



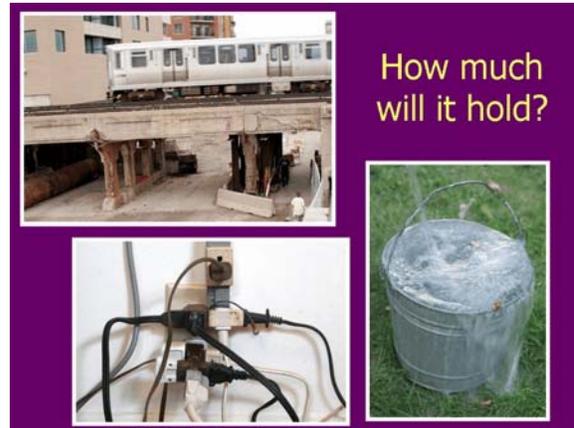
## Immanuel, Emotional Healing, and Capacity: Part One

Enhanced Manuscript of lecture available on DVD/VHS by the same title,  
from October 2005 seminar in Bolingbrook, Illinois

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Capacity is an important factor in emotional healing, and it is a specific issue where Immanuel seems to be especially valuable – where it seems to be especially valuable for the person to be able to perceive the Lord’s presence, and to be able to receive His help.

**I. Capacity and Emotional Healing:** When we refer to the capacity of a physical system, we’re referring to “how much can it hold?” or “how much can it carry?” For example, the capacity of a bucket refers to how much liquid it can hold before overflowing, the capacity of a bridge refers to how much weight can travel across it before it collapses, and the capacity of an electrical circuit refers to how much current it can carry before blowing a fuse or burning out components. When we refer to *capacity in the context of emotional healing*, we’re referring to the capacity of the person’s biological brain, non-biological mind, and spirit – we’re referring to *how much biological, psychological, and spiritual intensity a person can handle before some part of his combined brain-mind-spirit system “blows a fuse,” and causes the person to disconnect in some way.*



Capacity limitations of the non-biological mind and spirit are hard to study with usual scientific research methods, but there is an extensive body of research demonstrating capacity limitations for the biological brain. It is especially straightforward to demonstrate the capacity limitations of individual neurons (nerve cells). For example, there are many studies showing that individual neurons function well if given an appropriate load to carry, but that they will begin to malfunction if they are stimulated too intensely, too frequently, or for too long a duration. And if the overload continues, they will eventually become sick and die.<sup>1</sup> For discussion of research demonstrating that the biological brain also has capacity limitations at higher levels of organization, see *Affect Regulation and the Origin of the Self*, *Affect Dysregulation and Disorders of the Self*, and *Affect Regulation and the Repair of the Self* by Dr. Allen Schore.<sup>2</sup>

Charlotte and I first learned about capacity from Dr. James Wilder. Here’s my five minute

<sup>1</sup> See, for example, Choi, DW. “Excitotoxic cell death.” *J Neurobiol*, 1992 November, Vol. 23 No. 9, pages 1261-76, and Whetsell, W.O. “Current concepts of excitotoxicity.” *J Neuropathol Exp Neurol*, 1996 Jan, Vol. 55 No. 1, pages 1-13.

<sup>2</sup> Schore, Allen N., Ph.D. *Affect Dysregulation and Disorders of the Self*. (New York, NY: W.W. Norton & Company), 2003; Schore, Allen N., Ph.D. *Affect Regulation and the Origin of the Self*. (Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers), 1994; Schore, Allen N., Ph.D. *Affect Regulation and the Repair of the Self*. (New York, NY: W.W. Norton & Company), 2003, and Wilder, E. James. *Track 2 Lectures, THRIVE conference*, Big Rapids, MI, August 16-21, 2004.

summary of his basic teaching on capacity, as it relates to Theophostic®-based<sup>3</sup> therapy or ministry:

*For Theophostic®-based therapy or ministry to be effective, the person receiving ministry needs to be able to connect with the pain in the memory, and needs to be able to stay connected as he processes through the memory. If he can't connect with the pain, or if he can't stay connected all the way through, he won't be able to resolve the traumatic memory.*

A series of diagrams will be helpful in explaining my next points. In each of these diagrams, the vertical arrow labeled “capacity” represents the capacity of the person’s combined brain-mind-spirit system, and the series of hills to your right represents the intensity of different parts of a specific traumatic memory. For example, one of my friends was in a car accident. The first, small peak could represent the intensity as the car hit a patch of gravel and the driver lost control. The second, larger peak could represent the intensity as their car swerved off the road and into the guard rail, and the third, highest peak could represent the intensity as the car went through the guard rail, off the bridge, and into the river below.

