



Freedom from Bulimia: Case Study/Testimony

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Initial case study: One of the people on our e-mail list (not one of our clients) recently wrote to us regarding her experience of receiving freedom from bulimia¹ through Theophostic^{®2} ministry. She has worked with us to put together a case study/testimony that she would like to share with the rest of you. We join with her in celebrating the wonderful healing that God has done in her life.

Just after Thanksgiving, 2000, I was healed (through Theophostic[®]) by the Lord of a 21 year bondage to bulimia. I had been consumed with bulimia since the autumn of 1979. For 21 years – my entire adult life – my every waking moment was focused on looking for opportunities to binge and purge, planning the binges, bingeing, purging, cleaning up, covering up, over and over, ad nauseam (pun intended). I told a network of lies too intertwined to keep straight. Bulimia took over every aspect of my life; it permeated every corner of my mind. I went to great lengths (shoplifting, stealing from my husband and children, charging thousands of dollars on credit cards) – whatever it took to be able to binge and purge. I felt incredible shame, especially because I was a Christian (although I regularly wondered if I had committed the unforgivable sin), my husband loved me, and I was a mother of six children. In my moments of clarity, I would look around me, see my husband, children, all the trappings of the “good life,” and wonder why I seemed willing to throw it all away, and to cause great pain to the people closest to me, in the pursuit of...I didn’t know what exactly. I just knew I felt like I had to keep living this insane way – I didn’t know how else to live.

For two decades I had sought help from every source I ever heard of. I had tapped into the best resources that the world and the church had to offer. I looked for answers from Freudian psychotherapy, hypnosis, cognitive therapy, behavior modification, endless self-help books (both secular and Christian), support groups, 12-step programs, six different anti-depressants, five 30-day stays at in-patient treatment centers (all specifically geared towards eating disorders), hundreds of prayer sessions (soaking, prophetic, inner healing, confessional, intensive, deliverance...you name it), approximately 20 different counselors (pastoral as well as

¹ 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 Manual of Mental Disorders, Fourth Edition) diagnostic criteria for bulimia nervosa, purging type.

² [®]Theophostic Ministry is a trademark of Dr. Ed Smith and Alathia Ministries, Inc., of Campbellsville, Kentucky. Also, the first block of emotional healing sessions described in Mary’s story were Theophostic Ministry as taught by Dr. Smith, but in the discussion section we refer to a combination of the Immanuel approach and Theophostic-based emotional healing (the emotional healing tools that we are currently using and teaching). For a good summary discussion of the Immanuel approach, Theophostic-based emotional healing, and how they relate to Theophostic Ministry as taught by Dr. Smith, see Part I of the “Brain Science, Psychological Trauma, and The God Who is With Us” essay series.

traditional therapy), and three years of counseling with my priest (who is also a psychologist). In each instance, I found “answers;” I was given a myriad of advice, directions, character-building exercises, and more information than I knew what to do with. I would embrace each program, soak up everything they gave me, and go back into my world, often with a sense of renewed hope, determined to make it work. But always, without exception, I would eventually find myself back in the “pig sty,” continuing in my old self-destructive pattern. I kept doing the very best I knew how to cooperate with each program, with each counselor; I would achieve varying periods of “recovery” (meaning I could abstain, with great effort, from bingeing and purging, but it was a constant mental battle), from a few days, to a year or more, but each “recovery” ended with a crash of defeat, perpetuating my shame, leaving me with a burden of hopelessness. Each therapist would grow frustrated with my lack of success – they were giving me the best they had, so it must be my fault that I kept failing. Their confrontations heaped shame on me: “You’re just not surrendered enough,” “You’re just not trying hard enough,” “You’re such a controlling person,” “I don’t know what more to do with you if you’re not going to cooperate,” “You obviously don’t want recovery badly enough.” Even two internationally recognized healing ministers, who have published many books on prayer for emotional healing, gave up, saying they just couldn’t help me.

