before. I can be genuinely engaged in conversations with others, rather than just going through the motions until I had a chance to binge. I have a desire to help others in any way I can.

12. Mostly, I'm *just free*. Free to be and become who God created me to be. I'm free to be in community with His Body. I'm free to cooperate with His plan for me. I'm free to have a relationship with Him. I'm free to learn, to grow, to make mistakes and to receive His forgiveness. I'm free to forgive others. I'm

free to participate in life going on around me. None of this was possible before.

Comments/Discussion:

"Follow-up" as a part of caring for the person receiving ministry: It is helpful for the Theophostic facilitator to explain that symptoms that resolve at the time of a ministry session can sometimes return, and that there are a variety of reasons for this. The Theophostic facilitator should then lead the person receiving ministry in the process of "testing the fruit" – observing carefully over time for positive changes that remain, and also for symptoms that return. If symptoms return, the Theophostic facilitator and the person receiving ministry work with the Lord to figure out why the symptoms have returned, and then to address the underlying issues. The end result will be deeper, more complete, and more stable/secure healing for the person receiving ministry.[3]

Discuss the possibility of relapse, prevent unnecessary doubt, fear, and confusion: The first aspect of follow-up is for the Theophostic facilitator and the person receiving ministry to talk about the importance of testing the fruit, and about the possibility that symptoms may return. One of the most important reasons to do this is to prevent unnecessary fear, doubt, and confusion if relapse should occur. If the person receiving ministry receives healing for an important root issue, with sudden and dramatic relief from the symptoms in question, *and does not understand that there are a variety of reasons that symptoms could return*, she will be "taken by surprise" if symptoms do return. She will experience fear, doubt, and confusion, as described by Mary, and the enemy will often take advantage of this window of vulnerability, attacking with deception to exacerbate the fear, doubt, and confusion. If one understands that her bulimia (or other target symptom) could return for a variety of reasons, she will not be surprised and confused if bulimic thoughts and/or behavior suddenly return. She may be disappointed to find another pocket of unresolved issues (or some other reason for the returning symptoms), but she won't be "caught off guard" by confusion and surprise (as Mary was). She won't be as vulnerable to lies from the enemy, such as "Nothing happened," "It was just wishful thinking," "You imagined it," "You didn't really get healed," etc.

There is always a reason: If a symptom (negative cognition, painful emotion, problem behavior, judgmental attitude, etc.) goes away temporarily, and then seems to come back, there is always a reason. For example:

- There could be "splinter lies" remaining after a primary, initial healing, and these could be causing the mistaken perception that the "same" problem is coming back.[4]

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[3]As described above, Mary's Theophostic facilitator moved to Tokyo, and therefore could not provide this optimal follow-up process.

[4]For definition and discussion of "splinter" lies, See Smith, Ed. *Beyond Tolerable Recovery,*

- There could be other important lies that are associated with a completely different issue, but that produce negative emotions that are similar to those that had been produced by lies that have already been resolved. For example, a person might say "I am feeling bad about myself again," and not realize that "I feel stupid" is a completely different issue from "I feel dirty," or "I feel weak" (this is especially common at the beginning of a person's healing journey).
- The symptom could have more than one major root, and disappear temporarily when one root is resolved, but then return when one of the other roots is triggered. This is especially common with "all purpose" self-medication behaviors. The problem behavior (symptom) returns, not because the Theophostic healing for the first root wasn't real, but because the same "all purpose self-medication behavior" is brought forth whenever the person experiences intense emotional pain.
- The internal dissociated part(s) carrying the target symptoms could have disconnected, leading to the mistaken conclusion that the problem has been resolved. But the symptoms return the next time these parts are triggered forward.
- Demonic spirits could have produced a counterfeit healing, deceiving the Theophostic facilitator and the person receiving ministry into believing that the problem is resolved so that they will go away. But the symptoms return the next time the underlying issues are triggered.
- Demonic spirits that still have an anchor could have left, but then come back the next time their "home" issue is triggered. [5]

If the Theophostic facilitator and the person receiving ministry are aware of the possibility that symptoms may return, have discussed it, and are watching for it, then they will simply work with the Lord to figure out why the symptom has returned and to address the underlying issues. Again, the end result will be deeper, more complete, and more stable/secure healing for the person receiving ministry.

"Follow-up" as an important resource for learning/research: When a person appears to receive healing, "follow-up" – careful observation over time – is a very valuable learning/research tool for the Theophostic community.[6] It is an important part of figuring out

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fourth edition, (Alathia Publishing: Campbellsville, KY) 2000, pages 83, 343, 344, 360, and Smith and Panozzo, *Theophostic Ministry Troubleshooters Quick Reference Guide*, (New Creation Publishing: Campbellsville, KY) 2002, page 32.

[5]These are most of the common reasons that symptoms can return after initial resolution, but this list is not complete. For additional discussion of reasons that symptoms can return, see the "More than one location" section and #6 in the "Common problems" section of "General Introductory Comments Regarding Ministry Aids" (Ministry Aids page of www.kclehman.com, pages 7-9,13,14).