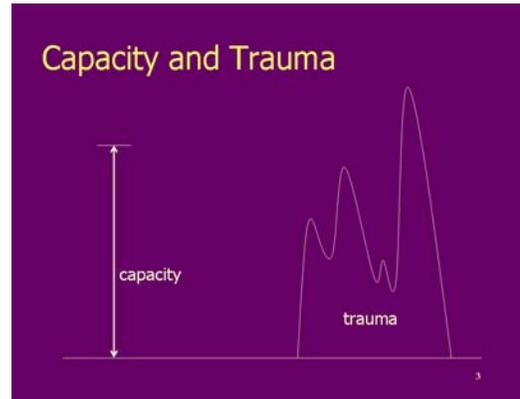


Figure 2

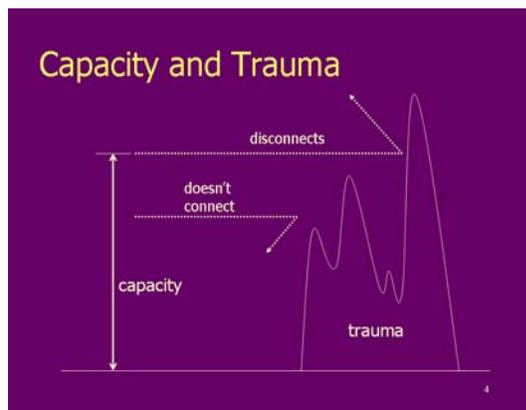


Figure 3

As the diagram in figure #3 illustrates, if there is some part of the traumatic memory that exceeds the person’s joy strength, that exceeds his maximum capacity for staying connected to painful memories, that exceeds his capacity for doing hard things, then he will either be completely unable to connect with the memory, as indicated by the lower horizontal dotted line-arrow, or he will disconnect in some way when he gets to the place that exceeds his capacity, as indicated by the upper horizontal dotted line-arrow.

*So, if some part of a traumatic memory exceeds the person’s capacity, he won’t be able to connect/stay connected, and therefore won’t be able to resolve the memory.<sup>4</sup>*

<sup>3</sup> 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 would be a good example – it is built around a core of Theophostic® principles and techniques, but it sometimes also includes material that is 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, community, and medical psychiatry).

<sup>4</sup> As far as I am aware, this information on capacity and emotional healing is not included in any of Dr. Wilder’s published materials. We obtained this information via personal conversations with Dr. Wilder during the August 2004 THRIVE seminar, and through e-mail communications with Dr. Wilder

**II. Immanuel and Capacity:** In the fall of 2004, as Charlotte and I were working on the material for her presentation about Immanuel,<sup>5</sup> I became increasingly aware of the painful reality that a small cohort of patients in my practice were very stuck. I'd been working with these people for many months – between 50 and 100 hours of Theophostic®-based therapy sessions for most of them – and each of these people had made many unsuccessful attempts to get through certain specific memories. We had worked hard to address every blockage we could find, and even every possible blockage we could think of – vows, judgments, denial, dissociation, guardian lies, and more – but they still weren't getting resolution for these specific traumatic memories. Eventually I got to a place of profound, humble powerlessness, and in the middle of a day in which I was working with several of these people I spontaneously prayed something along the lines of: "Lord, I'm stumped. I know You *can* heal these people, and I know You *want* to heal these people, but we don't know how to move forward. Please show us what to do."

Within seconds of finishing this prayer, a completely new thought came quietly but very clearly into my mind: I should turn away from focusing on the traumatic memories – take a "time out" from my repeated attempts to help these people push into the traumatic memories – and turn to focusing on helping them just *be with* Jesus (Immanuel).<sup>6</sup> As I started to focus on helping these patients "just be with Jesus," I also realized that we were dealing with a capacity problem. Charlotte and I had learned about capacity several months earlier, but at that time I hadn't made the connection between these new principles regarding capacity and these people in my practice that were so persistently stuck. Making the connection, I realized that the reason these people weren't getting resolution for their traumatic memories was that they didn't have enough capacity to stay connected through the worst parts of the memories.

Now here's a really important point: identifying and resolving other clutter and blockages won't fix the problem if the person doesn't have enough capacity to stay connected all the way through the memories. An analogy would be a physical task with the questions of strength versus willingness. If I'm strong enough to push my neighbor's car out of the snowbank, but I'm choosing not to because I'm afraid of getting wet, because I'm angry about an unresolved conflict with this particular neighbor, or because I made a vow never to push cars out of snowbanks, then dealing with my fear, bitterness, or vow will resolve the problem. If I become willing, and choose to help, I'll be able to. However, if I simply don't have the physical strength, then addressing these other issues will not get my neighbor's car out of the snowbank. Becoming willing, and choosing to help, won't overcome my lack of physical strength.

Learning about capacity, and coming to understand how capacity could be the limiting factor in therapy or emotional healing ministry, was like discovering a missing organ system. It was as if I had previously only known about the heart and the lungs. For any patients for whom heart dysfunction or lung dysfunction was the primary problem, I was fine. The pieces all fit together, the picture made sense, and my treatment plans worked. However, if I encountered a patient with

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July 2005.

<sup>5</sup> For Charlotte's teaching about Immanuel– a presentation that was important in beginning our journey regarding Immanuel interventions, the Immanuel approach to emotional healing, and the Immanuel approach to life, see either the essay or DVD titled: "Immanuel: God With Us."