I couldn’t shake the conviction that my life was based on very deep, very ingrained lies that I had believed since early in my life. I didn’t know what the lies were, but I knew they were in operation. I remember saying, “I don’t think I can get any better (or behave any better) until these lies are exposed and replaced with God’s Truth.” I continued in counseling, although I’d become so discouraged with my failures that I’d periodically quit, and I even stayed away from church (where I’d feel like a filthy hypocrite). I got my only “fellowship” through our local Christian radio station.

Then in the fall of 2000 I started hearing commercials for a counselor who was reporting to have witnessed miraculous healing results with her clients. My whole body would feel pulled toward the radio when I heard her describe some short testimonies of healing. I was aware of flickers of hope under the layers of discouragement and fear of trying and failing again. Out of loyalty to my priest, I asked for his permission to seek outside counseling. My priest asked me to first get a thorough physical (I was severely underweight from excessive purging, and quite exhausted). The physician, a Christian, referred me to a Christian therapist. I decided that I’d “try out” both the referral and the woman I’d heard on the radio, and choose. I saw the referred counselor three times before she announced: “Your case is one of the toughest I’ve seen; you need a long stay at an in-patient treatment center. You need to be prepared for a long, uphill 3-year battle, but you should be able to cope better after that.” When I told her that another counselor was supposedly having fast and thorough results from some kind of praying, she scoffed and told me that there weren’t any shortcuts. I was devastated. I’d already experienced five different 30-day stays at treatment centers, all of which had only short-term “success.” I wasn’t willing to leave my six children (including an eight-month old nursing infant) for 30 days, with absolutely no guarantee of improvement. I cried all the way home, saying, “Lord, there’s got to be another way to be healed that won’t harm my children. I give up. It’s up to You.”

When I got home, my husband listened to my frustration, and encouraged me to call the counselor I’d heard on the radio and make an appointment. She answered the phone, listened to my pain, and made an appointment for two days later. I asked her what kind of praying she did, because I was sure I’d been exposed to every type of inner healing prayer in existence.

She said, “I help you to come into the Lord’s presence, He brings you to where you’re believing a lie, and He replaces it with His Truth.” I heard bells go off in my head! This was exactly what I’d “felt” I needed more than a year before this. She then asked me to prepare and bring a list of all the reasons why I continued to binge and purge.

I came up with a two-page list, which I brought with me to my first appointment. None of it was revelational to me, but it was amazing to see all of these “reasons” together. The counselor then asked me, “Which of these seems to be the strongest, most compelling reason to keep you in this pattern?” I replied: “If I don’t binge and purge, the terrible deprivation I feel may destroy me.” She then prayed that no spirits would interfere with what the Holy Spirit wanted to do during our time together, binding them in the name of Jesus. I closed my eyes. She asked me to focus on the thought that if I didn’t binge and purge, the deprivation would destroy me; she asked me to allow the feelings to grow, and to describe what I was experiencing mentally, emotionally, and even physically. I felt panicky, fearful, desperate, anxious, helpless, even terrified; my stomach felt as if it were in knots, my face frowned up, and I clasped my hands tightly together. She asked me to continue to focus on my discomfort while she asked Jesus to show me when and where this panicky-fearful-anxious feeling first came to me. She asked me to remember that all evil spirits had been bound, and that I could trust that God wanted to speak to me; to just report any thought, feeling, sensation, impression, words or ideas that occurred to me, and to trust Him to interpret. I waited in silence as she prayed; at first I had nothing to report, except that the anxiety was still strong.

