



Brain Science, Emotional Trauma, and The God Who is With Us, Part VI: Special Subjects & Frequently Asked Questions

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Outline:

- I. The “Describe everything” discipline in the context of close personal relationships
- II. Different types of traumatic memory
- III. The role of truth carried in non-traumatic memories
- IV. A widespread and expensive *false* dichotomy
- V. Accidentally fabricated and intentionally counterfeited perceptions of Jesus **Pending**
- VI. People perceive the Lord’s presence in many different ways
- VII. Using the Immanuel approach with children **Pending**
- VIII. The Immanuel approach, mental illness, and psychiatric medications **Pending**
- IX. Using the Immanuel approach with non-Christians **Pending**
- X. Immanuel interventions and the Immanuel approach are not Theophostic®
- XI. Concerns regarding suggestion, guided imagery, and false memory

I. The “Describe everything” discipline in the context of close personal relationships:

In Part V, I discuss how you can dramatically increase your ability to *feel the importance* of your mental content and to *accurately perceive the meaning* of your mental content by describing, out loud to another person, everything that comes into your internal mental awareness. In addition to being an important part of the Immanuel approach process, this simple yet powerful discipline can be included as a routine part of other relationships. For example, Charlotte and I have been practicing this relational discipline as a routine part of our marriage friendship for several years now. Prior to embracing this “describe everything” discipline as part of our marriage, there would often be long periods of silence during times when we were together, whether we were driving down the highway, sitting in the living room, or walking around the neighborhood. Each of us would be absorbed in our private internal mental content but not talking about it. Even more common would be constant internal editing during conversations. Lots of thoughts, images, memory fragments, and emotions would be flowing through our minds, *but we would only report the content that felt important, the content that made sense, and the content that had been put together into nice, tidy packages.*

Charlotte and I have spent some time trying to reconstruct a number of these interactions, to give a more concrete picture of what our experience has looked like “with” and “without” the “describe everything” relational discipline.

The “describe everything” discipline has been especially helpful when making decisions as a couple. In the past, when we would be discussing a decision that needed to be made, each of us would only share the mental content that felt important, made sense, and had been organized into nice, tidy, logical packages. Unfortunately, many pieces of information relevant to the final discernment did *not* feel important, did not yet “make sense,” and had not yet been adequately

packaged. We would therefore not share this content, and much useful information would be excluded from the discussion. We were amazed to discover how much additional important information came forward and how much easier joint discernment became when we started applying the “describe everything” discipline during decision-making discussions.

For example, we were planning a celebration of some kind with a particularly delicious menu of grilled salmon and chocolate silk pie. As the date for our special celebration approached, Charlotte suggested that we invite several friends to join us, and asked if that would be all right with me. As we talked about this possibility I became increasingly unhappy. My unhappiness didn’t seem to “make sense,” and I could not come up with a logical argument to defend what I was feeling, but eventually I simply described what was happening inside: “I’m just noticing that I feel anxious and angry as we’re talking about this.” Pause. “And now that I’m saying it out loud, I’m realizing that my anxiety and anger are much stronger than I had perceived them to be before I said anything.” At this point, Charlotte responded with something like, “If you focus on the anxiety and anger, and don’t worry about whether or not it makes sense, can you notice anything else coming into your awareness?” After another pause to observe my internal mental content and get words to describe it, I reported: “If I just say exactly what I’m thinking and feeling inside, I feel like I want to say ‘No,’ but I don’t have a good enough reason.” “It feels like I’m not allowed to say ‘No.’ What feels true is that if I say ‘No,’ people will be angry with me, people will judge me, and people will inflict subtle relational punishment.”

As Charlotte asked clarifying questions and I continued to describe whatever came into my awareness, I eventually noticed that memory fragments from a negative teenage experience were coming into my mind. I was 14 years old and our youth group was making home made ice cream. As we were churning the ice cream, several of the older teens had the idea of inviting a number of additional youth from the neighborhood. I, being 14, immature, hungry, and not having much relationship with the teens they wanted to spend time with, protested that there would not be enough ice cream. In response to my protest the kids from our group who wanted to include their friends made angry, judgmental comments about my immaturity and selfishness, and expressed contempt in a variety of subtle ways throughout the rest of the evening. As I described this experience both Charlotte and I realized that it was the true source of my negative reaction; and as I recognized where my pain was really coming from, Charlotte attuned to my pain, and we both validated my concern that the celebration would not feel as festive with very small portions, my adversarial, defensive attitude towards her quickly resolved. Once we were “back on the same team,” had resolved my triggered pain, and had identified my legitimate concern, I was happy to embrace Charlotte’s desire to invite friends and we quickly and easily came up with a plan to make sure there would be enough food.

If we had had this conversation without the “describe everything” discipline, these thoughts and emotions would have been barely recognized even in my own mind, I would have had minimal insight regarding how these thoughts and emotions were coming from underlying unresolved memories, and I would not have shared any of this with Charlotte. My unrecognized and unspoken thoughts and emotions would have resulted in my continuing to be defensive and adversarial towards Charlotte, seriously hindering our ability to work together as a team in coming to a good decision, and neither of us would have had enough information regarding the underlying dynamics to know how to fix the problem.

Note that our experiences with the “describe everything” discipline have not always involved big, important, intense issues. Sometimes we apply the “describe everything” discipline when we are trying to resolve conflicts. Sometimes we apply the “describe everything” discipline

when we are trying to discern the factors contributing to important decisions. And, of course, we routinely apply the “describe everything” discipline in Immanuel emotional healing sessions. But the most common context for our “describe everything” practice are the less dramatic thoughts and feelings of everyday life. For example, sometimes as we are walking around the neighborhood various landmarks, such as a particular house or tree, will remind me of events from my childhood. In the past I would let these memory associations slip in and out of my awareness without commenting on them. Now, as we walk through the neighborhood, I will share this content with Charlotte: “I was just noticing that big rock on the corner, and remembering the sense of accomplishment I felt when I was finally able to climb on top of it,” or “As we walk past this building, I’m remembering delivering newspapers to the back porches, and how spooky the rear stairwell would be in December when it would get dark so early.” Both Charlotte and I have experienced these shared memories as a subtle but significant source of additional intimacy and connection.¹

Many benefits: As you practice this relational discipline over time, you will slowly but surely train your brain to pull all spontaneous mental content through your prefrontal cortices. As this happens, you will become increasingly aware of the stream of thoughts, images, emotions, and physical sensations that flow through your consciousness, and you will also become increasingly able to feel the importance and perceive the meaning of these thoughts, images, emotions, and physical sensations. And as you become more aware of, more able to feel the importance of, and more able to perceive the meaning of spontaneous mental content, you will receive a number of benefits:

***You will become more self aware, in general:** I think this one is self explanatory. As you become more acutely aware of your spontaneous mental content, and as you become increasingly skilled at feeling the importance and perceiving the meaning of this content, you will become more acutely aware of your spontaneous mental content, more able to feel its importance, and more able to perceive its meaning. Like I said, I think this one is self explanatory.

***You will bring previously unrecognized content into conscious awareness:** All of us have important mental content that we can’t “find” because we don’t “see” the clues that would show us the way. However, as you become more acutely aware of your spontaneous mental content, and as you become increasingly skilled at feeling the importance and perceiving the meaning of this content, you will realize that many clues have been passing before you each day, but you simple did not *recognize* them. And you will then begin to “see” these clues that will lead you to important memories, connections, issues, insights, defenses, etc that you had previously been unable to “find.”

