Lisa: Childhood Surgery, Panic Attacks, and Abreaction (Condensed Version) – Explanatory Comments

These notes provide explanatory comments for the condensed version of the "Lisa: Childhood Surgery, Panic Attacks, and Abreaction" prayer for emotional healing session.

Caution Note: The intensity during the abreaction may cause triggering for some viewers.

Session summary: In this 2003 session, Lisa initially focuses on the panic attacks she was experiencing as she anticipated having surgery (scheduled for the day after the session), and this leads to memories of a childhood surgery carrying the same thoughts and emotions as she had with her panic attacks. Lisa experiences a moderately intense abreaction (intense emotional release during recall and processing of traumatic memory) as she reconnects with the memories, and then Jesus helps her work through the trauma to accomplish healing. In the two-month follow-up interview, Lisa describes how this session resolved her surgery-related panic attacks. The day after this session, as she waited for *eight* hours in pre-op before her surgery, she was completely calm and sensing the Lord's presence instead of having panic attacks.

Core lies and corresponding truths: This tape provides good examples of core lies initially fueling intense negative emotions, and then the negative emotions resolving when the core lies are replaced with truth. For example:

> Through the most intense parts of the abreaction, as Lisa is displaying panic, she keeps repeating "I'm gonna die," and "I can't breathe." After the panic resolves, she eventually comments: "I'm okay now. It's okay, it's over. It's all right," "It's like I've been scared – this little girl...it's like, she's been in this panic mode for 45 years, and she's not any more...She's okay," and "It's okay. It's over."
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> Early in the session, as she is connected to the unresolved childhood trauma and experiencing intense negative emotions, she says: "Nobody cares." And then later in the session, after the intense negative emotions have resolved, she comments: "They didn't mean me any harm," "What came to me is that the people who were there care a lot about me," "The people in that room care," "...especially the nurse. There was a nurse that cared a lot," and "They tried to calm me down."
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> Early in the session, as Lisa is experiencing and displaying intense negative emotions, she makes multiple comments about being alone, feeling abandoned, and being afraid of being abandoned. And then later in the session, after the intense negative emotions have resolved, she comments "I wasn't alone," and "It's like His [the Lord's] whole presence is there, like there's this whole light, in the whole room."
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> Later in the session, as Lisa is focusing on milder "splinters" of lingering negative emotion, she states: "If she [Mom] loved me, she'd be here," "My Mom doesn't love me. It must be because I'm a terrible person," and "I'm just a brat. If I wasn't a brat, she would love me." And then at the point that much of these lingering negative emotions resolve, she reports "He [Jesus] is

picking me up and holding me," and "It [my Mom doesn't love me because I'm a brat...etc] doesn't feel true at all."

Delayed reporting: This session also provides good examples of a common phenomena that I call delayed reporting. For example, I'm sure that the lies "I can't breathe, I'm going to die" were resolved at the moment Lisa went from panic to calm. If we had stopped at that point in the session and asked her "Does it still feel true: 'I can't breathe, I'm going to die?'" I'm sure she would have said something along the lines of: "No. I'm not there any more. It's over." However, she didn't report "I'm okay now. It's okay, it's over. It's all right..., etc." until later in the session.

Abreaction and Physical Memory: This video provides good examples of both abreaction and physical memory – physical memory in the context of abreaction, and abreaction including physical memory.

Abreaction, definition: Intense emotional release experienced during recall and processing of painful memories that were previously not accessible to conscious awareness (previously completely repressed and/or dissociated).