After a few moments, I had a distinct impression of a small embryo, floating in warm darkness; somehow I knew that the embryo was me. I reported what I saw/sensed to the counselor. She asked what feelings I was experiencing. I said I had a fear of impending doom, as if something really bad was going to happen to me, and somehow I had to do something about it, only I couldn’t because I was so helpless and couldn’t be heard. I felt as if I was horribly empty, starving, deprived of something very necessary. I reported all this to the counselor; she asked the Lord to show me the lie imbedded in the “memory.” Suddenly I felt the embryo/myself vowing, “When I am able to help myself, I’m going to make sure that I am never deprived again!” The vow had two lies hidden behind it: “If I don’t binge and purge, the terrible deprivation I feel may destroy me” and “It’s up to *me* to make sure that I’m never feeling deprived.” Perhaps another, deeper lie was there as well: “God will not be there for me – I have to take care of myself.” She had me renounce the vow, and then asked Jesus to show me His truth. Again, I waited in silence for a few moments. I then had the impression that I (still an embryo), was leaning up against someone, with large, strong arms encircling the area around me. Then I felt and saw the arms gently pushing the amniotic fluid toward me (much as a mother does during her baby’s first bath, to help the child be unafraid of the water). Several times, the arms gently pushed the waves of water toward me, like a rocking sensation, then the arms wrapped around me in a gentle, yet firm, embrace. I knew instinctively that this was Jesus. Then I “heard” Him say, “I am the one who will keep you from deprivation. You do not have to take care of yourself; I will take care of you.” Suddenly, all the anxiety, fear, emptiness, etc. left, leaving an assurance of peace. I reported all of this, and the counselor asked me to say aloud the lies. I repeated the lies, and realized that the statements which had felt very true minutes before now felt ridiculously false.

I left that appointment feeling different, in a way I couldn’t explain, and I didn’t want to analyze it. I felt as if I were being carried. I had been bingeing and purging out of control for weeks, months and years before this day. The next day, I awoke, still feeling carried. Tempta-

tions occasionally fluttered nearby, but the power of them was greatly diminished – I felt as tempted to binge/purge as I felt to park my car in a handicapped space; they might both *occur* to me, but they *felt* ridiculous and wrong, very easy to dismiss. I continued with counseling appointments for the next few weeks; each time, the Lord revealed more lies, gently and simply replacing them with His truth. Day after day, I found myself not bingeing and purging, and not even thinking about it; I didn't even feel the slightest desire to do so. As more and more lies were replaced with truth (at a spirit level, not just a head level), my faith grew, slowly and surely. I immediately felt a strong desire to go back to church. My hunger for God, His Word and His people grew in a way that amazed me. I wanted to read the Bible, to pray, to worship, to praise. My mind felt transformed, and I was able to discern easily. I wanted to be closer to my husband and children, to actually have life between meals! I could put others first. I made amends for my wrongs, asking forgiveness of my husband, children, parents, sisters, and others I'd harmed over the years.

Three weeks into this “new thing,” my husband Mark and I sat down with our children to openly speak about what life had been like with a raging bulimic mother, and what was happening to me (they'd already noticed and commented on a difference in me). When I asked if they had any questions, my eldest daughter asked, “Mom, what do we do if we find you bingeing again?” I was about to say something along the lines of, “Tell your father,” when I heard the following words come out of my mouth, “I don't ever have to do that again. I'm free.” Mark did a double-take, and I said, “What did I just say?” At that moment, I knew that I knew that Jesus had completely and permanently set me free from the bondage of bulimia. I also knew that He would be faithful to continue to set me free from other lies that affect me, and that He would renew my mind for the rest of my life. I was thrilled, excited, blessed beyond belief! After all the years of suffering, of others suffering because of me, of countless people praying on my behalf, of living a life consumed by sin, I was free.

I have now been completely free from bulimia since December of 2000: the behavior, the thoughts and the feelings associated with it. I've gained and maintained an appropriately healthy weight (I've even enjoyed a healthy pregnancy). I eat when I'm hungry. I am free to enjoy foods that I'd “blacklisted” before – foods that were sure to trigger a binge response before my healing. I thoroughly enjoy each meal or snack, but I am free to stop once I am satisfied, and I can move on to other activities without longing for more food than I need. I've had no temptations to binge or purge; if the memory of the behavior rises, it “feels” absurd, and unattached to me. It's no longer my identity. When Jesus showed up in the memory, the sense I had was that He is the One who fulfills my areas of deprivation, not me. Bulimia then withered up as a poor substitute for what He could do for me. I have absolutely no fear of relapse – my healing isn't dependent upon me – He who freed me is keeping me free, with no effort on my behalf!