***You will expose defenses that hinder emotional healing:** As you become more acutely aware of your spontaneous mental content, and as you become increasingly skilled at feeling the importance and perceiving the meaning of this content, it will become much easier to spot unpleasant thoughts and emotions that you choose to turn away from. This will make it easier to see the places where you are using psychological defenses to avoid unresolved painful content, and this, in turn, will make it easier to engage with the Lord to dismantle these

¹ Just in case you are wondering, we are not talking all the time. Both of us still feel the need for times of quiet, and it has been fairly easy to negotiate ways to care for these needs as we each “describe everything” in our conversations about this concern. Also, this “describe everything” relational discipline is *not* the same thing as a triggered need to talk all the time.

defenses. You still have to choose to do this, but the defenses will be more apparent and the choice will be more clearly focused.

***You will develop “basic skills” that are important in many contexts:** In basketball, being able to dribble the ball without looking at it is a basic skill. No matter what else you’re trying to do, mastery of dribbling will contribute to accomplishing your goals. In hockey, skating is a basic skill. No matter what else you’re trying to do, mastery of skating is a foundational skill that will contribute to success. Similarly, being able to feel the importance and correctly perceive the meaning of mental content are “basic skills” that will contribute to accomplishing many larger goals.

*Following mental content trail to underlying memories: These “basic skills” contribute to being able to follow the trail of spontaneous mental content to underlying traumatic memories.

*Recognizing and understanding clues regarding blockages: These “basic skills” contribute to being able to recognize and understand clues regarding blockages and the interventions needed to resolved them.

*Recognizing and utilizing intuitive guidance: The final “output” of the right hemisphere intuitive guidance system is your “spontaneous” internal mental content. Being able to feel the importance and perceive the meaning of mental content are the “basic skills” you use to recognize and utilize this intuitive guidance “output.”

*Recognizing when your are triggered: Feeling the importance and perceiving the meaning of mental content strongly contribute to being able to recognize when your are triggered.

*Recognizing and utilizing the guidance of the Holy Spirit: The Holy Spirit often guides us through the thoughts, emotions, images, memories, and physical sensations that “spontaneously” come into our awareness. Being able to feel the importance and perceive the meaning of spontaneous mental content are the “basic skills” you use to recognize and utilize this form of guidance.

Several important caveats:

Not an excuse to be hurtful: The “describe everything” relational discipline is *not* an excuse to say things you know will be hurtful to the other person. For example, if you are having angry, hurtful thoughts towards your spouse, the “describe everything” discipline is not an excuse to throw kidney punches, such as “The thoughts that come to me are: ‘You’re just a selfish, mean, arrogant pinhead, and your complaints are stupid and immature.’” If these are the thoughts coming into your awareness, you can choose to present them much more gently, such as “I’m having thoughts that are really angry and judgmental towards you.”²

² In certain situations it can be valuable to describe the specific angry, judgmental thoughts coming into your awareness because the details will provide clues. If the relationship you are in has the maturity and capacity to handle this kind of intense content, you and the person you are with should be able to discern this together. One of the most important indicators that this is the case is that the two of you are able to talk openly about this issue, and you *both* agree it would be helpful to know the details. Even in this situation you can choose to present the words as gently as possible. For example, with an apologetic look on your face, and speaking quietly, you can say: “Boy, I realize these are really angry, judgmental words, but I think it might be helpful to get them out in the light. The thoughts that have been coming to

Furthermore, if the relationship you are in does not yet have the capacity to handle even this gentler statement, you can choose to withhold it, and, instead, discuss it later with the Lord and/or some other wise, trusted person.

The “describe everything” discipline is trying to address the problem of choosing to not describe mental content because it does **not feel important**, because it does **not “make sense”** (you don’t yet understand how it pertains to your current conversation), or because it has **not yet been organized into a nice, tidy package**. This is about “practicing” the brain/mind “skill” of pulling all your mental content through your prefrontal cortices. The key in this process is to practice being more aware of your spontaneous mental content, and to practice sharing it, out loud, with another person whose face you can see. And for this part of the discipline and practice, the point is to get better at noticing and describing *content that does not feel important, content that does not make sense, and content that has not yet been nicely packaged*, as opposed to forcing yourself to say things that will be hurtful. Choosing to not describe mental content because it would be hurtful to another person is a completely different phenomena.

Not a mandate to say things you are not yet comfortable disclosing: The “describe everything” relational discipline is *not* a mandate to force yourself to say things that you don’t yet feel comfortable saying. For example, if a particularly painful, vulnerable, unresolved traumatic memory comes to mind, the “describe everything” discipline is not a mandate to force yourself to talk about it. One option is to describe the painful content in general terms, so that the other person will have some idea of what you’re dealing with. Instead of describing the excruciating details, you might say: “A memory has come to mind that I know is important, but I’m not comfortable saying more about it.” Furthermore, if your relationship with the person you’re talking to is not yet safe enough to handle even this more cautious statement, you can choose to remain silent regarding the painful memory, and, instead, discuss it later with the Lord and/or some other wise, trusted person.

As mentioned above, the “describe everything” discipline is trying to address the problem of choosing to not describe mental content because it does **not feel important**, because it does **not “make sense”**, or because it has **not yet been nicely packaged**. Choosing to not describe mental content because it’s too embarrassing, too frightening, or too upsetting for some other reason is a completely different phenomena. If something comes into your awareness that you don’t want to talk about, you do *not* have to describe the details if you don’t feel comfortable doing so.³

Not a mandate to say things that will cause conflict/be upsetting to others: The “describe everything” relational discipline is *not* a mandate to force yourself to say things, *right now*, that will cause conflict/be upsetting to others. For example, let’s say your daughter’s birthday party is supposed to start in ten minutes, and just as you are putting the last touch on the cake you notice a certain look of preoccupation, anxiety, and guilt on your husband’s face. Several other recent observations spontaneously come into your mind, and with a sinking feeling you realize: “In the past, whenever I’ve noticed this same pattern it has always eventually come out

me are....” In contrast, you can present the exact same words in a much more toxic fashion by glaring at the person and spewing the hurtful words directly at them in a loud, angry voice: “Well, I think you’re...etc.”

³ In your closest relationships, can push on this boundary as an exercise in transparency, vulnerability, honesty, and humility, but these issues are not the purpose of the “describe everything” discipline.

that Pete has gotten back into pornography.” The “describe everything” discipline is not a mandate to force yourself to share all of this with Pete *right now*. At some point it will be important to tell Pete about the things you have observed, the sinking feeling in your gut, and the thought that came to you regarding pornography. But not ten minutes before your daughter’s birthday party is supposed to start.

In other situations it’s important to wait until you are in a better place. For example, let’s say you are in a heated conflict with your wife, and spontaneous thoughts come into your mind regarding ways in which her weaknesses are contributing to the problem. However, you also notice that you are triggered, judgmental, and that your relational connection circuits are off line. Putting all this together, you realize that if you “describe everything,” you will make comments about her weaknesses that will be unnecessarily hurtful due to the anger, judgment, and lack of compassion that would necessarily be associated with your comments if you make them *right now*. At some point it will be important to share the thoughts that came to you, but they will be less hurtful and more constructive if you first take time to resolve your triggering, release your judgments, and re-establish access to your relational connection circuits.

As already mentioned, the “describe everything” discipline is trying to address the problem of choosing to not describe mental content because it does **not feel important**, because it does **not “make sense”**, or because it has **not yet been nicely packaged**. Choosing to not describe mental content because it would cause conflict/be upsetting to others, *and you perceive this is not the right time and/or place to address the issue*, is a completely different phenomena. Feel free to “save it for later” if something comes into your awareness and you perceive it would not be helpful to describe this particular mental content at this particular time.

