



**Rita #2: Resolution of Bitterness Towards Mother
(Immanuel Interventions, Basic-Intermediate)
Explanatory comments, condensed version**

(©Copyright 2008 K.D. Lehman MD, New 5/10/2008, Revised 6/1/2012)

The main purpose of the DVD “Rita #2: Resolution of bitterness towards step-mother (the Immanuel approach to emotional healing)” is to provide live ministry session examples of the principles, techniques, and process described in our essays and presentations about the Immanuel approach to emotional healing. This DVD will be encouraging and educational for any viewer, but it will be much more valuable if you have first read the “Brain Science, Psychological Trauma, & The God Who is With Us” essays. If time constraints preclude reading all five Parts, I would encourage you to at least read Part I and Part V. This session demonstrates **Basic and Intermediate** principles, techniques, and process.

Original session, one month follow-up, and 18 month follow-up interview: This DVD presents portions of the original session (December 2005), portions of the follow up interview that took place one month later, and portions of the follow-up interview that took place 18 months later.

Session summary: In this 2005 session, Rita describes a childhood memory with her step-mother that includes classic pain from lack of attunement, and she then also describes the very common phenomenon of using anger/bitterness as a kind of psychological defense. We use “Immanuel interventions” to help her perceive the Lord’s presence and connect with Him in the traumatic memory, and these Immanuel interventions include basic-intermediate troubleshooting. Once Rita is able to perceive and connect with Jesus, He helps her to resolve her bitterness towards her step-mother and then also resolves the lingering pain in the memory. Follow-up interviews at one month and 18 months demonstrate deep and lasting benefits, verifying that permanent healing had indeed been accomplished.

Deleted material: To put the “Condensed Version” in perspective: In order to make the 19 minute condensed version, 44 minutes of material have been deleted from the 63 minute complete version. The condensed version is valuable for providing an *overview* of what an Immanuel approach session looks like, and it’s great for inspiration and faith building; but if you are actually trying to learn how to facilitate Immanuel approach sessions, you will definitely want to view the complete version.

Immanuel interventions: As described at more length in the “Brain Science, Psychological Trauma, & The God Who is With Us” essays, Immanuel interventions are *specific, focused, systematic interventions* with the goal of helping the person receiving ministry to perceive the Lord’s presence, connect with Him, receive from Him, and be **with** Him. For those of you who have not yet had a chance to review the more detailed discussion, here is a very brief summary:

- Specific, explicit invitation and request: The most basic, simple component is the specific, explicit prayer: “Lord, I make a heart invitation for You to be *with me*, here in this place. I also ask You to help me perceive Your presence, to help me connect with You, to help me receive from You, and to help me be *with You*.”
- Trouble-shooting: If the person is *not* able to perceive the Lord’s presence (or connect with the Lord, receive from the Lord, or be with the Lord), you “trouble-shoot.” Start with praying “Lord, what’s in the way of my being able to perceive Your presence? (or connect with You/ receive from You/ be with You)” and then follow-up on whatever the Lord brings forward. For example, you may not be able to perceive the Lord’s presence because you are afraid to let Him come into a particular memory for various reasons. When you address the blocking fears, and are willing to *let* Him come into the memory, you will then perceive His presence.
- Ongoing coaching to engage directly with Jesus: Once the person is able to perceive the Lord’s connect with Him, receive from Him, and be with Him, whenever a question, need, or problem comes up, the therapist/ministry facilitator coaches the person to turn to Jesus, focus on Jesus, and engage directly with Jesus regarding the issue in question.

This session provides excellent examples of the initial specific, explicit request; of basic-intermediate Immanuel intervention trouble-shooting; and then of repeated coaching to turn to Jesus, focus on Jesus, and engage directly with Jesus regarding whatever is being dealt with at the moment.

Eye contact technique: At 7:32 (condensed version), I initiate what I call “the direct eye contact technique” to interact with the internal child part in the memory Rita is working with. For a detailed description and discussion of this simple yet powerful tool, see “Direct eye contact (technique for making contact with internal parts).”¹

Example of blocking belief/guardian lie: At many points in our discussion of the Immanuel approach to emotional healing, we talk about blocking beliefs/guardian lies that can hinder the healing process.² At 8:32 in this session (condensed version), Rita provides a perfect example of this phenomena, as she explains “the little girl feels she can’t forgive because that would make her vulnerable.” The next fourteen minutes of the session then provide a beautiful example of how engaging directly with Jesus can resolve a blocking belief, and the healing process moves forward as soon as this has been accomplished.

“Child parts,” dissociation, and DID: The viewer will notice that both Rita and I talk about and internal child “part,” and that she sometimes talks as if she is *inside* the perspective of the child in the memory. It is important to understand that having “internal child parts” does *not*

¹ Lehman, Karl D., “Direct eye contact (technique for making contact with internal parts),” in the “about our Theophostic-based therapy/ministry” section on the “Documents” page at www.kclehman.com. **Remember to use the search box if you have trouble finding this essay (or any other document) on our website.**

² Placing “blocking beliefs” or “guardian lies” in the search box on our website (www.kclehman.com) will identify all references. For people who don’t like computer search functions, see the section titled “Psychological and spiritual phenomena that hinder access and modification” in part III of “Brain Science, Psychological Trauma, & The God Who is With Us,” and the several sub-sections titled “Blocking beliefs (guardian lies)” in Part IV.

automatically lead to the diagnosis of Dissociative Identity Disorder (DID). That is, 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.³ 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 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*.

“The primary, most important purpose of emotional healing”: In the one-month follow-up interview, Rita comments:

“The healing is to remove the barriers to His heart of love – to remove the barriers to the person being one with Christ.”

Those of you who have read our “Brain Science, Psychological Trauma, & The God Who is With Us” essays may remember my description of a session where the person reported the Lord telling her:

“I love My children, and I am glad to free them from suffering, but the primary, most important purpose of all this emotional healing stuff is to remove the blockages that are between your heart and Me. *The primary, most important purpose of emotional healing is to remove the*

³ 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.

blockages that hinder your heart from coming to Me.”

Even though these words are so similar that one might think Rita’s comments are the source for the quote in the essays, this actually is *not* the case. The reason Rita’s comment sounds so familiar is that the Lord has given this same message to a number of different people.

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 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.