



EMDR, Traumatic Memories, and Physical Phenomena

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For several years now we have been observing intriguing phenomena in many of the clients in our practice. In this note we try to summarize these observations, and also share some of our thoughts regarding possible connections between the physical, emotional, and spiritual components of our beings.

We use Eye Movement Desensitization and Reprocessing (EMDR) in combination with prayer for emotional healing¹ with a number of our clients. EMDR uses a simple neurological intervention of alternating hemisphere sensory stimulation². This fairly simple neurological intervention seems to help people connect more intensely with traumatic memories and also seems to facilitate the healing and resolution of unresolved trauma. We were *not* surprised to see people experience and display increased emotional intensity when we used EMDR (this has been widely described in the professional and popular literature regarding EMDR). We *were* surprised to discover that a significant percentage of patients began to display physical phenomena within minutes (or even seconds) of beginning the neurological stimulation, and that the physical phenomena would stop abruptly when the neurological stimulation was discontinued (this has not been described, or even mentioned, in the thousand plus pages I have read regarding EMDR).

The most common physical phenomena has been spontaneous/involuntary muscle contractions. These range from small twitches of the face and hands to larger muscle contractions scattered over the body. We have seen almost every muscle group included (face, neck, back, abdomen, arms, hands, fingers, legs, and feet), although usually not at the same time or in a single patient. Occasionally, spontaneous vocalizations will precisely accompany the muscle contractions. The resulting twitching, jerking, and vocalizations at times appear very similar to the physical phenomena we have observed in charismatic worship and/or healing prayer services. A number of patients have had difficulty keeping their eyes open due to intense twitching of the muscles in their eyelids and around their eyes. Some of these patients have been almost unable to continue the EMDR due to difficulty keeping their eyes open. Occasionally the person will have difficulty speaking, or even be completely unable to speak. Several patients have displayed involuntary twitching of individual muscle fibers in the face, which eventually coalesced into an expression that can best be described as a snarl. In several situations the lower half of the person's face started twitching, and eventually turned into a snarl, while the upper half of their face remained completely normal (actually, usually looking somewhat alarmed and confused).

Many patients report perceiving some kind of precursor/"warning" that the contractions are coming, and can suppress them if they concentrate on doing so. Others experience them as coming without any warning, and can only suppress them as long as they concentrate on

¹ See "Theophostic, What is Unique?" , "Chart: Theophostic, What is Unique?", and "Eye Movement Desensitization and Reprocessing (EMDR) and Theophostic Ministry," all available as free downloads from www.kclehman.com.

² See "Eye Movement Desensitization and Reprocessing (EMDR) and Theophostic Ministry" in the Articles/FAQ's section of our web page.

suppressing all muscle contractions all over their body. Still others experience the contractions as being completely outside of their voluntary control. Being a physician, I know that some of these muscle contractions are impossible to produce voluntarily. For example, I have often observed twitching of small groups of muscle fibers within larger muscles that can only be voluntarily controlled as a single unit (one of the most common is the isolated, sideways twitching of the middle muscle fibers of the left side of the forehead, while all other muscles of the face and forehead remain relaxed). I have offered financial reward to anyone who can do this voluntarily, and have not yet lost a dime.

Sometimes the neurological phenomena occur alone, and at other times the person experiences any or all of the following associated with the muscle contractions: emotions, thoughts, images, internal voices, impulses, and intense negative emotions. For example: “I suddenly have this intense feeling like I want to hit you,” “I’m feeling this intense anger/hatred towards you, but I know it’s irrational,” “I see these hideous faces and hear voices saying ‘We hate you, Dr. Lehman,’” “I keep having this thought: ‘She’s ours. We’re not going to let her go. You can’t make us leave!’” Some patients will experience all of these together, along with other vocabulary and images that are much more obscene, explicit, and toxic. People will also sometimes experience pain in various parts of the body in association with the muscle contractions. In some situations, we discern that the images, thoughts, voices, impulses, emotions, and pain associated with the physical phenomena are being produced by angry internal dissociated parts that are unhappy with our work³. In other situations, in response to commands to reveal exactly what Jesus requires, the images, thoughts, and voices will say they are demonic spirits, will acknowledge their mission to oppose the healing work, and will identify the wound and/or negative cognition they are attached to. These “demonic” images and voices appear to leave when we command them to do so in the name of Jesus, the physical phenomena cease immediately, the healing work proceeds more easily, and the person also usually reports feeling better.⁴

In a number of cases, long-standing physical complaints resolved after the images and/or voices left. One patient experienced the immediate and complete resolution of long standing lactose intolerance, persistent fatigue, heavy caffeine use, and chronic headaches. My perception was that these physical complaints resolved *after* the images and voices left, but *before* the associated traumatic memories and negative cognitions were fully resolved. Clients have also described other interesting changes following the removal of certain trauma-associated images and voices. One noticed that he now enjoyed Christian music, which had previously irritated him intensely. He also commented: “My head is so much clearer that I get my work done in a third of the time it used to require. I now get home from the office so much earlier that my wife has had to rearrange her schedule.” Another commented that swear words were no longer coming into her mind during sermons, and that church services had therefore become more enjoyable since the trauma-associated images and voices had left.

Some of our patients are familiar with spiritual harassment/oppression, and have said that that is what they thought was happening. Others have appeared to have no idea what was going on, and have turned to me with alarmed expressions and comments along the lines of: “What’s

³ See “Discerning Between Demonic Spirits and Internal Parts” on the Articles and FAQs page for additional comments about discerning the difference between internal dissociated parts and demonic spirits.