[6]When I use the term "Theophostic community," I am referring to Dr. Smith, together with all the

what works and what doesn't work – what produces lasting fruit, and what does not produce lasting fruit. It is an important part of clarifying the principles the Lord has established to govern creation, especially as they apply to emotional healing and Theophostic ministry. "Follow-up" was instrumental in learning about the many possible causes of returning symptoms.

"Follow-up" and credibility: Careful observation over time, with honest exploration and discussion of situations where symptoms return, is also an important part of establishing credibility for Theophostic ministry (making dramatic claims about results, and then ignoring cases where symptoms return, is a notoriously effective way to lose credibility).

No need for fear: We can participate in careful and honest follow-up because we don't need to be afraid of the truth. As mentioned above, if symptoms return, there are always reasons, and we can work with the Lord to find them and resolve them. If we are anxious about the possibility that symptoms might return, feel resistance to discussing this openly with the person receiving ministry, or feel resistance to leading the person receiving ministry in the process of testing the fruit, then we are being triggered. This will produce a dangerous blind spot in our ministry, and it is very important that we get healing to resolve the underlying issues. My own experience provides an excellent example of this. I had intense fear of disappointment, and also several other issues, that resulted in intense anxiety and resistance regarding "testing the fruit." This created a dangerous and expensive blind spot in my Theophostic ministry, and finally became apparent in a number of situations in which Charlotte and I were ministering together. She would start to test the fruit, and I would respond with an emotional ~~response~~ **reaction** along the lines of "What do you think you're doing? Why are you messing with my perfectly good apparent healing? Let's get out of here before anything happens to it!"[7]

In summary: If we realize that "healed" symptoms may sometimes return, keep an eye out for this possibility ("test the fruit" over time), acknowledge returning symptoms if they occur, and then work with the Lord to find and address the cause, we release deeper healing for the person receiving ministry, discover important principles, and increase the credibility of Theophostic ministry.[8]

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rest of us who are using and learning about Theophostic ministry.

[7]See page 15 of "Unresolved Issues in the Facilitator: One of the Most Important Hindrances to Theophostic Ministry," Ministry Aids page of www.kclehman.com, for additional description and comments regarding this example.

[8]For additional comments regarding the place and importance of "follow-up"/"testing the fruit," see , "Lay People and Theophostic Ministry, Part 2: Promoting Healing and Preventing Breakage," (Articles and FAQs page of www.kclehman.com), pages 6-7, "Unresolved Issues in the Facilitator: One of the Most Important Hindrances to Theophostic Ministry," (Ministry Aids page of www.kclehman.com), page 15, and "How do I Know for Sure that Theophostic Worked?" (Articles and FAQs page of www.kclehman.com), pages 1-2.

Both compulsive and addictive components: Compulsive behavior and addictive behavior are two very different phenomena, and it is important to realize that bulimia in a specific person can include either or both of these components.

Compulsive behaviors are driven by internal pressure, which is rooted in specific, memory-anchored lies and vows. And compulsive behaviors will disappear completely when the root lies and vows are resolved. If a compulsive behavior is being driven by only one core lie and/or vow, then it will resolve completely and immediately when this lie/vow is resolved. If there are several different root lies and/or vows driving a given compulsive behavior, the compulsive behavior will decrease incrementally as each lie/vow is addressed.

For example, suppose a woman has a vivid memory of her father abandoning her childhood family, and that as he walked out the door, he turned towards them and said: "I can't stand living in this pig sty another minute; who would want to live with a woman that can't even keep her house clean?" It would not be surprising if she has lies and vows regarding the importance of keeping her house clean, and if she demonstrates compulsive cleaning as a result of these lies and vows. And she will be freed from her compulsive cleaning if these lies and vows are resolved. Mary's experience provides another good example. She describes a long standing "conviction that my [bulimic] life was based on very deep, very ingrained lies that I had believed since early in my life." And then, in her first Theophostic session, she identified clear, memory anchored lies and vows as the strongest, most compelling force driving her bulimic behavior. Furthermore, she experienced tremendous relief from her bulimic behavior when Jesus resolved "If I don't binge and purge, the terrible deprivation I feel may destroy me," "It's up to *me* to make sure that I'm never feeling deprived," "God will not be there for me – I have to take care of myself," and "When I am able to help myself, I'm going to make sure that I am never deprived again!"