Not left hemisphere analysis: The “describe everything” relational discipline is *not* about giving left hemisphere theoretical/analytical monologues every time something reminds you of a subject you have thought a lot about. For example, if I’m in a conversation and the other person mentions psychological trauma, her comment might remind me of an essay I have been working on and I could easily launch into an hour of extemporaneous comments related to the topic. The person I’m talking to might even be interested in the topic and welcome my comments, but this would *not* be an application of the “describe everything” discipline we are presenting here. In contrast, application of the describe everything discipline would look like this: I’m in a conversation, the other person mentions psychological trauma, and her comment reminds me of the essay I’ve been working on. At this point, I notice both the association and my internal response to it, and comment: “I’ve just spent the last week working on an essay about faith-based interventions for resolving psychological trauma, and your comment brings to mind some of the stuff I’ve been studying and writing. And I can feel an emotional response as well – just thinking about it for a few seconds, I can feel how passionate I am about the subject. In fact, as I focus on the energy I’m feeling right now, the thought comes to me that I might even have some triggered energy. If you ever want to hear more I’d be happy to tell you about it.”

Once again, the “describe everything” discipline is trying to address the problem of choosing to not describe mental content because it does **not feel important**, because it does **not “make sense”**, or because it has **not yet been nicely packaged**. Choosing to not talk about the content of my essay because other considerations and social cues indicate this is not the place for a lecture on psychological trauma is a completely different phenomena.

Noticing and describing spontaneous mental content can be included in many

relationships: Charlotte and I started with practicing this relational discipline in our marriage, but as we have continued over several years and become increasingly comfortable with it we have discovered that we can include it in many relationships.⁴ With most of our family, friends, and colleagues we will now often notice some piece of mental content, and then simply report it. For example, during a discussion with friends at church about a possible block party, I might notice and comment: “I don’t know why, but I’m just noticing that I’m feeling anxious as we talk about this block party idea; and I don’t see the connection, but I’m noticing that as we talk about the block party I’m remembering a boy scout trip that didn’t turn out well.” On many occasions, important insights and connections become clear *as I describe the content* that’s spontaneously coming into my awareness.

II. Different types of traumatic memory: As discussed at length in Part III, the first, and most important distinction, is between non-traumatic memories and traumatic memories. When an experience completes its journey through the processing pathway, and all processing tasks are successfully completed, it is stored as a non-traumatic memory. In contrast to a traumatic memory, it will not contain any unresolved, toxic content, it will be easy to access, and it will be easy to modify.

****Slide: side by side comparison, all content in one frame****

Non-traumatic memories:

- Experiences that have been completely and successfully processed
- Do not contain any unresolved, toxic content
- Easy to access
- Easy to modify

Traumatic memories:

- Experiences that have *not* successfully completed their journey through the processing pathway
- Contain unresolved, toxic content
- Difficult to access
- Difficult to modify

Just as it is important to recognize that non-traumatic memories are different from traumatic memories, it is also important to recognize that there are different kinds of traumatic memories. And just as with non-traumatic memories vs traumatic memories, **the different kinds of traumatic memories display qualitative differences – they feel subjectively different and behave differently in ways that are consistent and important.**

A. Importance of recognizing and understanding different kinds of traumatic memories: A medical analogy can help us perceive the importance of recognizing and understanding the different kinds of traumatic memories. Consider what would happen if doctors lumped all people with breathing difficulties into one group, so that people with lung cancer, asthma, and pneumonia were all simply diagnosed as dyspnea (the fancy medical term for difficulty breathing). One group of physicians might develop special skill in recognizing and treating people with the particular clinical picture of lung cancer,⁵ and this team would eventually

⁴ To varying degrees, as appropriate. Keep the caveats in mind, and use good judgment

⁵ Even though the “official,” accepted formulation was “all patients with breathing difficulty have the same illness,” doctors with good right hemisphere skills would *intuitively* recognize that certain “dyspnea” patients had a particular clinical picture, and they would *intuitively* recognize that patients with

gather more and more patients with lung cancer. Another group of physicians might develop special skill in recognizing and treating people with the particular clinical picture of asthma, and this team would eventually gather more and more patients with asthma. A third group might develop special skill in recognizing and treating people with the particular clinical picture of pneumonia, and this team would eventually gather more and more patients with pneumonia.

Once this pattern had been established, what would happen if the three groups started doing research on the patients in their respective clinics, and then met to discuss their discoveries? An amazing amount of misunderstanding, confusion, and conflict would quickly ensue. The research team working with the first group would describe carefully conducted studies “proving” that dyspnea was a frighteningly serious disease, and that surgery and chemotherapy must be aggressively applied as soon as possible to provide any hope of survival. They would also describe studies showing that antihistamines, allergy shots, and antibiotics are completely ineffective, and they might even imply that doctors prescribing these treatments are incompetent. The research team working with the second group would then come forward and describe carefully conducted studies “proving” that dyspnea was mostly a nuisance, and that it could almost always be adequately managed with antihistamines and allergy shots. They would also describe studies showing that surgery and chemotherapy are dangerous and unnecessary, and that antibiotics are mostly harmless but also worthless. They might even suggest that doctors applying these other interventions were just waiting for malpractice suits. Finally, the research team working with the third group would come forward and describe carefully conducted studies “proving” that dyspnea could be very dangerous if not properly managed, but that it usually resolved quickly when treated with the appropriate antibiotic. They would describe studies supporting group number two's assessment regarding the unnecessary danger of surgery and chemotherapy, but then would also present studies clearly demonstrating that it was antihistamines and allergy shots, not antibiotics, that were “harmless but worthless.” And having been nettled by earlier comments, they would comment that the only incompetent doctors waiting for malpractice suits were those who used treatments other than antibiotics.

What a mess! Not to mention the dire consequences should some poor patient with asthma find his way into the clinic that saw every case of dyspnea as lung cancer (or vice-versa).

Sadly, this hypothetical medical analogy is not far from the truth when it comes to working with traumatic memories, in that most discussions of traumatic memory have not made any distinction between dissociated traumatic memories and traumatic memories that are not dissociated. For example, the majority of research psychologists studying traumatic memories work with non-dissociated autobiographical memories for mildly to moderately traumatic experiences.⁶ Most of the remaining research psychologists studying traumatic memories work with non-dissociated memories for mildly to moderately traumatic events that occurred during early childhood, before the hippocampus and the autobiographical memory system are on line. Both of these groups of research psychologists then apply the data and conclusions from these

this particular picture did much better with certain treatments (any treatments that would be effective for an underlying lung cancer).

⁶ For example, they might have subjects watch disturbing video footage as a way to induce very mild trauma in the laboratory, and then study the memories for these traumatic experiences; or they might question study subjects regarding past traumatic experiences that are accessible to their conscious awareness as autobiographical memories.

studies to discussions regarding “traumatic memories,” without making a distinction between traumatic memories that are dissociated and traumatic memories that are not dissociated.

Not surprisingly, this has often resulted in misunderstanding, confusion, and conflict. One of the most significant places this has happened had been in the false memory/recovered memory debate, where research results from studies of non-dissociated traumatic memories are used to argue that the amnesia and recovery seen with dissociated memories do not exist. For example, studies with autobiographical memories for mildly to moderately traumatic experiences have shown that traumatic experiences will be remembered *more* intensely and persistently than non-traumatic experiences, and some authors have used these findings to argue that there is no such thing as dissociative amnesia that could cause a person to “forget” an intensely traumatic experience immediately after it occurs. Another example is provided by people working with non-dissociated memories from *mild to moderate*⁷ early childhood trauma. These studies gather data that clearly describe the pre-hippocampal, pre-autobiographical memory phenomena discussed in Part III; and as described in this earlier discussion, these memories are not even accessible as coherent autobiographical narratives, and they certainly never come forward as vivid, detailed experiences of “reliving” the original events. Some authors then use this data to argue against the existence of level 2 dissociative amnesia, and then later “flashback” recovery, for early childhood trauma.

B. Overview of different kinds of traumatic memories: Note that *all* traumatic memories contain unresolved, toxic content from painful experiences that have not successfully completed their journey through the processing pathway, and that *all* traumatic memories are difficult to modify.