<sup>6</sup> It's interesting to note that part of why this breakthrough came at this particular time is that I had gotten more healing (through the car ordeal, described in our *Immanuel and Emotional Healing* presentation), so I wasn't triggered by being stumped. I could acknowledge I was completely stumped, calmly ask for help, and then actually hear the Lord's response (guidance).

kidney disease I was stumped. I could study and treat the person's heart and lungs up one side and down the other, but his kidney disease would continue in spite of all my efforts, and the overall clinical picture would not make sense.

With each of these people who had been so persistently stuck, we had been focusing on willingness and choice: "Why weren't they *willing* to connect with the memories? Why were they repeatedly *choosing* to disconnect part way through?" But the problem was capacity. These people didn't have enough capacity. They were perfectly *willing*, and kept *trying* to go into the memories, but they didn't have enough capacity, so they either couldn't connect, or couldn't stay connected all the way through. This was why they were stuck – this was why they couldn't resolve these certain, specific traumatic memories, and why none of our other interventions had solved the problem.

What also occurred to me, as soon as I made the capacity connection, was that the Lord's suggestion – to focus on helping these people *be with* Him – was a brilliant solution to this capacity problem. In other sessions, I had seen that a person could stay connected through the worst imaginable memories *if she perceived the Lord's presence with her*.<sup>7</sup> As the diagram in figure #4 illustrates, Jesus has infinite capacity. He seems to be glad to be with us in and through *any possible situation we can get into*, and He never becomes anxious or upset. It seems that if a person can perceive the Lord's presence,<sup>8</sup> and let Him be *with her*, then capacity problems resolve, and the healing process can move forward.

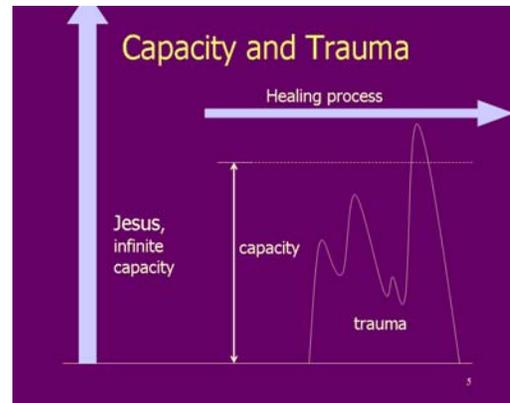


Figure 4

What also occurred to me, as soon as I made the capacity connection, was that the Lord's suggestion – to focus on helping the person *be with* Him – was a brilliant solution to this capacity problem. In other sessions, I had seen that a person could stay connected through the worst imaginable memories *if she perceived the Lord's presence with her*.<sup>9</sup> As the diagram in figure #4 illustrates, Jesus has infinite capacity. He seems to be glad to be with us in and through *any possible situation we can get into*, and He never becomes anxious or upset. It seems that if a person can perceive the Lord's presence,<sup>10</sup> and let Him be *with her*, then capacity problems

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<sup>7</sup> I had seen this happen spontaneously, in sessions where a person would suddenly perceive the Lord's presence with her in the middle of a painful memory, but until the Lord directed me to spend time very deliberately helping these people "just be *with* Him," it had never occurred to me that we could *intentionally, systematically* facilitate these experiences of perceiving and connecting with the Lord's Immanuel presence.

<sup>8</sup> As will be discussed in "Part Two" of this presentation, in order to resolve capacity problems in this way, the person needs to be able to perceive the Lord's presence *with sufficient clarity and intensity*.

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This appears to be very similar to the way in which being with a safe, non-anxious adult can resolve capacity problems for a child. For example, if you have a small child who doesn't have the capacity to go into a dark basement by herself, she will absolutely refuse to go down the steps. However, this same child will easily and willingly go into this same dark basement *if she's holding her father's hand*.

A key point here is that this will be true even for a child who is usually very compliant and cooperative – even though she is usually compliant and cooperative, if she doesn't have the capacity for something, she will absolutely refuse to do it. And if you try to force her, she will just begin to de-compensate. And you can tell the difference between willful/stubborn and lack of capacity – if the problem is that she truly doesn't have the capacity, you can tell that she is *not* just being willful or stubborn, but rather that she's becoming increasingly desperate, terrified, and disorganized.<sup>11</sup> And again, this child will easily and willingly go into the dark basement *if she's holding her father's hand*.

As all these pieces began to fit together, a light bulb came on for me: “Hey! *This could work for all of my patients who are dealing with traumatic memories bigger than the available capacity!* What if we tried a ‘just be with Jesus’ intervention’ in any situation where the person seemed to be encountering capacity issues? Whenever the person seemed to be having difficulty going into a memory due to capacity problems, or seemed to be ejecting from a memory due to capacity problems – what if we asked the Lord to help her perceive His presence, and to help her just *be with Him?*” I tried this approach with every one of the people who had been so persistently stuck (all of whom seemed to be having capacity problems), and in most of these situations the person was eventually able to perceive the Lord's presence. With some of these people, we needed to spend a number of sessions so that many different internal parts could spend time with Jesus, but *everybody who was able to perceive the Lord's presence was eventually able to press through painful memories that they had initially been unable to handle*. And they were able to perceive the Lord's presence *through the whole process*. This seemed to help tremendously. The whole process seemed easier and less painful, and certainly went faster.