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), 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[®]. 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.

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."³ My house had just been vacated after a 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 stressors⁴ and biological changes affecting me, and not having anyone who could provide Theophostic[®] 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

³ 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). Mary had taken five other antidepressants prior to Celexa, and had been taking the usual effective dosage of Celexa (40mg/day) for about 10 weeks prior to receiving her first Theophostic[®] sessions. Note that her bulimia had not resolved with any of the prior five antidepressants, and that the Celexa had also failed to resolve her bulimic symptoms prior to her Theophostic[®] sessions. She stopped the Celexa (approximately 15 months after her initial Theophostic[®] sessions) due to concerns about taking medication while nursing. See "Discussion/Comments" below for additional comments regarding medication in Mary's case study.

⁴ Mary was also dealing with other major stressors, in addition to those mentioned in her notes.

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 bingeing 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 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 bingeing (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. 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.

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 bingeing 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!”

Follow-up note (October 8, 2006): As of October 2006, it has been almost 6 years since Mary’s initial healing and almost 3 years since she tapered off of her psychiatric medications. In spite of a very stressful year that included caring for 7 children, moving across the country, a miscarriage, a full term pregnancy with multiple medical complications, and the dramatic hormonal changes following delivery, Mary has remained free of both bulimia and depression. With respect to bulimia, she writes: “I can honestly say that [during this past, very stressful year] resorting to old, bulimic ‘coping’ skills did not enter my mind. It’s as truly GONE as it ever was....” She has been able to get healing for other issues as they have come up, but she has not had to deal with any symptoms of bulimia.

Ironically, Mary also reports: “I had to stop using one local physician, who, after reading my history, retorted that, ‘No one gets healed of bulimia.’ I said I understood that, but that I was in fact healed, and was no longer bulimic. He told me that was nonsense, and that ‘while it’s clear you have psychological issues for needing to believe you’re healed, I can assure you, you are not healed.’” This response from a *Christian* physician is sad, but understandable in light of the current main-stream understanding that bulimia is a chronic condition that can be managed but not cured.

Follow-up note (November 6, 2009): We just checked in with Mary, and as of this month it has been 9 years since her initial healing and almost 6 years since she tapered off her psychiatric medications. In spite of many ongoing stressors, including another full term pregnancy and the dramatic hormonal changes following delivery of child #8, caring for and home-schooling eight children, starting a new business, and many other challenges Mary continues to be completely free from bulimia. In her words, “No temptations, no stinkin’ thinkin,’ no thoughts of bulimia, no desire to binge or to purge. It simply never occurs to me...” She continues to deal with other issues as they come up, *but she has not had to deal with a single symptom of bulimia.*

Comments/Discussion:

“Follow-up” as a part of caring for the person receiving ministry: It is helpful for the therapist/emotional healing facilitator to explain that symptoms that resolve at the time of an emotional healing session can sometimes return, and that there are a variety of reasons for this. The therapist/facilitator should then lead the person receiving healing 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 therapist/facilitator and the person receiving healing 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.⁵

Discuss the possibility of relapse, prevent unnecessary doubt, fear, and confusion: The first aspect of follow-up is for the therapist/facilitator and the person receiving healing 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, *but 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 Mary describes so vividly) 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.⁶
- 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 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

⁵ As described above, Mary’s Theophostic[®] facilitator moved to Tokyo, and therefore could not provide this optimal follow-up process.

⁶ For definition and discussion of “splinter” lies, See Smith, Ed. *Beyond Tolerable Recovery, 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.

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 therapist/facilitator and the person receiving healing 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.⁷

If the therapist/facilitator and the person receiving healing 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 healing that is deeper, more complete, and more stable/secure.

“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 emotional healing community.⁸ It is an important part of figuring out 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 the Immanuel approach and Theophostic-based emotional healing. In my own experience “Follow-up” has been 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 the Immanuel approach and Theophostic-based emotional healing (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, and finally became apparent in a number of situations in which Charlotte and I were facilitating together. When she would start to test the fruit I would respond with an emotional 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

⁷ 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).