1. Autobiographical non-dissociative traumatic memories:

- Contain unresolved, toxic content from painful experiences that have not successfully completed their journey through the processing pathway
- Memories for traumatic events occurring in mid childhood (3-5 years old) or later.
- Difficult to access (in comparison to non-traumatic memories), but still available to conscious awareness as autobiographical memory.
- Difficult to modify (in comparison to non-traumatic memories)

2. Pre-hippocampus/pre-autobiographical non-dissociative traumatic memories:

- Contain unresolved, toxic content from painful experiences that have not successfully completed their journey through the processing pathway
- Memories for traumatic events that occur *before the hippocampus is neurologically “on line”* (first 3 to 5 years), or for later events that are so traumatic that the hippocampus is totally knocked off line by extreme stress and cortisol.
- More difficult to access. Not available to conscious awareness *as autobiographical memory*, but rather comes forward as implicit memory fragments. Can be activated by many common triggers, but often/usually not recognized as memory.
- Difficult to modify (in comparison to non-traumatic memories)

3. Traumatic memories dissociated at level 2:

- Contain unresolved, toxic content from painful experiences that have not successfully completed their journey through the processing pathway.

⁷ The point with respect to “mild to moderate” is that the content is not dissociated, and therefore does not display the vivid flashback recall associated with severe traumatic content that is dissociated.

- Memories for traumatic events that exceed involuntary capacity limit, and are therefore disconnected at level 2.
- Much more difficult to access. *Not normally available to conscious awareness.* Can only be accessed under conditions that resolve, navigate around, or temporarily overcome the level 2 involuntary dissociative barriers.
- Difficult to modify (in comparison to non-traumatic memories)

4. Traumatic memories dissociated by internal parts:

- Contain unresolved, toxic content from painful experiences that have not successfully completed their journey through the processing pathway.
- Each of the other categories can be “dissociated” into amnesia by internal parts who employ mind/spirit *free will choice* to place the content behind amnesic barriers.
- Much more difficult to access. *Not normally available to conscious awareness.* Can only be accessed under conditions that resolve, navigate around, or temporarily overcome the internal parts voluntary dissociative barriers.
- **Neurological mechanisms** for creating these amnesic barrier **unknown**
- Difficult to modify (in comparison to non-traumatic memories)

C. Additional discussion regarding traumatic memories dissociated at level 2: There are a number of similarities between traumatic memories dissociated at level 2 and non-dissociated traumatic memories. For example, as with non-dissociated traumatic memories, level 2 dissociated traumatic memories contain unresolved, toxic content, they are difficult to access, and they are difficult to modify. Another important similarity is that dissociated traumatic memories use *some* of the same circuits as both non-traumatic memories and traumatic memories that are not dissociated.

However, there are also **SLIDE 41.1** important differences between traumatic memories dissociated at level 2 and traumatic memories that are not dissociated. **Memories dissociated at level 2 are qualitatively different than non-dissociated traumatic memories – they feel subjectively different and they behave differently.**

1. Much more difficult to access: Memories for experiences dissociated at level 2 are not only more difficult to access than non-traumatic memories, but they are also more difficult to access than non-dissociated traumatic memories. Under normal circumstances, memories dissociated at level 2 are completely unavailable to conscious awareness. Non-dissociated autobiographical traumatic memories have been labeled by the hippocampus, and can therefore be accessed by the voluntary strategic search function.⁸ Non-dissociated traumatic memories that were processed with the hippocampus off line have not received the benefit of the hippocampus librarian labeling function, but the implicit memory fragments carried in these memories can still be accessed by triggering stimuli that resemble the implicit content. In contrast to these two types of non-dissociated traumatic memory, content dissociated at level 2 can only be accessed under conditions that resolve, navigate around, or temporarily overcome the level 2 involuntary dissociative barriers.

2. Feel subjectively different – “reliving” as opposed to “remembering”: As described in Part II, experiences that exceed a person’s involuntary capacity and are therefore dissociated

⁸ The strategic search function can be hindered by psychological defenses and spiritual opposition, as discussed in Part III, but these blockages are usually much easier to resolve than the level 2 involuntary dissociative barriers.

at level 2 come back as flashbacks, that *feel, subjectively*, like *relicensing* the original experience. For example, the combat veteran with flashbacks of battle will see the images, hear the sounds, smell the odors, perceive the thoughts, and feel the emotions just as he experienced them in the original traumatic event.

3. Flashback packages “play” differently than memories packaged by the hippocampus:

One especially important observation is that traumatic memories dissociated at level 2 can come forward as an *organized package that includes all of the different pieces of the traumatic experience*, but the details of how the dissociated memory “plays” indicate that the pieces are being coordinated by neurological circuits *other than the usual hippocampus circuits*. SLIDE 41.2 For example, dissociated flashbacks always play back with the *exact same* sequence, the *exact same* content, and the *exact same* duration; whereas traumatic memories processed through the usual hippocampus circuits can play black with flexibility at many points – when a person recalls a memory that is being processed through the usual hippocampus circuits, she can choose to include or leave out certain details, she can change the emphasis and/or order of presentation as she describes the remembered event, and she can shorten or expand the telling of the story as appropriate to the situation. Furthermore, these details regarding the way in which people re-experience dissociated content in flashbacks cannot be explained by the hippocampus simply being offline, since this simply results in disconnected implicit memory fragments. With flashback memory packages, SLIDE 41.3 something is organizing the many components into a coherent replay of the original experience, and this “something” must be neurological circuits *other than the usual hippocampus circuits*.

4. Flashback packages formed when hippocampus “offline”:

Another important data point indicating that experiences dissociated at level 2 are processed by something *other than the hippocampus* is that the components are mapped together into flashback packages at times when the hippocampus should be offline. The strongest examples are provided by severe trauma in early childhood, where the hippocampus is immature to start with, and should be totally disabled by even moderately stressful painful experiences. Never-the-less, some people with severe early childhood trauma have flashbacks for these experiences that come forward as organized, coherent packages. Others have obviously come to the same conclusion regarding the hippocampus being offline for these experiences, since a prominent argument in the false memory/recovered memory debate has been that flashbacks for early childhood trauma cannot be valid because the hippocampus is not yet available to map the different experiential components into such a coordinated, sequential, coherent package. And in adult life, people have “blackouts,” with memory later returning as flashbacks, for only the most extreme traumatic experiences – the kind of overwhelmingly traumatic experiences that would be expected to severely impair or totally disable the hippocampus.

These differences regarding the subjective feel and observable behavior of dissociated content that returns as flashbacks indicates that traumatic memories dissociated at level 2 are stored, retrieved, and processed differently than non-dissociated traumatic memories. These additional differences indicate *one or both* of the following: 1) the *neurological circuits* that process traumatic memories dissociated at level 2 include additional important differences from both the circuits that process non-traumatic memories and the circuits that process traumatic memories that are not dissociated; and 2) traumatic memories dissociated at level 2 are processed as a *type of file* that includes additional important differences from both non-traumatic memories and traumatic memories that are not dissociated.

SLIDE 42 My current hypothesis is that when a painful experience exceeds our involuntary capacity, dissociative disconnection at level 2 shunts the traumatic content into an alternative set of neurological circuits that package and store the material as this particular kind of dissociated memory. This dissociated content therefore *misses all of the usual processing* at levels 3 through 5, and, instead, is *processed and stored in some different way by a different set of neurological circuits* that are *not* involved in the processing of non-dissociated experiences.

SLIDE 43 Returning to the diagrams in **figure **** regarding traumatic memories vs non-traumatic memories, we can add a third diagram representing the circuits involved in processing traumatic memories that are dissociated at level 2.

