



EMDR, Emotional Healing, and Physical Phenomena/Manifestations

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

I use Eye Movement Desensitization and Reprocessing (EMDR) in combination with emotional healing work¹ with a number of my patients. EMDR uses a simple neurological intervention of alternating hemisphere sensory stimulation.² 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. I was *not* surprised to see people experience and display increased emotional intensity when I used EMDR (this has been widely described in the professional and popular literature regarding EMDR). I *was* 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. I have seen almost every muscle group included (face, neck, back, abdomen, arms, hands, fingers, legs, and feet), although never all 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 sessions 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 alarmed and confused).

¹ When I wrote this essay in 2000 I was using EMDR in combination with Theophostic-based emotional healing work. We use the term "Theophostic-based" to refer to emotional healing ministries that are built around a core of Theophostic principles and techniques, but that are not identical to Theophostic Prayer Ministry as taught by Dr. Ed Smith. Our own ministry between 1998 and 2003 would be a good example – it was built around a core of Theophostic principles and techniques, but it sometimes also included material that was not a part of what we understand Dr. Smith to define as Theophostic Prayer Ministry (such as our material on dealing with curses, spiritual strongholds, generational problems, and suicide-related phenomena, and our material on journaling, spiritual disciplines, and medical psychiatry).

² See "The Immanuel Approach & Eye Movement Desensitization and Reprocessing (EMDR)" in the Special Subjects/Advanced Topics section of the Resources page of www.immanuelapproach.com.

Many patients report perceiving some kind of precursor, or “warning,” that the contractions are coming, and can suppress the contractions if they concentrate on doing so. Others experience the contractions as coming without any warning, and can only suppress them as long as they concentrate on 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 examples of this phenomena 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 muscle twitching/contractions occur alone, and at other times the person experiences any or all of the following in combination with the twitching/contractions: 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’,” or, “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. Recipients will also sometimes experience pain in various parts of the body in association with the muscle contractions. In some situations, the recipient and I 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 work.³ In other situations, in response to commands to reveal exactly what Jesus requires, the images, thoughts, and voices will identify themselves as demonic spirits, they will acknowledge their mission to oppose the healing work, and they will identify the wound and/or negative cognition they are attached to. When we command all evil spiritual forces to be bound in the name of Jesus, these “demonic” images immediately leave or appear as being physically bound in some way, the negative voices immediately stop, the physical phenomena immediately stop, the healing work proceeds more easily, and the person also usually reports feeling better.⁴ Furthermore, when the issues/trauma associated with the “demonic” images and voices are resolved, and we command all evil spiritual forces associated with the issues/trauma to leave in the name of Jesus, the images and voices leave and all of the associated phenomena resolve permanently.

In a number of cases, long-standing physical complaints resolved after the images and/or voices left. For example, one patient experienced the immediate and complete resolution of long standing lactose intolerance, persistent fatigue, heavy caffeine use, and chronic headaches. Recipients have also described other interesting changes following the removal of this type of trauma-associated images and voices. For example, 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

³ For discussion regarding how to discern the difference between internal dissociated parts and demonic spirits, see “Discerning Between Demonic Spirits and Internal Parts” in the Special Subjects/Advanced Topics section of the Resources page of www.immanuelapproach.com.

⁴ Occasionally the recipient perceives that the demonic presence 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 demonic presence being bound and the wounds being healed.

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 these patients were familiar with spiritual harassment/oppression, and spontaneously commented that this 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 happening Dr. Lehman??!!” A number of these patients are very cognitive, emotionally controlled, highly educated professionals, with nothing in their clinical pictures indicating embellishment or any kind of histrionic behavior. Furthermore, 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 EMDR and prayer for healing.

I have also noted interesting correlations between the techniques I use, the frequency and intensity of physical phenomena, and observable indicators of clinical improvement. When I began my practice, I combined “traditional” prayer for emotional healing⁵ with mainstream psychotherapy techniques, I saw no physical phenomena, and I observed clinical improvement to be minimal and/or slow. When I combined “traditional” prayer for emotional healing with EMDR in 1996, I began to observe the physical phenomena described above, and I also saw a dramatic increase in observable clinical improvement (resolution of signs and symptoms, decreased medication doses, and increased levels of functioning). And when I combined EMDR with Theophostic-based emotional healing or the Immanuel Approach, the frequency and intensity of the physical phenomena was the greatest and I observed the most dramatic improvement. Finally, I also observed all of the phenomena described here when I used Theophostic-based emotional healing or the Immanuel Approach alone, although the onset and cessation of muscle contractions seemed to be more gradual.

My assessment at this point is that some of these physical phenomena are being produced by internal dissociated parts, some are manifestations of interference/opposition from demonic spirits “infecting” the traumatic memories, and some are manifestations of a power encounter as the Holy Spirit/Jesus confronts demonic spirits as part of the healing process. Also, note that I 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).

Addendum January 2026: During my first several years of working with EMDR combined with Theophostic-based⁶ tools, I observed visible physical manifestations associated with

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

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emotional healing and/or demonic opposition/interference at least every week, and sometimes almost everyday. Curiously, this has become less and less common over the past twenty-five years. Now I rarely see any physical phenomena/manifestations associated with emotional healing or demonic opposition/interference. And observable indicators of clinical improvement indicate that my emotional healing work has become increasingly more effective during these same years, as opposed to less effective. For my and Charlotte's thoughts regarding this progressive decline with respect to physical manifestations see, "Our changing experience in dealing with the demonic," Section VII of the essay "Dealing With Demonic Interference/Opposition During the Session, Prayers and Commands to Neutralize Demonic Interference," available as free download from the "Kclehman Website Archives" section of the Resources page of www.immanuelapproach.com.

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