



## **Maggie: More Than Healing**

### **Case Study from Live Ministry Series (LMS) Commentary**

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**Session summary:** This 2006 session is about going deeper with Jesus. As described below, the primary objective is not so much to resolve traumatic memories as to find especially effective pathways for connecting with Jesus. Maggie begins with memories in which she had already received healing, but in which her perception of Jesus had been *very* subtle. “Immanuel Interventions” are then used to help her experience a more tangible and intimate connection with Jesus. Along the way, Maggie also receives healing for material that had not been fully resolved during the earlier sessions.

*Primary objective and overall strategy:* The primary objective of this session was not so much to resolve traumatic memories as to find especially effective pathways for connecting with Jesus. The overall strategy was to use Immanuel Interventions to facilitate *additional* connection with Jesus in memories that had already been processed with Theophostic<sup>®</sup>-based therapy/ministry. My hope was that previously processed memories might provide ideal *jumping off points* for Immanuel Interventions – that using Immanuel Interventions in the *context* of traumatic memories that had already been healed might be an especially effective pathway for connecting with Jesus. My thinking was that a memory that had already been successfully processed with Theophostic<sup>®</sup> would provide a starting point that would be relatively free of blockages, since most or all of the blockages must be removed before a person can receive successful Theophostic<sup>®</sup>-based healing, and since the same kinds of blockages that hinder Theophostic<sup>®</sup>-based healing also hinder perceiving the Lord’s presence.

The plan Maggie and I had discussed before beginning this session was for Maggie to start with memories where she had already received healing, but had not perceived the Lord’s presence in any tangible way (or had only perceived the Lord’s presence in ways that were very faint or vague), and then try Immanuel interventions with the goal of facilitating *additional* connection with Jesus. The plan was for Maggie to start by focusing on the places in these memories and the places in these previous sessions where she had received healing, and then pray: “Lord, help me to perceive Your presence,” or “Lord, help me to perceive Your presence more clearly.”

*“Accidental” healing:* It is interesting that Maggie experienced several pieces of “accidental” healing. Even though the objective of this session had *not* been to resolve traumatic memories, and even though the plan had been for Maggie to start with memories that had already been resolved, it is interesting that splinters of unresolved content kept coming forward as she focused on perceiving the Lord’s presence, and that these unresolved splinters were very easily taken care of in the context of focusing on Jesus.

**3-year follow-up -- lasting positive changes:** At the two month follow-up interview Maggie reports fruit from the healing, and also describes poignant experiences of connecting with Jesus when she repeated Immanuel Interventions with these same childhood memories during personal devotional time.

**Discussion/commentary:**

**A. *Just focusing explicitly on the objective can increase perception of the Lord's presence:*** As I reviewed this tape during the editing process, I was surprised by something interesting at the beginning of the session. When Maggie finishes describing the earlier healing in the memory with her sister and the babysitter, I ask her whether she can perceive the Lord's presence in the memory, in the present, as she is describing the earlier session. To help with learning for those watching the video, I thought it would be important for her to carefully describe exactly what she did and did not perceive before we used Immanuel Interventions to help increase her perception of the Lord's presence. What surprised me was the effect of my question.

Maggie responds to my question with the following comments: "When I first did the memory work, there was just kind of a knowing that He was there....But I hadn't really located Him physically in that memory. (Pause) *For some reason, as I'm just sitting here thinking about it, it seems like He was on the other side of – like He was behind [the babysitter].*"<sup>1</sup>

Note that prior to my question she sensed the Lord's presence in the memory with her sister and the baby sitter, but that her sense of His presence had been very subtle.<sup>2</sup> Prior to my question, she had been focusing on the memory and focusing on the healing objectives, but had not been focusing on perceiving the Lord's presence. Simply asking: "Can you perceive the Lord's presence?" resulted in *explicitly, directly* focusing her attention on perceiving the Lord's presence. And simply focusing her attention on perceiving the Lord's presence increased her perception of His presence, even *before* asking "Lord, help me to perceive Your presence."

**B. *Persist until the person is able to "just" be with Jesus:*** As discussed earlier, the objective of this session was *not* resolving traumatic memories. The goal for this session was to help Maggie perceive the Lord's presence more clearly, and then for her to "just" spend time being with Jesus. Our intention was to start with memories that had already been resolved, and to focus on perceiving the Lord's presence in the context of these *already resolved* memories. However, as just described, Maggie kept running into splinters of unresolved content.