****figure comparing non-traumatic, non-dissociated traumatic, and dissociated traumatic**

D. Additional discussion regarding traumatic memories dissociated by internal parts:

One of the important points I want to make in this discussion of different kinds of traumatic memories is to distinguish between dissociation at level 2 and dissociative phenomena associated with internal parts. Dissociation at level 2 is a totally involuntary neurological phenomena that occurs when an experience or memory exceeds a person's involuntary capacity, whereas dissociation associated with internal parts is much more complicated. *And dissociation associated with internal parts includes mind/spirit phenomena that involve free will choice.*⁹

In my experience with dissociative phenomena associated with internal parts, I have often encountered internal parts who will talk very openly about their reasons for holding certain memories behind dissociative amnesia barriers. For example, a protector part might explain that she cannot allow the person to remember a certain event because she could not handle it: “...If I let her remember this, she will fall apart and lose her job....” And if the parts responsible for withholding certain memories connect with Jesus and work with Him to resolve their concerns, they report that they are now willing to release the previously amnesic experiences, and then the person is suddenly able to remember the experiences from her “normal” adult consciousness. My perception is that the internal parts are initially *choosing* to withhold the memories from normal conscious awareness, the parts have very clear reasons for making these choices, when their concerns are addressed they reverse their earlier decisions, and when they report *choosing* to release the memories, *the person promptly becomes able to access the memories from her normal conscious awareness.*

Furthermore, the memory content placed behind amnesic barriers is not restricted to flashback packages dissociated at level 2, *but rather can include each of the categories of traumatic memory previously discussed.*¹⁰ For example, many memories disconnected by internal parts choice look like hippocampal autobiographical memories – they are not accessible to the usual adult conscious awareness because internal parts are choosing to hold them behind amnesic barriers, but otherwise they look like autobiographical memories that have been processed through the hippocampus. People with DID provide some of the best illustrations of this point,

⁹ Dissociation associated with internal parts can get quite complex, and may also include involuntary neurological processes in certain situations, but the aspect of *free will choice* cannot be explained by involuntary neurological processes.

¹⁰ I think this is an especially interesting and important insight regarding dissociated traumatic memories. In my experience, this key understanding explains many previously confusing observations regarding dissociative phenomena.

such as when an adult with DID encounters an interpersonal conflict that is only *mildly* traumatic but still “switches” because there is a specific internal part that has been designated as the “expert” on handling interpersonal conflict. Since the person is an adult with a fully myelinated hippocampus and the conflict is only mildly traumatic, the hippocampus completes both its mapping and labeling functions, and the pain does *not* exceed the person’s involuntary capacity so that the experience does *not* get disconnected at level 2. After the unpleasant experience is over, the person “switches” back to the host personality, and even though level 2 did *not* disconnect the experience and shunt it to the alternative circuits that produce flashbacks, memory for the conflict still “disappears” as the conflict expert internal part returns to his usual place of invisibility behind dissociative amnesia barriers. Finally, at any point in the future that the conflict expert internal part comes forward, he will be able to use the strategic search function to voluntarily access memory for the traumatic conflict and he will be able to describe the experience as an organized, coherent autobiographical narrative, *both of which are features that indicate the memory was indeed successfully processed through the hippocampus.*

In addition to using this choice-based dissociative phenomena with each of the categories of *traumatic* memory, internal parts will sometimes even apply this choice-based dissociative phenomena to experiences and memories *that are not in any way traumatic*. In the examples I can think of, the *point* is not to “forget” non-traumatic experiences, but dissociative amnesia for non-traumatic memories is rather a by-product, or side-effect, of other dynamics. For example, many people who have developed an internal parts system to cope with severe trauma have internal child parts who *live* behind dissociative amnesia barriers. The point is trauma-management, as opposed to keeping the internal child invisible, but one of the “side-effect” consequences is that the person is not allowed to be consciously aware of this child part’s existence, and this means she cannot be allowed to remember any events where the child part comes forward with executive control. If one of these invisible internal child parts decides that she has not been given enough time to play,¹¹ she might find a way to seize executive control for an hour. When this happens, the person comes to me and says: “I ‘lost’ another hour last night while I was working on my term paper, and then later I discovered my dolls all over the floor of my bedroom.” And when I use the direct eye-contact technique and ask: “Can I please speak to any parts that know about last night and the dolls?” a five year old child part comes out and explains how she was able to seize control for an hour, and then provides a detailed autobiographical description of the non-traumatic hour she spent taking her Barbie dolls on an imaginary camping trip.

Similar examples involving non-traumatic experiences, described by many therapists working with clients who have well developed internal parts systems, provide some of clearest case study examples demonstrating that memory content *other than flashback packages dissociated at level 2* can be held behind dissociative amnesia barriers.

To the best of my knowledge as of March 2008, the neurological mechanisms that internal parts use to implement their dissociative phenomena are undetermined. Some clues indicate that these neurological circuits are *not* identical to the circuits used for dissociative disconnection at level 2. For example, most of the experiences disconnected by the internal parts choice-based mechanisms are not shunted into the alternate pathway that produces

¹¹ For example, the adult person might have been working on an important project for her graduate school program, and has therefore been non-consciously blocking internal child parts from coming out in the evenings for their usual “play time.”

flashback packages, and the *choice-based* dynamic cannot be produced by the involuntary circuits level 2 uses to implement its dissociative disconnection.

E. Dissociation protects from greater damage: When working with extreme trauma, blackouts, flashbacks, and other dissociative phenomena, it often seems that dissociation makes the emotional healing process more complicated, and at times we can become frustrated or impatient with this additional difficulty. As mentioned in our earlier discussions of brain/mind/spirit capacity, when dealing with the difficulties caused by dissociation it is important to remember that dissociative phenomena protect us from greater damage.

Circuit breakers in our homes provide a good analogy. If I turn on the microwave without noticing that the air conditioner is running and that Charlotte is also using the vacuum cleaner, the circuit breaker pops, the lights go out, and everything shuts down. How frustrating! I have to stop what I'm doing, go down to the basement, and reset the circuit breaker. This is certainly a hassle, and I might even be tempted to just pull those irritating circuit breakers right out of the system. But then I remember what happened before circuit breakers. Before circuit breakers,¹² when the electrical current exceeded the capacity of the wiring, the wires just got hot. And then turned red. And then started to smoke. And then started fires inside the walls of your house.

So let's think about this for a minute: the lights go off and I have to run down to the basement to reset the circuit breaker, or my house burns down? I don't know....This is a really hard one....Could you give me some more time?

Okay, I take it back. Those little circuit breakers are a *wonderful* design feature, and I'll leave them right where they belong.

When dealing with the additional challenges caused by dissociation, it is important to remember that this fascinating phenomena prevents greater damage that would be caused by allowing the person to be totally overwhelmed by pain exceeding the involuntary capacity of his mind/brain/spirit system.

F. Dissociative phenomena include *Both* free will choice *and* involuntary neurology: One important implication of identifying dissociation at level 2 and dissociation by internal parts as two very different memory phenomena is to recognize that dissociation *sometimes* involves mind/spirit free will choice, and *at other times* is carried out by neurological processes that are totally involuntary.

When we think about experiences that are dissociated at level 2 it is important to remember our earlier discussion of *involuntary* capacity. As described in this earlier discussion, involuntary capacity primarily involves the physical limitations of the biological brain, and an important aspect of these biological brain limitations is that you are *not* consciously aware of them, and you do *not* make conscious, voluntary choices about what happens when you exceed your involuntary capacity. **SLIDE 43.2** As you will probably remember, all of the level 2 neurological circuits are below the cortex, and this means that they are *involuntary* and *non-conscious*. These involuntary and non-conscious level 2 circuits also happen to be the

¹² Actually, primitive devices called fuses came before circuit breakers, but many of the younger readers won't remember this. If we are going to be historically accurate, it was before *fuses* that electrical overload frequently resulted in house fires.

neurological circuits that assess “Does this memory exceed the capacity limit?,” the circuits that shunt the material to the alternative processing pathway, and the circuits that cause dissociative disconnection. Therefore, all of these processes will also be *involuntary* and *non-conscious*.

