Title: 2005 Bulimia Case-Study Follow-up

August 29, 2005

Greetings all,

Just a quick note to let you know that we have posted an updated version of the bulimia case study. Mary (not her real name) is still completely free of bulimia, now for almost 5 years. I have included below most of the new material now included in the updated version (the new version also contains a number of small edits not included below). See the bulimia case study on the "Case Studies" page of www.kclehman.com for the complete document.

Blessings,

Dr. Lehman/Karl

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New material included in updated version of "Freedom from Bulimia: Case Study/Testimony"

New footnote: In addition to many other mental health professionals diagnosing her with bulimia, I also reviewed formal diagnostic criteria with her, and confirmed that her clinical history does meet full DSM IV (Diagnostic and Statistical Manuel of Mental Disorders, Fourth Edition) diagnostic criteria for bulimia nervosa, purging type.

Follow-up note (August 16, 2005): Mary was switched from Celexa to Lexapro in an attempt to reduce side effects, and then continued to do well on the Lexapro. In November of 2003, due to various considerations, she felt it was time to go off the medication, even though she had not been able to receive more ministry to address remaining unresolved issues. On this occasion, instead of suddenly stopping the medication "cold turkey," she worked with her physician to gradually taper off the medication over ~6 weeks, and was especially pleased to discover that the schedule they had worked out "coincidentally" resulted in Christmas day, 2003, being her first day completely off medication.

She has continued to do well for the past 18+ months, even completely off psychiatric medication for depression and bulimia. On January 8, 2005, she writes:

> "It's been over 4 years since my healing, and I'm still completely free of bulimia. It never occurs to me to binge or purge - it's completely foreign to my life. With the exception of that one hormone disturbance, antidepressant withdrawal induced moment of panic 3 years ago, I've had a grand total of zero temptations to deal with in

all this time. Bulimia is part of my history, part of my testimony, but no longer part of my day-to-day life.... And I've had no depressive symptoms, though I've had MORE than my share of stressors."

On August 8, 2005, she writes:

"...No temptations, no thoughts of binging or purging. My weight remains a healthy level for my height, my exercise level is moderate, and my health in general is good."

And on August 16, 2005, she writes:

"...while I'm still a rather 'drama prone' individual, I'm no longer subject to depression. Disappointment, disillusionment, boredom, discouragement, sure. But depression (the state of being, rather than a passing emotion) no longer plagues me - yay God!"

Additional material in commentary section:

However, a very interesting point is that she initially needed to remain on the antidepressant, even after her profound healing experiences in 2000, as indicated by some symptom return when she stopped her medication in 2002, but then *was* able to stop her medication December 2003, even though she had *not* received more ministry to address additional underlying issues. The most common scenario is that if a person still requires medication after an initial block of healing, she will be able to reduce (and eventually discontinue) her medication as she has opportunity to receive *more* healing, but will experience return of symptoms if she reduces/discontinues medication *without* receiving more healing. So how to explain Mary's experience? Several thoughts:

1.) As already mentioned above, sudden withdrawal off medication is especially hard, and stresses the mind/brain system in ways that often open up any remaining unresolved issues. I'm fairly certain that stopping medication suddenly in 2002 contributed to opening remaining issues, and thereby contributed to the brief return of symptoms. Tapering off slowly in 2003 helped to avoid this acute stressor, and thereby made it possible for Mary's system to carry her remaining issues even without the help of medication.

2.) Hormonal levels change dramatically immediately after delivery, and these dramatic hormonal changes produce significant stress on important brain chemistry systems. These dramatic postpartum hormonal changes, and corresponding brain chemistry stresses, were also contributing to the picture when Mary tried to stop her medication in 2002.

3.) As described above, when a particular compulsive behavior develops into a more generalized coping response, this coping behavior can be used to "self medicate" many different problems, and is therefore used with great frequency. When this happens, the person develops psychological habits in the mind, as

well as “worn pathways” in the biological brain. These psychological habits and neurological pathways become like a worn path across a person’s yard, or the ruts that can develop in dirt roads – it is especially easy to continue in these same habits/pathways/ruts, and it takes a lot of work to get out of them.