⁸ When I use the term “emotional healing community,” I am referring to all of us who are using and learning about the Immanuel approach, Theophostic[®]-based therapy/ministry, and any other emotional healing tools that permanently resolve psychological and spiritual issues.

to it!”⁹

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, discover important principles, and increase the credibility of the Immanuel approach and Theophostic[®]-based emotional healing.¹⁰

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”¹¹ that is brought forward as an “all purpose” pain control tool

⁹ See page 15 of “Unresolved Issues in the Therapist/Facilitator: One of the Most Important Hindrances to Emotional Healing,” (free download from www.kclehman.com), for additional description and comments regarding this example.

¹⁰ 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,” pages 6-7, “Unresolved Issues in the Therapist/Facilitator: One of the Most Important Hindrances to Emotional Healing,” page 15, and “How do I Know for Sure that Theophostic[®] Worked?” pages 1-2 (All available as free downloads from www.kclehman.com).

¹¹ 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

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 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 initial Theophostic[®] sessions resolved the roots of the compulsive component of Mary's bulimia, since she has not experienced compulsive bulimic thoughts or behaviors in the four+ 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 helped to manage.¹²

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 the Theophostic[®] sessions (*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 sudden dramatic improvement on the same dose of Celexa that had previously been ineffective, clearly indicate that important emotional healing had been accomplished in the Theophostic[®] sessions; *and*, the temptation to resume bulimic self-medication after sudden medication discontinuation indicates that the medication was still providing brain chemistry support regarding other issues that had not yet been resolved.

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 decompensation¹³). The additional data provided by Mary's December 2003 successful taper off medication reinforces this point. Other variables were probably also contributing, as mentioned below, but I am guessing that part of why she was able to stop her antidepressant in December of 2003 was that she tapered off gradually, as opposed to stopping suddenly.

More important, suddenly stopping medications can cause severe medical problems. For example, abrupt discontinuation of certain psychiatric medications can cause seizures, and

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.

¹² I am working on "Compulsive Behavior and Emotional Healing: General Comments and Frequently Asked Questions," and "Addictive Behavior and Emotional Healing: 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.

¹³ 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.

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 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,¹⁴ medications can be steadily decreased as issues are resolved, and usually (always?) eventually completely stopped when the underlying issues are sufficiently resolved.¹⁵ In Mary’s case, addressing the roots 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.

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 she *was* able to stop her medication December 2003, even though she had *not* received more emotional healing 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 she 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

¹⁴ When I use the expression “psychological and spiritual issues,” I am referring to truth-based pain in the present, traumatic memories and/or “absence” trauma, inadequate maturity skills, reactive sins (such as bitterness), defenses (such as vows, denial, self-pity, etc.), and demonic harassment/oppression.

¹⁵ I am working on “Emotional Healing 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.

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, 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.¹⁶

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.

October 2006 addendum regarding “remaining issues”: After a long series of unusual circumstances that had prevented additional emotional healing, Mary has finally been able to receive more Theophostic[®]-based therapy/ministry, with additional perceived benefit. She now continues to receive ongoing “preventive” emotional healing as issues come up. I think this has contributed to the good news that she has remained free of bulimia and depression, without needing to resume medication, even though this past year has included many intense stressors.

Not all emotional healing facilitators are the same: Mary’s experience illustrates the important truth that there is a tremendous range of skill, training, experience, and personal healing among different emotional healing facilitators. In our experience, most people facilitating the Immanuel approach and/or Theophostic[®]-based emotional healing are well-intentioned Christians; however, some don’t yet have enough training and/or experience to trouble-shoot the more complicated situations, some revert to other, less effective techniques when they get triggered, and some have unresolved issues that get in the way of being effective 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 emotional healing therapists/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 therapist that was able to facilitate such tremendous healing for her?

¹⁶ 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.