When we think about internal parts causing dissociative emotional disconnection or dissociative amnesia, it is helpful to remember our earlier discussion of *voluntary* capacity. As described in this earlier discussion, voluntary capacity primarily involves the mind and spirit, and has to do with limitations of strength for enduring pain and limitations of courage for facing fear. In contrast to involuntary brain capacity, when we are dealing with voluntary mind/spirit capacity we *are* consciously aware of the limitations of our capacity, and we *do* make conscious, voluntary choices about what happens when we exceed our capacity. For example, when you are in a ministry session working on a traumatic memory, you are consciously aware of feeling depleted as the (intensity of stress) x (duration) steadily accumulates, and you are consciously aware of the choice “Do I keep going, or is it time to quit?” If you are working on an intensely painful memory, and resolution is not coming quickly, you will be especially aware of the cumulative emotional burden, and you will be especially aware of how hard it is to stay with the memory.

If you eventually decide “I’ve had enough for today,” you will then end this particular attempt to process the memory by making conscious, voluntary choices to use various tools to shut the memory down. For example, you can move the focus of your attention onto something else by immersing yourself in some engaging task or by watching an engaging video. You can also use other tools, such as alcohol, street drugs, or other addictive behavior that will absorb your attention. And here’s where dissociative disconnection caused by internal parts comes in: once a person has developed a system of dissociated internal parts, causing dissociative emotional disconnection and/or moving content behind dissociative amnesia barriers often becomes one of the most commonly used tools to implement choices to disengage when a situation exceeds the person’s *voluntary* capacity.

Some working with dissociative phenomena emphasize that dissociation is not voluntary – that it is a completely non-conscious, involuntary neurological process that our brains employ to prevent greater damage. These people then also emphasize that we should not hold the person responsible for his dissociative phenomena or ask him to make choices with respect to his dissociative phenomena. And this position is valid with respect to involuntary capacity dissociation at level 2, where it is appropriate and important to remember the totally involuntary nature of the neurological processes involved. However, this perspective is *not* accurate with respect to many dissociative phenomena associated with internal parts. Failing to recognize the free will choice often involved when working with internal parts can preclude the use of some very effective interventions, and can also result in enabling dysfunctional behaviors.

Others working with dissociative phenomena emphasize choice: “Anything that’s happening is happening because, *at some level*, you are choosing it....If you can’t remember something, it’s because you’re choosing to not remember it.” And this position is valid with respect to many dissociative phenomena associated with internal parts. However, this perspective is *not* accurate with respect to involuntary capacity dissociation at level 2. Failing to recognize the totally involuntary nature of the neurological processes involved can result in the person feeling confused, inadequate, and guilty when they are asked (encouraged/exhorted/challenged) to make choices regarding processes that are not under her

voluntary control.

When working with dissociative phenomena, it is important to remember that *some* dissociative processes involve *neurology that is totally involuntary*, and that *other* dissociative processes clearly involve *mind/spirit free will choice*.

III. The role of truth carried in non-traumatic memories:¹³ For a number of reasons that I won't take time to describe here, I think it is easy for those of us who have been immersed in Dr. Smith's Theophostic teaching to underestimate the value of truth carried in non-traumatic memories. Therefore, I think these comments about the role of non-traumatic memory truth are especially important for those of us who have been immersed in Theophostic.

So what is the value, or function, or role of truth carried in non-traumatic memories?

A. Can be the source of truth that replaces the erroneous, distorted beliefs associated with unresolved trauma: The truth that replaces the erroneous beliefs associated with unresolved trauma can sometimes come from the person's own non-traumatic memory files. This transfer of truth from non-traumatic memories to traumatic memories can only happen when the necessary conditions are in place; but when these conditions are met, non-traumatic memories are actually *often* the source of truth that permanently replaces erroneous, distorted beliefs associated with unresolved trauma.

My own healing journey has provided many examples of this phenomena. In some sessions I *have* perceived replacement truth coming directly from Jesus; however, in other sessions, it seemed like truth from non-traumatic memory files simply transferred across to the traumatic memories carrying the distorted beliefs in question. As all the conditions for opening and modifying the trauma-associated belief system were met, I could feel myself, *from the inside of the unresolved traumatic memory*, become aware of truth in my own mind (in my non-traumatic memory files) that I suddenly realized was true. At that moment, my subjective experience was that, even from the *inside* of the triggered, activated traumatic memory package, the distorted, erroneous belief no longer felt true. It felt, subjectively, like the erroneous, distorted belief from the inside of the traumatic memory was simply replaced with the truth carried in my non-traumatic memory files.

Before receiving healing, whenever I had been *inside* the triggered place, I was *aware* of the truth in my non-traumatic memory files, but it had always seemed far away, without power, and did not *feel* true. I could remember that it was there, and I was aware of its presence, but somehow I couldn't access it so that it *felt* true, or had power to displace the distorted, triggered beliefs. At the moment of healing it felt like the usual barrier between the traumatic and non-traumatic memories went down, and I was suddenly able to access the non-traumatic memory truth in a new way, so that it could come into the traumatic memory in a way that *felt* true and had power to permanently correct the distorted beliefs.¹⁴

¹³ For a more thorough discussion of the role of truth carried in non-traumatic memories, including an extended illustration from my own experience, see Lehman, Karl D., "Immanuel, An Especially Pernicious Blockage, and the Normal Belief Memory System," in the "Immanuel Series" section of the "About Our Theophostic-based therapy/ministry" page, www.kclehman.com.

¹⁴ Note that my description of this kind of "healing moment," that seems to occur when there is finally an effective connection between the traumatic memory carrying the distorted belief and the non-traumatic memory carrying the relevant truth, is very consistent with Dr. Shapiro's "disparate neuro networks"

My hypothesis is that this is the usual mechanism for the “healing moments” in psychotherapy sessions where EMDR is successful; and I think this is also the usual mechanism for the “healing moments” in those Theophostic-based sessions where distorted trauma-associated beliefs are permanently resolved *but the person does not have any subjective experience of perceiving the Lord’s presence or action.*

Note that truth carried in non-traumatic memories is especially important for those who have lots of blockages in the way of connecting with Jesus more directly *because non-traumatic memories will then be the primary source of replacement truth.* That is, those who have difficulty perceiving and connecting with Jesus will need to rely more heavily on truth carried in their own non-traumatic memory files. The more truth you have in your non-traumatic memories, the better off you will be!

#2.), #3.), and #4.) Helps to expose the true nature of the problem, helps the person choose to cooperate with the Lord’s healing work, and helps the person choose righteous behavior: A second important role of truth carried in non-traumatic memories is to help *expose* wrong choices and unresolved traumatic content, including distorted interpretations and the associated distorted left-sided emotions. A third important role of truth carried in the normal belief memory system is to help the person *choose to cooperate* with the Lord’s healing work. And a fourth important role of truth carried in the normal belief memory system is to help the person *choose righteous behavior*, even when unresolved traumatic content is triggered forward and *feels* true.