**III. Four (Five)<sup>12</sup> Key Components of Immanuel Interventions:** As we worked and experimented with these “Immanuel interventions,” we focused four (five) components that we would address very specifically and directly:

**1.) Help the person perceive the Lord's presence in the place they are stuck:** It always helps to perceive the Lord's presence – in any way and in any place – but for resolving specific capacity problems, it seems to be *especially* helpful for the person to perceive the Lord's

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<sup>11</sup> Forcing a child to do something beyond her capacity can also cause her to dissociate. If the child dissociates, she may go through the traumatic event in a desperate, terrified, disorganized state, but then have no memory of the event afterwards; or she may dissociate emotionally before going through the trauma, in which case she will go through the traumatic event in a state of disconnected numbness.

<sup>12</sup> Somewhat ironically, I didn't recognize that “helping the person spend time ‘just’ being with Jesus” was a fifth key component of our Immanuel interventions until after we had recorded the teaching videos/DVDs. Therefore, the Power Point slides and lecture in the videos/DVDs include only four key components. This is certainly consistent with my own personal journey, where I started out mostly trying to *use* Jesus as a *resource* for the work of emotional healing, and have only recently come to appreciate “just” *being with* Jesus.

presence *in the place she is stuck*. For example, if one place a person get's stuck is part way through a particular traumatic memory, then that's where she needs to perceive the Lord's presence. For the most effective Immanuel intervention for this particular stuck point, she needs to be triggered into the memory, and then perceive the Lord's presence, *with her, in the memory at the point she usually gets stuck*.

If there are specific internal parts that are stuck, *the parts that are stuck* need to perceive the Lord's presence. I recently encountered a situation where there were several internal parts present in the same memory, with some of the parts being able to see Jesus, but with one of the parts (the one that was still stuck) *not* being able to perceive His presence. The parts that could see Jesus were saying things like "He's *really* big, standing *right here in front of me*," and "There's light all around Him," and "His face is *so* tender. He has compassion on His face. His face is *so* gentle," while the part that was still stuck was saying things like "I don't wanna ask because I'm afraid He won't come," and "He'll disappoint me." The healing process didn't move forward until the part that was stuck was able to perceive the Lord's presence.

**2.) Help the person let the Lord come *closer*:** When I started experimenting with Immanuel interventions, I assumed that all we had to do was get to the point where the person could perceive the Lord's presence. However, I quickly discovered that some people could perceive the Lord's presence, but wouldn't let Him get close enough to do any good. They were either pushing Him away out of anger, or unwilling to let Him come close because of some kind of fear. As described below, the Lord has been giving us interesting ideas about how to help people let Him come closer. It will probably not surprise anybody to hear that all good things associated with perceiving the Lord's presence seem to increase as He comes closer.

**3.) Help the person learn more truth about the Lord's character and heart:** As I was learning about Immanuel interventions, I was also surprised to discover that "just" perceiving the Lord's presence, even when the person allowed Him to come close, was not always enough to help the healing process move forward. In many situations, it seemed that the person *also* needed to learn more truth about the Lord's character and heart. I was often able to facilitate this process by helping the person focus her negative beliefs about the Lord, and then by encouraging her to focus on the Lord, and to present these negative beliefs directly to Him and ask for His input.<sup>13</sup>

The Lord has sometimes supplied truth through some kind of demonstration or physical interaction with the person, such as letting the person see that He is smiling as opposed to frowning, reaching out to take the person's hand, picking her up and holding her, or letting her see His suffering on the cross as part of helping her know that He understands her pain. At other times He has supplied truth through didactic teaching comments, such as explaining how the person's choices have been preventing her from being able to receive His help, or pointing out how a particular scripture applies to the situation. Either way, truth from Jesus always seems to be especially powerful and effective.

**4.) Help the person receive *more of what the Lord has for her*:** When I first began using these Immanuel interventions, I somehow had this image, this idea, that *perceiving* and

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<sup>13</sup> Negative beliefs about the Lord always turn out to be lie-based beliefs, so for those of you familiar with Theophostic principles, I could describe my intervention as: "helping the person focus her lie-based beliefs about the Lord, and then encouraging her to ask the Lord for His truth regarding the lie-based beliefs."

*receiving* were a one step deal, inherently merged together – if a person could perceive the Lord's presence, and let Him be close, then the Lord would automatically and immediately release everything He had for the person.

I was surprised to discover that *receiving* what the Lord has for you can be a separate process from *perceiving* his presence. There's certainly some overlap, of course. For example, perceiving the Lord's presence *inherently* resolves certain lies, such as "I'm all alone in this" (you can't believe you're all alone if you can perceive the Lord's presence with you), perceiving the Lord's presence *inherently* helps with respect to capacity, as with the child holding her Father's hand, and perceiving the Lord's presence usually also immediately releases a variety of other blessings as well. However, I discovered that the Lord often (maybe always?) has *additional* blessings and resources that He wants us to *ask* for.

