



Rita #3: Jesus is Better than Candy **Case Study from Live Ministry Series (LMS) Commentary**

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Session summary: In this session Rita starts with recalling times of past positive connection with the Lord, deliberately appreciating these, and refreshing her connection with him in the present. Rita then talks about a recent event in which she felt excluded; and since she has already re-established a connection with Jesus, I coach her to focus on Him and ask Him to guide/move the session forward. She then goes to childhood memories with similar dynamics of being painfully excluded, and especially to a specific memory where she was turning to candy for comfort. Rita invites the Lord to be with her in these childhood experiences, and she receives healing as she interacts with Jesus in the context of these memories throughout the rest of the session.

5 month follow-up – lasting positive changes: Finally, during the five months following the session Rita observes a number of lasting changes, including that the initial trigger no longer bothers her, that her relationship with “sweets” has changed, and that her weight is now resting at a set point ten pounds lighter than her previous baseline.

Discussion/commentary:

Why the candy memory?: When Jesus lead Rita to the memory about the hidden candy, I was a little surprised, and didn’t immediately see the connection with the healing target we were focusing on (pain around being excluded). As I edited the tape and worked on this commentary, I continued to be a bit puzzled by the Lord’s choice regarding the candy memory. Why not go to a memory that much more clearly represented being excluded – some memory where her mother and siblings were engaged in a fun activity, but Rita had not been invited to participate, or some memory where Rita was watching from the sidelines as her mother focused affection and affirmation on her brother and sister? In fact, it wasn’t until years later (2011), when I was doing more editing for the condensed versions subtitle disc, that I finally understood the Lord’s strategy.

The key is that the Lord needed to deal with the “solution” that was already in place. Rita had found her own solution for the loneliness and pain she felt from being excluded by her mother and siblings. She had turned to candy in an attempt to comfort this pain and fill this place of emptiness, and as long as she was holding onto her own solution she could not stand straight in the pain and receive healing from the Lord. In our experience, this is a common hindrance to healing, and it is often difficult to resolve.¹ Knowing all of this, the Lord took her to a memory where this could be addressed. When you watch the session with this issue in mind, you can

¹ The session with Eileen also illustrates this point – Eileen was still trying to solve the problem by focusing on her mom, in hopes that her mother would somehow finally be able to give her the love and connection she longed for. She wasn’t able to get healing until she released her attempt to solve the problem in some other way, so that she could stand straight in the pain and receive healing from Jesus.

see it very clearly (for example, you will notice that the first response from the child part in the candy memory was to be afraid that Jesus might take away her candy).

Fortunately, Rita had already had many positive healing experiences with the Lord, and even the initially cautious child part was quickly able to allow the Lord to be present and to cooperate with His healing work. As she engaged directly with Jesus in the context of this memory, she changed her focus from the candy to Jesus, she was able to receive His love, and she received beautiful, powerful healing.

“Child parts,” dissociation, and DID: The viewer will notice that both Rita 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 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.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*.

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.

Jesus Fills/Heals Type “A” Trauma (absence wounds): Some believe that emotional healing ministry can only provide resolution for type “B” trauma (wounds from the *presence of bad* things that *shouldn’t* have happened), and that type “A” trauma (wounds from the *absence of good* things that *should* have happened) can only be healed in the context of relationships in the present. We agree that the Lord *sometimes* heals type “A” trauma in the context of relationships in the present, but we also believe that the Lord can care for type “A” trauma through Immanuel approach emotional healing. This session provides a good example (time on tape 39:25 to 39:38), where Rita is interacting with Jesus in the context of memories of being emotionally neglected, and reports: “...He’s filling me with what I didn’t have, which was the unconditional love and acceptance for who I was, for who He created me to be as a unique person...” Furthermore, our observations are that it is often a very slow process for a person to heal/fill absence wounds *by receiving from other people in the context of relationships in the present*, but that a person can heal/fill absence wounds much more quickly *by receiving directly from Jesus in the context of the original childhood absence wound memories*.⁴

Jesus’ presence and guidance are so helpful: As mentioned above, at the beginning of the session it was unclear what was happening with respect to Rita’s triggering (she reports: “It seems like it doesn’t bother me any more), and we were unclear regarding how to proceed. Fortunately, Rita could perceive the Lord’s presence and had already established a strong connection with Him, so I just coached her to focus on Him and ask Him for help. When she did this, images began to come into her mind, these turned out to be significant, and the session began to move forward. When the person receiving ministry can perceive the Lord and has established a good connection with Him, we always find his presence and guidance to be helpful.

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 Rita, 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.

³ The expressions “type A” and “type B” traumas come from *The Life Model: Living From the Heart Jesus Gave You*, by James Friesen, E. James Wilder, and others (Shepherd’s House, Inc: Van Nuys, CA), 2000. See p.42 and following for their definitions and commentary. For more of our thoughts about type “A” trauma, see “Theophostic®-based ministry and type ‘A’ trauma” on the “Articles and FAQs” page of www.kclehman.com.

⁴ See the “Rocky: Father-son Wounds” and “Eileen: Immanuel Intervention (intermediate)” sessions for examples of Jesus rapidly resolving absence wounds through Immanuel interactions in the context of the original memories.