My experience is that when we are triggered, the toxic content associated with the triggered traumatic memories is activated *but we are still also aware of the truth carried in our non-traumatic memory files.* There is always a battle between the unresolved traumatic content and the truth in our non-traumatic memories, and one or the other is more or less dominant, depending on the strength of the normal belief memory system truths, the intensity of the current triggers, the intensity of the traumatic memories, and the extent to which the traumatic content includes unfinished processing tasks that impair our ability to function at levels 3, 4, and 5.¹⁵ If the truth carried in our non-traumatic memories is sufficiently compelling, the truth will *expose* the erroneous beliefs, the associated inappropriate emotions, and any other toxic content associated with the unresolved trauma. If the truth carried in our non-traumatic memories is sufficiently compelling, then when we are in the furnace of really difficult situations, when triggered traumatic content is intense and *feels* true in the present, the truth carried in our non-traumatic memory files can help us *choose to cooperate* with the Lord’s healing work. And if the truth carried in our non-traumatic memories is sufficiently compelling, then when we are in the furnace of really difficult situations, when triggered traumatic content is intense and *feels* true in the present, then the truth in our non-traumatic

hypothesis. See, for example, the following quote from Shapiro, Francine. *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures.* (New York, NY: Guilford Press) 1995, pages 40 & 41: “....Although combat veterans, sexual molestation victims, and rape victims may know intellectually that they are not to blame for what happened to them, they often continue to struggle with the negative cognitions and disturbing affect. Again, this conflict appears to be due to the fact that the disparate information is stored in separate neuro networks. The Accelerated Information Processing model suggests that *the moment of insight and integration comes when the two neuro networks link up with each other....*” (parentheses mine)

¹⁵ For those who are familiar with Richard Schwartz’s Internal Family Systems theory, we can add “the degree to which the triggered material has *blended* with our *core selves.*”

memories can help us *choose righteous behavior*.¹⁶

For example, when I'm triggered to my two-year-old separation trauma, if I have sufficient Immanuel truth in my non-traumatic memory files I can counter the enemies schemes with: "Even though 'He's not with me,'" "He won't come," "There's no excuse," and "I can't trust His heart towards me" *feel* true, I know, from the Immanuel truth carried in my non-traumatic memories, that the Lord *is* good and that He *is* here with me. Since these Immanuel truths don't *feel* true, ***there must be something in the way.*** And recognizing "*there must be something in the way*" is the first step in exposing the vows, other reactive choices, and invisible implicit memory content that hinder me from perceiving His presence. If the Immanuel truth in my non-traumatic memories is sufficiently compelling, when it comes into conflict with the distorted, toxic content, instead of being overwhelmed by the triggered beliefs and emotions ***the normal belief memory system truth will expose the triggered beliefs and emotions for what they really are.***

If the truth carried in my non-traumatic memories is sufficiently compelling, and especially if I understand implicit memory and recognize the triggered beliefs and emotions for what they are, I can ***choose to cooperate*** with the Lord's healing work *even when I am in the furnace of being intensely triggered.* Even though "God has abandoned me," "He won't come," and "It's His fault and His responsibility to fix it"¹⁷ all feel true, I can still *choose* to submit these distorted trauma associated beliefs to the Immanuel truth carried in my non-traumatic memories, and then *choose* to pray "Lord, please show me what's in the way. Show me what ***I need to do differently*** – show me any misplaced beliefs that ***I am transferring onto You***, and any choices ***I am making*** that are preventing me from perceiving Your presence and receiving Your help." As the Lord then reveals the blocking choices, I can revoke these choices. As the Lord reveals the memories carrying the beliefs and emotions that have been misplaced onto Him, I can invite Him to bring truth into these memories to permanently replace the distorted beliefs and resolve the associated distorted emotions.¹⁸

¹⁶ My perception is that truth carried in non-traumatic memories is a resource that can augment our maturity skills and help us to complete the unfinished processing tasks carried in the traumatic memories. Along these lines, note that recognizing the triggered material for what it really is (even in the middle of being triggered), choosing to cooperate with the Lord (even in the middle of being triggered), and choosing righteous behavior (even in the middle of being triggered) are all examples of "acting like our true selves."

¹⁷ This "It's His fault and His responsibility to fix it" belief is associated with matching feelings of helplessness and matching choices to wait for someone else to come and fix the problem. This "external locus of control" package of beliefs, emotions, and choices is *developmentally appropriate for a very young child*, but becomes an especially sneaky, immobilizing trap when it comes forward as triggered implicit memory content. For additional discussion of this "external locus of control" package, see "Immanuel, An Especially Pernicious Blockage, and the Normal Belief Memory System," pages 2-5, in the *Immanuel Series* section of www.kclehman.com.

¹⁸ ****what to do with this footnote? Compatible with Pern Block addendum? Better to reference PB addendum? Combine the two? Put footnote to PB addendum in earlier section on "truth in non-trauma... sometimes = truth replacing lies?"** In one way or another, I *always* ask the Lord to bring truth to replace the distorted beliefs associated with the unresolved traumatic memories. For example, I might ask "Lord, what do You want me to know about this? or, "Lord, is _____ (fill in the distorted belief) true?" or I might pray "Lord, please show me Your truth here." After I ask the Lord for help, it seems that sometimes truth from my normal belief memory system simply transfers across, *without* any subjective perception of the Lord's presence. In these cases, since I have asked Him to bring truth, I believe *in faith* that He is facilitating the normal brain-mind process of truth transferring from

If the truth carried in my non-traumatic memory files is sufficiently compelling, I can *choose righteous behavior, even when I am in the furnace of being intensely triggered.* When I am triggered, and I *do not* have enough non-traumatic memory truth to challenge the combination of triggered traumatic content and VLE explanations, then I make choices that are hurtful to myself and others *and I feel entitled to them.* I feel entitled to them, defend them, and justify them, instead of asking for help to chose to act differently. However, truth carried in non-traumatic memories can help me choose constructive behavior and avoid toxic behavior. If I have non-traumatic memory truth that is *sufficiently compelling*, I can *choose constructive behavior even when I am triggered.*

My experience with getting triggered to my two year old separation memories provides a good example. Before I understood triggering, implicit memory, VLE explanations, or the specific components of this particular traumatic memory package, when these memories would get triggered I would become intensely blended with my child implicit memory thoughts and emotions, and I would swallow my VLE explanations “hook, line, and sinker,” with absolutely no insight regarding what was really happening. It would *feel true, in the present*, that the Lord wasn’t with me when I needed Him, that He wouldn’t come even though I was calling and calling, that I couldn’t trust His heart for me,...etc. Furthermore, my two year old implicit memories included the small child “external locus of control” component, so it would also *feel reasonable* that I should be allowed to signal my distress by simply being increasingly unpleasant, and it would *feel reasonable* that it was Charlotte’s responsibility to figure out what was wrong, and her responsibility to do whatever was necessary to fix it. So instead of *asking* for her help, and appreciating anything she was able to give me, I would simply become increasingly unpleasant and then judge her and point more unpleasantness in her direction if she didn’t do whatever was necessary to make me feel better.

And I felt entitled to my triggered thoughts and emotions, and to my inappropriate, hurtful behavior, and would defend them. I had no insight regarding how my anti-Immanuel thoughts and emotions were actually implicit memory content coming from childhood wounds that had been triggered forward, and I had no understanding regarding how my hurtful, entitled, external locus of control behavior was also coming from my two year old implicit memory package. My triggered thoughts and emotions *felt true* in the present, my VLE confabulated explanations regarding both the Lord and Charlotte *felt valid*, and my inappropriate, hurtful behavior towards Charlotte *felt reasonable*. It *felt reasonable and appropriate* to point my negative emotions and unpleasant behavior at Charlotte until she did whatever was necessary to fix the problem.

I did not have truth in my non-traumatic memory files that could adequately challenge my triggered, erroneous beliefs and emotions, my VLE confabulations, or my hurtful, inappropriate behavior choices.