I learned this in a session where the person had been able to clearly perceive the Lord's presence early in the session, with dramatic benefit, but then became stuck again later in the session:

As she became stuck again later in the session, I asked: "So, what happened to Jesus? Can you still perceive His presence?" expecting her to report that she'd somehow lost sight of Him in the midst of the horrible memories we were working on.

I was actually surprised when she responded with: "Oh, yeah. He's right here beside me."

The first thought that came to me in response to this was: "How can she be getting stuck if she can still perceive Jesus "right there beside her?"

And then I think the Holy Spirit prompted a new thought, and I asked: "Since it *seems* like you're getting stuck again due to lack of capacity, I wonder if the Lord might have more resources for you. Why don't you focus on Jesus, and ask Him if He has more resources for you?"

She paused for a moment, and responded with: "Oh, yeah. He says He *does* have more resources for me."

Full of good ideas at this moment, I cleverly suggested: "Um..., why don't you ask Him what you need to do to receive these additional resources?"

Another pause, and then she comments: "He says I need to focus on Him, lean on Him, and ask Him for more strength."

Needless to say, this plan worked perfectly, and the healing process began to move forward again.

The humbling truth is that my initial attitude, when I first started experimenting with Immanuel interventions, had been something along the lines of wanting Jesus to show up and deliver His goods as quickly as possible, so we could keep moving: "I mean, thank You very much for Your help and all that, but we have important work to do here. We need to get these traumatic memories resolved, and these symptoms relieved, and we only have 30 minutes left before the end of the session. So – nothing personal – but I'm afraid we really don't have time to stay and talk."

Jesus, on the other hand, seemed to want us to turn to Him and ask Him for help *on an ongoing basis*. His apparent policy of “I have more resources, but you have to ask Me for them at the point you need them” encouraged us to remember that He was there, and to be deliberate about periodically turning to Him and focusing on Him. He seemed to want to be *relational*, as opposed to just getting used as a resource, with as little interaction as possible.

**5.) Help the person spend time “just” *being with Jesus*:** As I will discuss more in “Part Two,” “just” *being with Jesus* is actually the most important component of these Immanuel interventions – even more important than the aspects of Immanuel interventions that contribute more directly to resolving traumatic memories. It is easy to focus so much on emotional healing that we miss opportunities to “just” *be with Jesus*. At some point in each Immanuel intervention, we coach the person to spend some time “just” *being with Jesus*, and we encourage the person to ask *Him* for guidance regarding when to move on to something else.<sup>14</sup>

With respect to these four (five) key components, we’ve been encouraged, and excited, by how often these “Immanuel interventions” have been helpful.

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<sup>14</sup> Once the person is able to “just” *be with Jesus* in a specific traumatic memory, we also encourage her to deliberately go to the memory, and spend time “just” *being with Jesus*, as part of her personal devotional time between emotional healing sessions.

#### IV. Barriers that Hinder Immanuel Interventions:

In some situations, it seemed that barriers, such as bitterness towards the Lord or being afraid of the Lord, hindered the person from perceiving His presence, hindered the person from *fully* perceiving His presence, hindered the person from receiving the resources He had for her, or hindered the person from *fully receiving* the resources He had for her.

If the person was unable to perceive the Lord's presence, we asked: "Lord Jesus, please reveal what's hindering this person from perceiving the *truth* – that

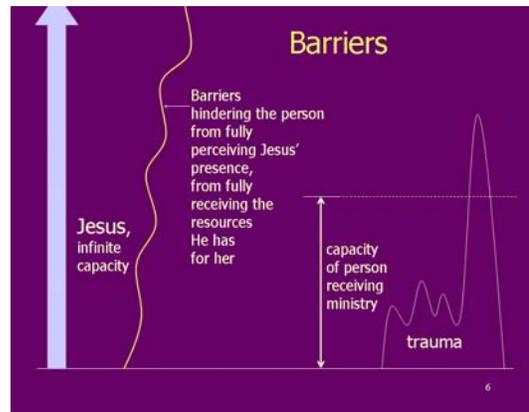


Figure 5

You are, indeed, present with them." If the person was able to perceive the Lord's presence, but lack of capacity still seemed to be hindering them from moving forward, we asked "Is there anything in the way of this person perceiving Your presence more fully? Is there anything more that she needs to receive from You in order to be able to go forward? Is there anything in the way of her receiving this from You?" We were often then able to discern and resolve hindrances, the person was able to let the Lord come closer and/or perceive His presence more fully, and to receive more from Him, and then capacity problems resolved and the healing process moved forward.