Addictive behavior is not *directly* driven by *specific* issues, as with compulsive behavior, but rather provides "self-medication"[9] that is brought forward as an "all purpose" pain control tool to deal with painful emotions from any source. As would be expected, resolution of self-medication addictive behavior is usually much more gradual than resolution of compulsive behavior. Self-medication addictive behavior gradually loses power as more and more

[9]My perception is that most (all?) addictive behaviors are truly *self medication*, because they manage pain by releasing powerful narcotics (endorphins) into the brain. Endorphins are produced by the brain itself, and are used to manage pain and to produce pleasure/reward. For example, my review of 150 research studies on endorphins indicates that the painless "shock"/trance of seriously wounded animals is mediated by endorphins, and that alcohol, nicotine, and other addictive drugs release endorphins. Direct stimulation of the reward centers also release endorphins, "thrill" experiences such as bungee jumping euphoria are mediated by endorphins, the subjective "high" experienced with intense exercise is mediated by endorphins, eating pleasurable foods releases endorphins, nursing releases endorphins in the infant, drinking when thirsty releases endorphins, eating when hungry releases endorphins, orgasm releases endorphins, and humor, laughter, and listening to music all release endorphins.

sources of emotional pain are resolved, and as the person becomes more and more able to use healthy coping tools to deal with painful emotions. Since many compulsive behaviors also release endorphins (see footnote #9), it is common for people with compulsive behaviors to also learn to use these same behaviors for self-medication pain management. Mary's case study provides a good example of this.

My perception is that the Theophostic healing Mary received resolved the primary root of the compulsive component of her bulimia, since she has not experienced compulsive bulimic thoughts or behaviors in the two years since her ministry sessions. However, it seems that there is still an addictive component, an "all purpose self medication for emotional pain" component that lingers. This is what came forward during the brief "challenge" to her healing that she describes above, when she was experiencing intense negative emotions and had the thought to go "lose herself" in comfort food, and this is the component that the Celexa is helping to manage until she can receive additional healing.[10]

Mary's experience illustrates several important points regarding medication:

> Real healing *and* support from Celexa: It is important to note that Mary had been taking Celexa prior to receiving Theophostic ministry (without resolution of her bulimia), and that she had also tried five other antidepressant medications, all unsuccessful in resolving her bulimia. Prior unsuccessful medication trials, and dramatic improvement on the same dose of Celexa that had previously been ineffective, clearly indicate that Mary received important healing with Theophostic ministry. ***And*** the return of bulimic thoughts after sudden medication discontinuation indicates that the medication is still providing brain chemistry support regarding other issues that have not yet been resolved.
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> Sudden discontinuation: Some people can get away with stopping medication "cold turkey," but this is a bad plan. For one, sudden discontinuation, with the brain chemistry rebound that this produces, can cause any remaining issues to come forward (I guess this could be used as one way to find the remaining issues, but it can also cause clinical decompensation[11]). More important, suddenly stopping medications can cause severe medical problems. For example, abrupt discontinuation of certain psychiatric medications can cause seizures, and there are other psychiatric medications that can result in "rebound" high blood pressure and stroke if stopped abruptly. If you believe that you have received significant healing, and you want to try decreasing and/or

[10]I am working on "Compulsive Behavior and Theophostic Ministry: General Comments and Frequently Asked Questions," and "Addictive Behavior and Theophostic Ministry: General Comments and Frequently Asked Questions," which will provide a more complete discussion of these phenomena, but they are on the pile of 40+ half finished essays.

[11]Decompensation: serious deterioration to the point of being unable to function in some important way. For example, being unable to hold a job or unable to care for a family.

stopping your medication, I *strongly* encourage you to work with the prescribing physician to decrease the medication slowly.

Decreasing dose, eventual discontinuation: With conditions such as bulimia, that are rooted in unresolved psychological and spiritual issues,[12] medications can be steadily decreased as issues are resolved, and usually (always?) eventually completely stopped when the underlying issues are sufficiently resolved.[13] Mary's case study provides a good example. Addressing the primary root of the compulsive component of her bulimia provided enough benefit so that Celexa 40mg per day went from being ineffective to being an adequate "crutch" to help her deal with the remaining issues. She has needed to stay on this same dose since her initial block of healing, which makes sense, since she has not had the opportunity to receive Theophostic ministry for the remaining issues. However, my expectation is that she will be able to reduce (and eventually discontinue) her medication as she has opportunity to receive more healing.

Not all Theophostic facilitators are the same: Mary's experience illustrates the important truth that there is a tremendous range of skill, training, experience, and personal healing between different Theophostic facilitators. In our experience, most Theophostic facilitators are well intentioned Christians. But some don't yet have enough training and/or experience to trouble-shoot the more complicated situations, some revert to old, familiar techniques when they get triggered by Theophostic in some way, and some have unresolved issues that get in the way of being effective Theophostic facilitators for certain problems. It is important to not be judgmental (I have been in each of these categories at one time or another), but it is also important that the person receiving ministry keep trying different Theophostic ministers until she finds one that feels like a good fit and that is effective for her particular issues. Wouldn't it have been sad if Mary had started with the two therapists/ministers that didn't work out, and then stopped before getting to the Theophostic therapist that was able to facilitate such tremendous healing for her?

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[12]When I use the expression "psychological and spiritual issues," I am referring to traumatic memories and/or "absence" trauma, with associated truth-based pain, lies, reactive sins (such as bitterness), defenses (such as vows, denial, self-pity, etc.), and demonic infection.

[13]I am working on "Theophostic ministry and decreasing and/or stopping psychiatric medications," which should provide additional helpful comments, but it is also on the pile of 40+ half finished essays.