

Chrystal: Loss of Father, Session #1, Condensed Version: Explanatory Comments

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These notes provide explanatory comments for the condensed version of the Chrystal, “Loss of Father Before Birth” prayer for emotional healing session. Note: this session demonstrates intermediate (as opposed to basic or advanced) principles, techniques, and process.

Session summary: In this 2003 session, Chrystal finds herself remembering the pain of losing her father to cancer, while she was still in the womb. Happening in pieces over the course of the session, Chrystal receives healing for several wounds related to this trauma as she interacts with Jesus in the context of these early memories. In the two follow-up interviews, at one month and two months, Chrystal describes a number of positive changes since the session, including the unexpected disappearance of her physical back pain.

Healing in pieces during the session: In the simplest, most basic sessions, you start with the presenting symptom, then go to the root memories, then remove any problems blocking the process, and then Jesus comes with all the healing at the end of the session. In this session, the healing came in pieces throughout the session. If you look carefully, you can see that the basic pattern is present in each of the pieces. Chrystal would go to one part, or one aspect of the trauma of losing her father, then remove blocking problems, and then the Lord would come with a piece of healing. Then she would go to another part – another aspect of the trauma of losing her father, remove more blocking problems, and then the Lord would come with another piece of healing. Although some of the specific pieces described below are not visible in the condensed version, I perceive the following six blocks of healing during the session:

1. Chrystal is experiencing emotional pain, and reports perceiving herself as a baby in the womb that “doesn’t want to uncurl.” Then later she reports “there is more of a lightness coming into the picture,” “a sense of relaxing,” “Jesus says ‘It’s okay to not want to come’,” and “The Lord is saying I can chose. I can go when I’m ready.”
2. Chrystal is experiencing emotional pain, and states “Dad’s gone, I just want to die.” Then later she reports that Jesus is stroking her, comforting her, and saying “it’s okay, He knows how much it hurts.”
3. Chrystal is experiencing emotional pain, and states “I don’t want to live, I want to be with my father.” Then later, she reports that Jesus says “It’s only temporary” regarding the separation from her father.
4. Chrystal is experiencing emotional pain, and states “Mom doesn’t want me.” Then later, she reports the truth from Jesus: “Underneath that [all of the hurt], she really did want me.”
5. Chrystal is experiencing emotional pain, and states “I want to live, somebody please help me.” Then later, she reports that Jesus says “I want you to live too,” and comments “I can uncurl for Him (Jesus),” and “Now I’m totally uncurled there.”
6. Chrystal is experiencing emotional pain, and states “I rejected her,” and “I never received my Mom.” Then later, she reports “I sense an openness, like I could embrace her....Now I feel open...I could let her in now.”

Helping Chrystal her stay with the painful emotions: My objective in the first part of session was to help Chrystal get through, or let go of, her usual defenses so she could stay connected with the painful emotions long enough to do the healing work.

“Child parts,” dissociation, and DID: The viewer will notice that both Chrystal and I talk about “parts,” 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* automatically lead to the diagnosis of Dissociative Identity Disorder (DID) – perceiving “internal child parts” does *not* mean that Chrystal 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.¹ 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. Chrystal actually provides a good example of this point. In this session she displays mild-moderate dissociative phenomena, where memories, *or just pieces – like the painful emotions* – are disconnected and carried separately in some way;² but she does *not* meet criteria for DID.

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*.

Physical contact: You will notice that I hold Chrystal’s hand during part of this session. I use very

¹ 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.

² The dissociative process was subtle, with no clear “switching,” different names, or losing time, but it did seem like there were “parts” of Chrystal’s mind carrying some of the painful memories and/or emotions in a disconnected place that was *not* usually accessible as conscious autobiographical memory.

careful physical contact, such as holding the person's hand, if it seems to provide a resource that is helping the person do the work. I avoid physical contact if it seems to provide comfort in a way that brings the emotional intensity down.

Chrystal's self awareness: Chrystal's self awareness was very helpful, especially with such early material. The good news is that people tend to get better at this as they receive more ministry, get more healing, and get practice with feeling, observing, describing what is happening inside.

Birth-related: "A big hole...I'm supposed to go head first." I immediately thought "birth," but didn't say anything. It is important to not get ahead of the person receiving ministry. Whatever is happening will become increasingly clear as the session progresses. You don't need to help them see it.

Praying as if I were Chrystal: At many places in the session I pray in first person, as if I were Chrystal. The key is that the person needs to be following along in her own mind. I do this because it is more time efficient than asking the person to repeat a prayer after me, and also because some people find that it is easier to stay connected if they don't have to pause to repeat the prayer out loud. This approach seems to work *as long as the person is following along inside*, so the person needs to watch for any internal disagreement as they pray with me silently. This is also important because internal disagreement will indicate guardian lies, internal parts that aren't in agreement, bitterness that needs to be addressed, etc. I usually explain all of this to the person receiving ministry, but I didn't do so in this session because I had already explained all of this several times in the mentoring group Chrystal was in. In addition to instructing the person to report any internal disagreement, I also watch her face and watch the flow of the session. In this session, both Chrystal's facial expressions and the flow of the session indicated that she had internal agreement and was following along inside. If this "more efficient" technique doesn't work, I simply take a step back and use the slower approach of having the person repeat the prayer, out loud, after me. Also, some people prefer to speak the prayer out loud.

Deleted material: To put the "Condensed Version" in perspective: In order to make the 20 minute condensed version, 83 minutes of material have been deleted from the 103 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.

Dr. Ed Smith, Theophostic^{®3} 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 the

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“Chrystal...” ministry session, 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.