We started with Maggie's memory of almost being molested by a babysitter, and asked the Lord to help her perceive His presence more clearly. As the viewer will notice, Maggie *did* perceive the Lord's presence more clearly, but in the context of receiving more healing, as opposed to "just" being with Jesus. After the first piece of additional healing, we again asked the Lord to help Maggie perceive His presence more clearly, and asked that He would help us expose and resolve anything in the way of her perceiving His presence more clearly. Maggie then received *another* piece of additional healing. At this point, I should have continued to pursue the original objective – I should have persisted in asking the Lord to help us resolve anything in the way of Maggie perceiving and connecting with Him *until no more healing agenda came forward*, and then I should have encouraged Maggie to "*just*" focus on being with Jesus. At the end of this part of the session, when Maggie states: "It feels like we've gone to bed....It feels like it's over,"<sup>3</sup> I forgot the whole point of the session and fell back into the approach I usually use when the goal

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<sup>1</sup> Time on tape: 9:09

<sup>2</sup> Note also that several minutes earlier Maggie had commented: "I didn't really see Jesus. I sensed He was there, and I sense all these impressions [regarding what Jesus wanted me to know about the memory],...but I didn't really see Him." Time on tape: 4:38 to 5:31

<sup>3</sup> Time on tape: 21:51

is to resolve traumatic memories – instead of encouraging her to go back into the memory and focus on “just” being with Jesus, I directed her to try working with another memory.

Fortunately, I was able to remember the original plan when working with the second memory. After several rounds of working with splinters, no more healing agenda came forward and I remembered to encourage Maggie to focus on “just” being with Jesus. Note also that in the follow-up interview Maggie reports that she was able to do this in her “homework” assignments. She returned to these memories for the explicit purpose of “lingering with Jesus,” and was able to enjoy beautiful experiences of being with Jesus with no other agenda coming forward.

**C. Little “t” Trauma:** Some people read our case studies and/or watch the live video sessions and respond with: “I don’t need this kind of healing because I’ve never experienced the kind of trauma that these people are working with. I didn’t have a traumatic childhood. I’m glad these tools are available for the people in your case studies and videos, but I don’t need to do this kind of healing work because I didn’t have a traumatic childhood.” One good way to respond to this kind of comment is to talk about big “T” traumas and little “t” traumas.<sup>4</sup> Big “T” traumas are the life-threatening, terrifying, overwhelming experiences that we think of when we think of Post Traumatic Stress Disorder, such as combat, rape, earthquakes, and serious car accidents. Little “t” traumas are painful experiences that are much smaller and much less dramatic, such as the memory in this session where Maggie feels painfully misunderstood and disappointed when she gets a second hand bicycle instead of a new bicycle. Even though these little “t” traumas do not cause Post Traumatic Stress Disorder, *they still leave lasting negative effects until they are resolved.* As discussed elsewhere, trauma is not defined by the intensity of the painful experience, but rather by whether we are able to successfully process the painful event and by whether we come away from the experience with distorted conclusions (lies).<sup>5</sup> Even small painful experiences become trauma if we are *not able to successfully process* them and if we *come away from the experiences with distorted conclusions.*

And we **all** encounter little “t” traumas. **Nobody** gets through childhood without going through many of these little “t” traumatic events. We have **all** experienced little “t” traumas, we are **all** hindered by the lingering affects of these little “t” traumas, and we **all** need to receive healing in order to resolve these little “t” traumas.

This session is helpful with respect to this issue because it is the first of our live session videos where the person works with a little “t” trauma. Even though trauma resolution is not the main focus of this session, Maggie ends up working on several “splinters” from her memory of being misunderstood and disappointed, she mentions how her experience with the second hand bicycle resulted in a distorted belief along the lines of “What is important to me isn’t really important,”<sup>6</sup> and we can see how it was valuable for her to get healing for this little “t” traumatic event. Our hope is that this session will help the viewer understand how emotional healing can be important

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<sup>4</sup> To my knowledge, Dr. Francine Shapiro is the original source of the “big ‘T’ trauma/little ‘t’ trauma” formulation. See, for example, her discussion of big “T” trauma and little “t” trauma in Shapiro, Francine & Silk Forrest, Margot. *EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma* (HarperCollins: New York, NY), 1997, pages 14, 15.

<sup>5</sup> Lehman, Karl, “The Processing Pathway for Painful Experiences: Non-traumatic Painful experiences vs Painful Experiences that Become Trauma,” [www.immanuelapproach.com](http://www.immanuelapproach.com), 2007.

<sup>6</sup> Time on tape: 27:13

even for those who did not have “Traumatic” childhoods.