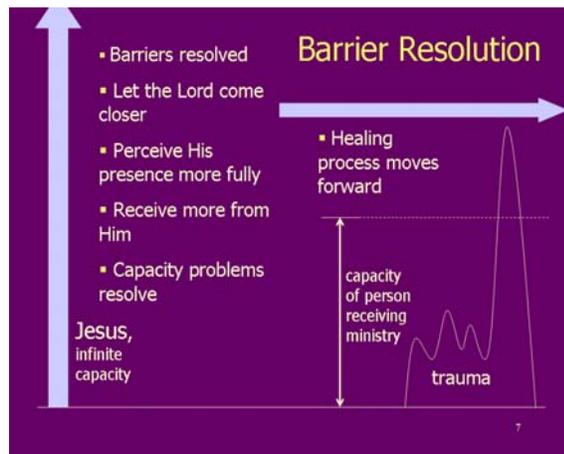


Figure 6

#### V. Increased Persistence and Faith for People Who Often/usually Perceive the Lord's Presence:

An interesting data point is that when we work with someone who's been able to perceive the Lord's presence at some point in many previous emotional healing sessions (and/or has often perceived the Lord's presence in other situations), and then we encounter an internal part that can't perceive His presence, or a specific memory in which the person can't perceive the Lord's presence, we have a *very* high success rate with finding and resolving the blockages hindering the person from being able to perceive the Lord's presence. In *almost every case*, we've been able to figure out what was in the way, resolve the blockage, and then go forward, with the person (or the specific internal part in question) being able to perceive the Lord's presence. Again: if a person has often/usually been able to perceive the Lord's presence in the past, then it's *almost always* possible to find and resolve hindrances in any specific situation where she's not able to perceive His presence.

My point here is that I want to encourage a special level of persistence and faith for any situation where you're working with someone who has often or usually been able to perceive the Lord's presence in the past.

#### VI. People Who Can Perceive the Lord's Presence, But Have Fear-based Resistance to Being Close or Receiving:

One of our most interesting experiences has been working with people (or specific internal parts) who can perceive the Lord's presence, but who are afraid to let Him come close enough to really be *with* them, and/or are afraid to receive what He has to offer.

During the last ten to twelve months, I have been experimenting with a new, interesting intervention when I encounter this situation. I work with the person (or internal part(s)) to figure out a plan – specific conditions *that feel safe to them* – for obtaining more information about Jesus from the Lord Himself. In almost every situation, we have eventually been able to find some set of parameters that felt adequately safe, so the person (or internal part(s)) could learn more about who Jesus is.<sup>15</sup>

And when they learn the truth about Jesus, they discover that He is safe and good, they allow Him to come closer, they are able to receive more from Him, and then the healing process starts to move forward again. For example, in one particular session I was working with a person who had a capacity problem, but who *did not* want to try anything that included “being with Jesus.” I was confident that this would change if she could learn more truth about His character and heart, and at this point in the session our interaction went something like this:

“Would you be willing to just learn more about Jesus – just get to know Him? Not “be with Him,” not go to painful memories, not do any hard, scary stuff – just learn more about Him?”

“No”

“Why not?”

“He’s too scary.”

“Can you think of any conditions – any way in which it would feel safe to learn more about Him?”

“No, He’s not safe.”

“Would you be willing to just look at Him – just see what He looks like?”

“I can’t see much – He’s too far away.”

“You can see Him?”

“Yeah. I can see Him, but He’s so far away I can’t see much.”

“Would it be okay for Him to come close enough for you to be able to see Him better?”

“No!”

“Why not?”

“If He gets mad, He’ll hit me.”

At points like this, I pause to ask the Lord for inspiration and creativity. In this session, a very interesting idea occurred to me immediately after this prayer for inspiration and creativity:

“What about using a telescope – then He could stay far away? You could see Him better, but He’d still be too far away to hit you if He gets angry”

“Okay” (brief pause), “Yeah, I can see Him a lot better now.”

“You have a telescope?”

“Yeah, I’m looking at Him through a telescope. I can see Him a lot better now, but He’s still

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<sup>15</sup> The truth about Jesus is usually “getting to know Him,” from observing Him or from interacting with Him, but He sometimes also includes teaching about Himself.

too far away to hit me.”

Once she could see Jesus more clearly, I simply encouraged her to observe Him:

“Sooo,...what’s He look like? Are His fists balled up, like He’s angry?”

(Pause) “No...”

“Does His face look mean?”

(Pause) “No...”

Within minutes, the frightened child part in question had decided that Jesus had a nice face – that He looked friendly and safe – and that it would be okay for Him to come closer. The closer Jesus came, the more she learned about Him, and each time she learned more, she was willing to let Him come closer. Eventually, she was able to allow Him to be close enough that she could receive encouragement and strength from Him, and then the rest of the healing process began to move forward again.

In another situation, the child part I was working with could clearly describe the specific memory she was in, but couldn’t perceive Jesus’ presence in any way. I asked:

“I think it would really help if you could just be with Jesus for a while. Would you be willing to ask Him to help you perceive His presence?”

“No. I don’t want Him to come.”

“Why not?”

“I don’t want Him to see me. I’m ugly.”

“What if we ask Him to face the wall so that He can’t see you. Would it be okay for Him to come if He faces the wall so He can’t see you?”

“Yeah, that would be okay.”

“So, you’d be willing to ask Him to help you perceive His presence, if He agrees to face the wall and not look at you?”

“He’s already here. He’s facing the wall, but He’s talking to me. He says...,” and she goes on to describe original, gentle, and beautifully appropriate comments from Jesus.

Again, within minutes, the child part in question decided that Jesus was kind and friendly and safe, and that it would be okay for Him to turn around, come closer, and really be with her. She was able to *let* Him be with her, and to receive from Him, and then the rest of the healing process began to move forward again.