⁴ Occasionally the person perceives that the image and/or voice was helping to block the pain from the traumatic memory in question, and will therefore experience increased pain during the period of time between the image and/or voice leaving, and the wound being healed.

happening Dr. Lehman?” A number of these patients are very cognitive, emotionally controlled, highly educated professionals. Everything else in their clinical picture points away from embellishment or any kind of histrionic behavior. These same patients can talk for hours about the same traumatic memories without any unusual phenomena and with only minimal emotion, but then begin to experience intense emotions and display the phenomena described above within minutes or seconds of starting the neurological stimulation.

We have also noted interesting correlations between the techniques we use, frequency and intensity of physical phenomena, and observable indicators of clinical improvement. When we began our practice, we combined “traditional” prayer for emotional healing⁵ with mainstream psychotherapy techniques, we saw no physical phenomena, and we observed clinical improvement to be minimal and/or slow. When we combined “traditional” prayer for emotional healing with EMDR in 1996 we began to observe the physical phenomena described above, and we also saw a dramatic increase in observable clinical improvement (resolution of signs and symptoms, decreasing medication, increasing levels of functioning). We now use EMDR combined with silent prayer⁶ in some situations, the Immanuel approach⁷/Theophostic⁸-based⁹ emotional healing alone in some situations, and the Immanuel approach/Theophostic-based techniques combined with EMDR in some situations. We are observing all of the phenomena described here when we use the Immanuel approach/Theophostic-based emotional healing, even without EMDR, although the onset and cessation of muscle contractions seems to be more gradual. The frequency and intensity of physical phenomena tend to be greatest when the Immanuel approach/Theophostic-based techniques and EMDR are combined.

It is also interesting to note that we have seen a steady decrease in the average frequency and intensity of muscle contractions during the last five to ten years. Observable indicators of clinical improvement indicate that our work has become increasingly effective during these same years, which would imply that dramatic physical phenomena are not inherently necessary for important healing to occur. My perception is that the decrease in physical phenomena corresponds to our

⁵ See “Chart: Theophostic, What is Unique” for comparison of “Traditional” prayer for emotional healing with Theophostic ministry.

⁶ Some clients do not feel comfortable with the Immanuel approach and/or Theophostic-based techniques. In these situations, we combine EMDR with silent prayer, asking the Lord to be present and guide the process, binding spiritual infection, and asking the Lord to heal the emotional wounds as they are uncovered.

⁷ See “Brain Science, Psychological Trauma, and The God Who is With Us, Part I” for an overview discussion of the Immanuel approach to emotional healing.

⁸ Theophostic Ministry is a trademark of Dr. Ed Smith and Alathia Ministries, Inc., of Campbellsville, Kentucky.

⁹ We use the term “Theophostic[®]-based” to refer to therapies/ministries that are built around a core of Theophostic[®] principles and techniques, but that are not exactly identical to Theophostic[®] Prayer Ministry as taught by Dr. Ed Smith. Our own therapy/ministry prior to 2007 would be a good example – it was built around a core of Theophostic[®] principles and techniques, but it sometimes also included material that is not a part of what we understand Dr. Smith to define as Theophostic[®] Prayer Ministry (such as “Immanuel Interventions,” our material on dealing with curses, spiritual strongholds, generational problems, and suicide-related phenomena, and our material on journaling, spiritual disciplines, capacity, community, and medical psychiatry).

learning to set clear parameters in prayer at the beginning of each session¹⁰.

Taken together, the observations just described indicate that there are very significant and direct connections between the biological/neurological brain (EMDR neurological stimulation and muscle contractions), internal dissociated parts, spiritual harassment/oppresion, and the subjective experience of remembering traumatic events. Our assessment at this point is that at least some of these physical phenomena are “manifestations” caused by demonic spirits “infecting” the toxic content carried in traumatic memories. We wonder if these demonic spirits are somehow connected to the place in the brain where the toxic traumatic content is stored. Our thought is that the Immanuel approach, Theophostic-based emotional healing, and EMDR-combined-with-prayer precipitate demonic manifestations because they connect the person’s conscious awareness and the presence of the Holy Spirit with the place in the mind where the toxic traumatic content and demonic infection are carried – it makes sense to us that demonic infection would be especially disrupted when the person’s conscious awareness enters this place in the mind, and then intentionally invites the Holy Spirit into this place. These insights are consistent with our hypothesis that a shared “active ingredient” for EMDR, the Immanuel approach, and Theophostic-based emotional healing is that they help the person connect with the place in his mind where the toxic traumatic content is actually carried¹¹. Also, note that we have never used EMDR without prayer. The absence of any mention of these physical phenomena in the secular literature regarding EMDR would be explained if prayer is a necessary ingredient in precipitating the phenomena we are observing.

P.S.: I would appreciate getting an e-mail (drkarl@kclehman.com) from other clinicians who are seeing similar physical manifestations with EMDR (with or without prayer).

¹⁰ The physical phenomena/manifestations we see now tend to be very small/low energy, even when dealing with very traumatic memories. See “Opening Prayers and Commands: Prayer for the Facilitator, Parameters for the Demonic, and General Introductory Prayer” on the Ministry Aids page for additional comments about using this kind of prayer at the beginning of each session.

¹¹ See “Theophostic, What is Unique?” for additional comments on this point of similarity between EMDR and Theophostic.