With an unwanted path worn across a person’s yard, if the person puts a fence around his yard, people will stop using the path. As long as the fence stays in place, pedestrians will use the sidewalk instead of cutting across his yard, but if he removes the fence and the pathway is still visible, people will quickly resume using the old pathway. However, if he keeps the fence in place long enough for grass to grow back, so that the old path is no longer visible, then he might be able to safely remove the fence. No longer prompted by the convenient and easily visible worn pathway, pedestrians will often stay on the side walk. Similarly, psychiatric medication can provide a “fence” that helps the person stop using dysfunctional pathways. If the “fence” is removed too quickly, it is easy to return to the old psychological habits and neurological pathways. However, if the medication fence stays in place long enough, the old mind habits and biological brain pathways will fade. With the old pathways and habits now faded, when the medication fence is removed it is much easier to avoid falling back into the old dysfunctional patterns.

Mary’s case provides several interesting points with respect to this model. First, before her Theophostic® healing, all the “fences” she had tried – medications, behavior modification, cognitive therapy, healing prayer, etc. – had all been inadequate. The strength of the specific compulsion wounds especially overwhelmed every attempted solution. When her Theophostic® healing neutralized the roots of the compulsive component of her bulimia, the medication “fence” was then able to stop traffic across the remaining “self medication” bulimic psychological habits and neurological pathways. My guess is that when she stopped the medication in 2002, the remaining self medication patterns had not become sufficiently weakened, especially with the additional stressors of post-partum hormonal disruption and stopping the medication suddenly. After continuing the medication for another year, I think the “fence” had been in place long enough, especially *without* the additional stressors of hormonal imbalance and sudden medication withdrawal.

4.) Furthermore, while the old, dysfunctional neurological pathways and thought/emotion/behavior habits are blocked, the person can gain strength, and can also be working to develop new, more appropriate alternative coping strategies. As described in her comments from February 6, 2003, Mary clearly perceives that her Theophostic® healing seemed to open new options for personal growth that had previously been blocked by the issues that the Theophostic® ministry resolved, and she has diligently pursued these new options. Her ongoing personal growth, and the healthy, appropriate coping

strategies she has been developing, certainly also contributed to her ability to taper completely off medication with no return of bulimia or depression. The additional year with the medication fence in place not only allowed the old, dysfunctional pathways to fade more completely, but also provided Mary with more time to grow and to develop appropriate coping strategies. When she stopped the medication in 2002, the old habits/pathways were insufficiently faded *and* the new appropriate coping strategies were not yet sufficiently developed. When she tried again in 2003, with the old pathways and habits faded even further, and the new alternatives more firmly in place, it was easier to avoid falling back into the old dysfunctional patterns.

5.) So what about the "remaining issues" that I mention at several points in the above discussion? First, I'm sure Mary has remaining issues because we *all* have "remaining issues" – I am convinced that we *all* need to continue our healing journeys throughout our lives. To my assessment, the question is never "Do I have *any* remaining issues?," but rather always "*How many* and *how large* are my remaining issues?" Second, her brief episode of returning symptoms in 2002 confirms that she still has unresolved issues. Her postpartum hormonal imbalance and her sudden withdrawal from medication provided especially powerful brain chemistry stressors, in addition to her multiple other stressors, but if her mind had been completely free of unresolved issues, she would not have felt "abandoned, angry, out of control, and overwhelmed." She might have felt some truth-based negative emotions, such as disappointment, or maybe even frustration/anger, but she wouldn't have been flooded with dysfunctional, lie-based thoughts and feelings.[1]

One practical implication here is that Mary could experience a return of symptoms, such as temptation to binge, depression, or other triggered dysfunctional thoughts and feelings (such as thinking and feeling that she has been abandoned), if she is overwhelmed by a large enough combination of spiritual, psychological, and brain chemistry stressors. If this happens, she will need to get more healing. An even better plan would be for her to pursue more healing as a preventive measure, instead of waiting for overwhelming triggers to force the issue.[2]

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[1] The clearest example of dysfunctional thoughts and emotions is that she thought and felt she was abandoned. If our minds were completely full of truth, and completely free of unresolved issues to hinder our perception, we would know that Jesus is always with us, and we would never feel abandoned. Also, in her e-mail to me August 8, 2005, Mary reports that she has been getting more Theophostic® healing since the summer of 2004, with a steady flow of additional issues being identified and resolved.

[2] From our ongoing communication with Mary, I know that after a long series of unusual circumstances had prevented ongoing Theophostic®-based therapy/ministry, she was able to receive more ministry, with additional perceived benefit, and now continues to receive ongoing "preventive" ministry as she is able.