**VII. People Who Can Perceive the Lord’s Presence, But Have *Anger-based Resistance to Being Close or Receiving*:** It has also been interesting to work with people (or specific internal parts) who can perceive the Lord’s presence, but who are so angry at Him that they won’t let Him come close enough to really be *with* them, and/or are so angry that they refuse to receive what He has to offer. As I continued to experiment with Immanuel interventions, I stumbled onto a very simple intervention that seems to be effective in most of these situations:

I say something along the lines of: “You can be as angry as you want to, and you can express

your anger in any way you want to, *but I ask that you express your anger directly to Jesus, and that you continue to focus on Him as you're expressing your anger.*"

As they're expressing their anger, I periodically check to see if they're continuing to focus on Jesus, *and I ask them to observe and report how He's responding:*

"So,... what's Jesus doing, as you're saying all this stuff?"

(pause) "He's just standing there, looking at me and listening to what I have to say."

"Is He upset?"

(pause) "No..."

"Is He trying to invalidate your anger?"

(pause) "No..."

"Is He making excuses?"

(pause) "No..."

"Does He look frightened?"

(pause) "No..."

"Is He angry at you for expressing your anger?"

(pause) "No... He's holding my gaze – He's looking me right in the eyes – but He's not at all scared or angry."

...etc.

The Lord's responses have been quite variable, but they have always been perfect:

His responses have always been timed just perfectly;

His responses, including His facial expressions, have always been nuanced just perfectly – with just the right balance of validation, attunement, compassion, and challenge for each particular situation;

His responses have always included just the right reinforcing information, such as appropriate scriptures, or particularly relevant pieces of information from the people's own lives;

and He's never the least bit afraid of their anger, or punitive towards them for being angry.

And then eventually, I ask: "So..., what do you think? What do you think about how He's responding?"

And when the people actually focus on and think about His responses, the healing process almost always begins to move forward again.

I've been especially interested to observe that these people have often already spent a lot of time venting anger towards the Lord, *but that they have never focused on or thought about how He responds to their anger.* Many seem to get lost in the process of venting their anger, and no

longer even perceive the Lord's presence by the time they're finished; but even those who continued to perceive the Lord's presence have always failed to notice or think about how He was responding. For example, one woman I worked with a couple months ago reported "I'm stuck. I can perceive the Lord's presence in the memory, but I'm so angry at Him that I won't let Him come close." When I suggested that it might be helpful for her to express her anger directly to Jesus, she responded with a bit of discouragement: "I've already done a lot of venting anger directly to Jesus – in lots of other memories – but it hasn't seemed to do much good." However, when I asked a few clarifying questions, she realized that she had always lost track of Jesus somewhere in the process. By the time she would get done venting, she would no longer perceive the Lord's presence.<sup>16</sup> She had never continued to look at Jesus all the way through her angry venting, and she had never focused on, or thought about, how He was responding.

So I encouraged her to go back to the memory she was working on, to the place where she was venting anger to Jesus, but this time make sure to look at His face, make sure to *keep* looking at Him as she vented her anger, and make sure to focus on His response as she expressed her anger. When she did this, she was immediately able to perceive that Jesus was listening to her – hearing and understanding every word she was saying. And she was also able to see that He was looking at her with profound compassion. As soon as she looked at His face, and focused on how He was responding to her anger, she was able to perceive His heart for her, and then also able to hear Him and to let Him help her. As soon as she was able to see His heart, hear Him, and let Him help her, He began to lead her forward into healing for the traumatic memory she was in. This simple, 5 minute intervention of coaching her to continue focusing on Jesus, and to deliberately focus on and ponder how He was responding, resulted in her being able to move forward into healing, out of a place in which she had been stuck.

**VIII. Summary Comments:** These "Immanuel interventions" have not always worked. In some situations, we have *not* been able to find and resolve whatever was in the way. *But in every situation where these Immanuel interventions worked, and the person was able to adequately perceive the Lord's presence, was able to allow the Lord to come close, and was able to receive all that He had for them, capacity problems at that particular point in the process seemed to resolve, and the person was able to take the next step forward.*

**IX. Video Clip Example From Live Session:** In the seminar recorded on the DVD's, a 23 minute video clip example from an actual session is included at this point. The seminar continues with "Part II" after the session segment.

**Context for the live session segment:** The "Immanuel Intervention" live session example presented here occurred in the context of a longer "Theophostic-based" therapy session. The larger session ended with the end of the segment presented here, but there were 30-45 minutes of session before this segment. A very brief summary of this earlier work will provide a little more context for the "Immanuel Intervention" part of the session.

The first part of the session had lead Rita to a memory where she was extremely upset about certain aspects of her relationship with her mother and grandmother, and she had gone upstairs to her bedroom where she lay on her bed, screaming and crying uncontrollably.

As we tried to work with this memory, it seemed that there were child parts that would not let

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<sup>16</sup> "As I'm venting, everything just goes black. By the time I get done venting, the memory [and the perception of Jesus with her in the memory] is gone."

her connect with the painful emotions, and who also did not want to turn to Jesus for help. My assessment, was that in her true heart, Rita *did* want to be with Jesus, and would let Him help her, but that something was causing these child parts to block this.

