



Dawn: Disarming the Lure of Affirmation **Case Study from Live Ministry Series (LMS) Commentary**

(©Copyright 2025 K.D. Lehman MD, New 1/16/2025)

Session summary: In this 2006 session, Dawn expresses concern that affirmation and recognition have a power for her that feels unhealthy in some way. The Lord leads her to a key memory contributing to the unhealthy energy, and she makes the basic Immanuel intervention invitation and request: “Lord, I make a heart invitation for You to be with me in this place, help me to perceive Your presence.” However, she is *not* initially able to perceive the Lord’s presence. We use Immanuel intervention trouble-shooting to identify and resolve the blockages, she becomes able to perceive the Lord’s presence, and the unhealthy lure of affirmation/recognition appears to resolve as she engages directly with Jesus in the context of the memory.

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, in this session Dawn was initially unable to perceive the Lord’s presence because she did not *want* Him to come into the memory, due to the mistaken fear that allowing Him to be present would result in losing the affirmation she was receiving in the memory experience. As soon as this fear was addressed, and she became willing to *let* Him come into the memory, she was then able to perceive His presence.
- Ongoing coaching to engage directly with Jesus: Once the person is able to perceive the Lord’s presence, 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 (time on tape 13:58-29:40). This session actually provides an interesting variation.

As mentioned above, at first Dawn was unable to perceive the Lord's presence because she did not *want* Him to come into the memory, due to the mistaken belief that allowing Him to be present would result in losing affirmation she thought she needed; and as soon as this fear was addressed, she became willing to *let* Him come into the memory and was then able to perceive His presence. However, initially she was very indifferent regarding any other aspect of relating to Him – she could perceive His presence, but she was *not* connected to Him, she was *not* synchronized with Him, she was *not* receiving anything from Him, and she was *not* able to really be *with* Him. At this point, instead of directly “trouble-shooting” regarding each of these problems, I simply coached her to keep engaging directly with Jesus. And as she engaged directly with Jesus, at whatever level she *was* willing to relate to Him, all of these other problems resolved. By the time she was done with several beautiful interactions *that Jesus initiated*, her indifference had changed to fascination, she was connected to Jesus, she was synchronized with Jesus, she was receiving from Jesus, and she was very much enjoying being *with* Jesus.

Help the person open her heart to Jesus: One of the simplest things I do as part of Immanuel intervention trouble-shooting is to help the person identify what's in her heart, and then coach her to present it directly to Jesus. In my experience, this can be helpful at any point in the Immanuel connection spectrum that the person is having difficulty. In fact, this very simple intervention is often helpful *even when the person is not yet able to perceive the Lord's presence*. Dawn's session provides a good example of this simple yet powerful intervention of “helping the person open her heart to Jesus” (time on tape: 15:11 – 18:28).¹

12-month follow-up – lasting positive changes: Dawn's observations during the twelve months following the session indicate that the blockages between her and Jesus that we had worked with during the session remained resolved, and the lure of affirmation/recognition also remained resolved.

Discussion/commentary:

“Child parts,” dissociation, and DID: The viewer will notice that both Dawn and I talk about an 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* automatically lead to the diagnosis of Dissociative Identity Disorder (DID). That is, perceiving “internal child parts” does *not* mean that Dawn 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

¹ For additional discussion of this “help the person open her heart to Jesus” trouble-shooting intervention, see Lehman, Karl D., “Brain Science, Psychological Trauma, & The God Who is With Us, Part V: The Immanuel Approach, Revisited,” in the “About our Theophostic-based therapy/ministry” section of the “Documents” page of www.kclehman.com.

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.² 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.*

Low emotional intensity: Many emotional healing sessions, such as the “Rocky: Father-Son Wounds,” “Lisa: Childhood Surgery, Panic Attacks, and Abreaction,” and “Patricia: First Session with Internal Parts” sessions, include intense emotional reactions during the healing process. This is common enough that some have come to believe this is always the case, and that no real healing can occur unless the person displays intense emotions. However, as is clear from this healing work with Dawn, it is possible to experience important healing in a session where emotional intensity remains subdued. We have now seen many sessions where emotional intensity never gets above two or three (on a scale of one to ten), but careful follow-up reveals lasting fruit from important healing.

² 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.