Physical memory, definition: Any experience has many components, such as the autobiographical information (for example: "This is my eight-year-old birthday party, in our house in Brooklyn, and only two other kids came"), the interpretations you made in the experience (for example: "Nobody came because I'm a loser"), the emotions (for example: shame and sadness), and the various components of sensory information, such as sights, sounds, smells, tastes, and tactile body sensations. Most experiences are processed, at the time they occur, in such a way that when the experience is recalled the person has the subjective experience of "remembering" the event. Normal remembering of autobiographical events often includes the subjective experience of "remembering" the different sensory aspects of the original events, but the person does not feel like he is re-living the original sensory perceptions. However, when a person experiences an especially traumatic event, the mind will often store the sensory information in a different way, where it seems to remain encapsulated in a very vivid, unprocessed form. "Physical memory" refers to the subjective experience of connecting with ("recalling") this vivid, unprocessed, "flashback," *re-experiencing* type of sensory memory, as opposed to "remembering" what was seen, heard, felt, etc. in the context of recalling a "normal" autobiographical memory. Physical memory can be very intense and vivid when the sensory memories connect fully (as in this session). However, physical memory can be subtle/much less intense if the sensory memories only come forward partially.

Note: Some people use the term "physical memory" to refer to any of the sensory components from this kind of encapsulated, vivid, unprocessed, flashback/re-experiencing memory, while others use the term to refer to only the body sensations (such as the subjective sensations of nausea and suffocation, and the tactile perception of being held down by hospital staff). I prefer to use "physical memory" for any of the sensory components, and "body memory" for the body sensations.

Many have asked about the relationship between abreaction and physical memory. Abreaction will often include various components of physical memory, but *can* be *only* intense emotions, without any physical memory component. Physical memory often occurs in the context of abreaction, but it is possible to have one or several isolated physical memory symptoms triggered forward without progressing to abreaction. For example, the person might feel some shortness of

breath when a memory of suffocation is being partially triggered, but this piece of physical memory brought forward by the partial triggering will not always progress to full abreaction.

Deleted material: To put the "Condensed Version" in perspective: In order to make the 13 minute condensed version, 56 minutes of material have been deleted from the 69 minute complete version. The condensed version is valuable for providing an *overview* of what a Theophostic-based therapy/ministry session looks like, and it's great for inspiration and building faith, but if you are actually trying to learn how to facilitate Theophostic-based sessions, you will definitely want to view the complete version.

Jerky edits: You may notice places where there are small, sudden jerks in the video of the "Lisa: Childhood Surgery, Panic Attacks, and Abreaction – Condensed Version." These are not defects in your DVD, nor malfunctions of your DVD player, but rather edits where I did not include the nice dissolve transitions that you will notice in the three other condensed live ministry sessions. Unfortunately, my lack of experience with video editing resulted in an odd situation where it would be very difficult to go back and correct this. So – sorry about the jerks, and you don't need to worry that your DVD is defective.

Dr. Ed Smith, Theophostic® Prayer Ministry: We strongly recommend that anyone involved in the field of emotional healing study the Theophostic® Prayer Ministry approach as developed by Dr. Ed Smith. We have greatly benefitted, both personally and vocationally, from studying Dr. Smith's training materials, and from watching Dr. Smith work at his apprenticeship training seminars. For further information on Theophostic® Prayer Ministry, and to buy Theophostic® training materials, go to www.theophostic.com.

Please note that we respect Dr. Smith tremendously, and value our friendship with him, however, neither we nor this tape are in any way officially connected with or endorsed by Dr. Smith or Theophostic® Prayer Ministries.

"Theophostic®-based" therapy/ministry: To describe the healing approach demonstrated in this session with Grace, we have developed the term "Theophostic®-based" therapy/ministry. We use the term "Theophostic®-based" to refer to therapies/ ministries, such as ours at the time of this session, that are built around a core of Theophostic® principles and techniques, but that are not exactly identical to, or limited to, Theophostic® Prayer Ministry as taught by Dr. Ed Smith. For example, a "Theophostic®-based" therapy/ministry might include dealing with curses, spiritual strongholds, generational problems, and suicide-related phenomena, and/or incorporate journaling, spiritual disciplines, community, and medical psychiatry – and these issues and techniques are not a part of what we understand Dr. Smith to define as Theophostic® Prayer Ministry.

More information: For more information from Karl Lehman M.D. and Charlotte Lehman M.Div, including our teaching about the Immanuel approach to emotional healing, our assessment and recommendations about Theophostic® Ministry, our teaching about how Christian emotional healing can fit into professional mental health care, and much more, please help yourself to the free information on our website, www.kclehman.com.