My expectation was that an Immanuel Intervention would enable the child parts to perceive Jesus' presence, and that once they met Him, they would allow Him to come close, and would welcome His assistance. I therefore transitioned to the Immanuel Intervention portrayed in the portion of the session presented here.

**X. Brief Commentary for Rita Live Session Segment & Rita Follow-up Interviews:** This is not a thorough discussion of the live session segment and follow-up interviews, but rather a few brief comments that I hope will enhance learning and prevent misunderstanding.

**A. “Child parts,” dissociation, and DID:** The viewer will notice that Rita talks about “parts,” and that she sometimes talks as if she is *inside* the perspective of the child in the memory she is working on. It is important to understand that having “internal child parts” does *not* automatically lead to the diagnosis of Dissociative Identity Disorder (DID) – perceiving “internal child parts” does *not* mean that Rita therefore must have DID.

First, there are phenomena other than dissociation that can lead to the subjective experience of perceiving “internal child parts.” For example, one can carry an unresolved traumatic memory in a memory *package* that includes not just the autobiographical content of the memory, but also the overall subjective experience of being *inside the child ego-state present at the time of the memory*. When this memory package is open and activated, the person will not only “remember” the explicit, autobiographical story content of the memory, but will also have the subjective experience of being *inside* the ego-state of the child in the memory. And no other indicators of dissociative phenomena will be present. For example, there will be no amnesic barriers (the person will report that the event has always been available to her voluntary, conscious recall, and the event will continue to be available to her voluntary, conscious recall after the session), and the different pieces of the memory, including the emotions, will all be present and connected.<sup>17</sup> The subjective experience of being inside the child in the memory *does also* occur when one has dissociated internal child parts, but the important point here is that dissociation is not the *only* phenomena that can cause this subjective experience of “internal child parts.”

Secondly, there is a wide range of dissociative phenomena. My perception, from my own clinical experience and from reviewing the literature, is that dissociation is actually quite common – many of us have mild to moderate dissociative phenomena associated with a few of our most intense traumatic memories. But full Dissociative Identity Disorder includes much more intense and pervasive dissociative phenomena, and is much less common. Even if someone *does* have *dissociated* internal child parts, she does *not* necessarily have Dissociative Identity Disorder.

It is important that lay ministers learn about dissociation, and there are many lay ministers that do good work with dissociative phenomena, but the terms “Dissociative Identity Disorder” and “DID” are often used inappropriately, resulting in unnecessary confusion and in loss of

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<sup>17</sup> I am not aware of any research supporting these statements about non-dissociative “internal child parts,” but I have personally had this experience on a number of occasions, and I have observed many emotional healing sessions where non-dissociative internal child parts appeared to be present.

credibility for Christian emotional healing ministry. I therefore encourage lay-ministers to refrain from using these terms *unless the person in question has been diagnosed by a qualified professional who has carefully reviewed the diagnostic criteria.*

**B. Resolving lies that have not been explicitly identified:** In “Part Two” of this presentation, I am going to talk about how Jesus often resolves lies as the person interacts with Him in the context of an “Immanuel Intervention,” even though the lies have *not* been explicitly identified. In preparation for this part two material, note what happened with Rita’s lie: “It’s not safe to be vulnerable – I have to be mean to protect myself.” This lie was *not* explicitly identified in the session, and, in fact, I didn’t realize that this lie had been present, or that Jesus had addressed it, until Rita described “fruit” from the session in the follow-up interview ten months later. When she reported “[Now] I can respond to the people in my life with love – I don’t have to keep them away...,”<sup>18</sup> *then* I remembered that in the session Jesus had spontaneously commented to Rita: “You don’t have to be mean to keep hurt away. You can be vulnerable because it will be in My strength, and not your own.”<sup>19</sup> Ten months later, as Rita described the changes she had observed since the session, I finally realized that this lie had been present.

Jesus had recognized this lie, and had resolved it in the context of His Immanuel interactions with Rita, *even though we had not explicitly identified it, or even been aware of it’s presence.*

**C. Jesus initiates “face to face” interaction and eye contact:** In “Part Two” of this presentation, I am going to talk about how “face to face” interactions, and especially eye contact, can be a powerful source of the joy strength that contributes to capacity; and I am also going to talk about how we have observed Jesus initiating these joy building interactions. In preparation for this “Part Two” material, note that at one point in the live session segment, Rita spontaneously commented: “He’s trying to get me to look in His eyes, or in His face...”<sup>20</sup>

This has obviously not been a thorough discussion of the live session segment and follow-up interviews, but hopefully these comments will increase the learning value of the live session “Immanuel Intervention” demonstration, and my hope is that they will also prevent misunderstanding.

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<sup>18</sup> First follow-up interview, time on tape: 1:08:11– 1:08:18

<sup>19</sup> Live session segment, time on tape: 52:49 – 53:00

<sup>20</sup> Live session segment, time on tape: 58:03