However, this has been steadily changing over the past several years as I have been learning about triggering, about implicit memories, about VLE confabulation, and about the specific

non-traumatic memory files to the traumatic memory files where the distorted beliefs are carried. In other situations, I *can* perceive the Lord’s presence in some way, and it is clear that He is facilitating the process of truth transferring from my non-traumatic memories to my traumatic memories. For example, I will perceive His presence in some way, and it will feel like He is pointing out to me the truths in my normal belief memory system that He wants me to notice. In still other situations, I can subjectively perceive His presence in some way, and He *directly brings new truth that has never occurred to me before.*

components of this particular traumatic memory package. Now, when lingering splinters from my two year old separation memory get triggered,¹⁹ I still experience anti-Immanuel beliefs and emotions, small child external locus of control thoughts and emotions, and VLE confabulated explanations *but now I usually quickly recognize these triggered implicit memory contents and VLE confabulations for what they are.* Instead of arguing with Charlotte about why my anti-Immanuel beliefs and emotions are true in the present, and pointing my external locus of control stuff at her, I usually quickly acknowledge both of these pieces as triggered implicit memory contents, and ask her for help in working with the Lord to find and resolve the remaining splinters.

Before, my triggered thoughts and emotions, my hurtful and inappropriate behavior, my confabulated explanations, and my lack of insight would usually trigger and alienate my number one ally. Instead of getting help in exposing and resolving my toxic traumatic content I would get a miserable experience of back and forth escalating triggering. Now, when I quickly recognize the triggered implicit memory content for what it is, acknowledge to Charlotte that I am triggered, and ask her for help in an appropriate fashion, I am much more likely to get assistance.

It is important to note that I make these constructive choices *while I am still triggered, while the triggered beliefs and emotions still feel true, while the VLE confabulations still feel valid, and while the entitled, hurtful behavior still feels reasonable.* Furthermore, while I am making these new, constructive choices, I am acutely aware of the new truth in my non-traumatic memory files *and I can feel it helping – it feels, subjectively, like holding onto this non-traumatic memory truth helps me to make these new, constructive choices.*

To summarize regarding points 2, 3, and 4: Having clear, strong, non-traumatic memory truth regarding implicit memory phenomena, regarding the various kinds of traumatic content that can come forward, and regarding VLE confabulation helps us *recognize these things in ourselves.* And having this clear, strong non-traumatic memory truth also helps us *choose “out” of their influence by helping us own our triggered beliefs and emotions, by helping us surrender our confabulated explanations, by helping us revoke any wrong choices, and by helping us turn to the Lord and to others for help.*

#5.) Increases the efficiency and effectiveness of emotional healing work: My experience is that truth carried in our non-traumatic memory files can dramatically increase the efficiency and the effectiveness of emotional healing work. For example, knowing about the necessary conditions for opening and permanently modifying traumatic memory files allows us to intentionally and systematically establish these conditions in emotional healing sessions. When we accurately identify these necessary conditions, and systematically establish them, then the success rate for permanently correcting distorted beliefs associated with unresolved trauma goes way up. None of this will work if the person receiving ministry does not *choose to cooperate with the Lord’s healing work, but once the person does choose to cooperate,* applying these principles from truth carried in our non-traumatic memory files dramatically increases the efficiency and effectiveness.

¹⁹ Much of this two year old separation trauma has been resolved, so that these anti-Immanuel beliefs and emotions, and these external locus of control implicit memory contents, don’t get triggered as often or as intensely. But the point here is that when the remaining splinters *do* get triggered, and these anti-Immanuel and external locus of control implicit memory contents *do* get activated, I am now able to make new, much more constructive choices with respect to how to respond to these situations.

Using specific tools and dealing with specific hindrances provide additional examples. I ask the people I work with to do a lot of homework reading, because then when we are in actual sessions we can simply refer to information that is already present in their non-traumatic memory files instead of taking time to present the information as new material. For example, the technique of reporting everything that comes into your mind during a session is very important, but people often have difficulty with it. If the person receiving ministry has studied our material regarding the *compelling* reasons for applying this tool, then, when we are in a session and I notice that she seems to be analyzing and editing before reporting, I can simply remind her of the material she has already studied instead of taking time in the session to discuss the reasons for submitting to this important discipline.

A session I facilitated several weeks ago provides a good example of the value of truth carried in non-traumatic memories when working with specific hindrances. We were coming to the end of the time available for the session but the person was still in a very painful, unresolved place. At this point, I realized that a combination guardian lie/vow was hindering him from being able to perceive the Lord's presence. Since he was already familiar with these concepts, all I had to do was name the guardian lie and vow, and say that I thought they were in the way. He was able to quickly and efficiently cooperate with resolving the guardian lie and vow, and then was able to perceive the Lord's presence and receive powerful healing in the last minutes of the session. *The necessary information was already present in his non-traumatic memory files, so that he could simply plug this package of material in at the appropriate spot in the session and keep moving forward.* If he had *not* already been familiar with these concepts, we would have had to stop to discuss them, we would have run out of time half way through my explanations, and he would have left the session still unable to perceive the Lord's presence and still miserably tangled in his triggered thoughts and emotions.

#6.) Provides reference points for our error-trapping “safety nets”:

Information in our non-traumatic memory files provides the reference points for both the left sided and right sided error trapping “safety nets” that protect us from unintentional error and/or malicious deception.

The more I study psychological and neurological research about the mind and brain, the more I appreciate how the Lord has carefully designed the right and left sides of the brain to work together in an elegant and complimentary fashion. Not only do they work together to solve problems and develop new ideas, but they also provide complementary error trapping “safety nets” that help protect us from being misled by unintentional error and/or malicious deception.

For example, the left sided system provides an error trapping “safety net” based on language, linear thought, and logical analysis:

“Yes, I realize that you have an intuitive hunch this should work, and that you have a subjective sense that this idea is from the Holy Spirit, but is it consistent with scripture? Is it consistent with firmly established scientific data and principles? And if you do try it, make sure to include follow-up that carefully evaluates the ‘fruit.’”

There have been many situations where careful logical thought has helped to distinguish between intuitive brainstorms that were brilliant and intuitive “brainstorms” that turned out to be very bad ideas. And there have been many situations where logical analysis has helped to

distinguish between true guidance from the Holy Spirit and triggered thoughts and emotions that had been mistaken for guidance from the Holy Spirit.²⁰

On the other hand, the right-sided system provides a non-logical, intuitive error trapping safety net:

“Yes, I know it sounds good, and seems to make sense, but it just doesn’t *feel* right. I especially have a sense of uneasiness about their conclusions regarding _____ (fill in the blank). I’m going to go over the whole thing again and see if I can figure out what’s bothering me.”

There have been many situations where a subjective, intuitive sense of caution has helped catch an important error/deception that had slipped past the left sided logical analysis.

And the raw material that both error trapping, safety net systems use is the information carried in non-traumatic memories – the pieces of information that we *believe* to be true are the *reference points* that both systems use as they search for error and/or deception.²¹ This is another reason why it is so important to have good teaching that puts *accurate* information into our non-traumatic memory files.

#7.) Supplies the truth that we use to run our “normal” lives: A quiet, but *HUGE*, function of truth in our non traumatic memories is to govern our “normal” lives – *truths in our non-traumatic memory files are the beliefs that feel true, and that guide our thoughts, emotions, and choices whenever we are not triggered.*

Now that we have discussed these various functions of truth carried in our non-traumatic memories, I want to emphasize again a very important point: putting truth into our non-traumatic memory files – even powerful, faith-building truth from the experiential end of the spectrum, such as witnessing the Lord heal others – *can not*, by itself, resolve the erroneous beliefs that are carried as part of unresolved traumatic memories. Trying to *directly* resolve trauma-associated lies by putting truth into non-traumatic memory files is a fruitless and endless endeavor. Truth in non-traumatic memories *can be a part of permanent healing*, in all the ways just described, but you cannot *directly* correct lies *carried in traumatic memories* by putting truth into *non-traumatic memories*.

IV. A widespread and expensive *false* dichotomy: I want to talk about an important point of tension and division in the church. The tension and division between those who emphasize memorizing scripture, Biblical study, and teaching, but are suspicious of emotional healing; and those who emphasize emotional healing, but are frustrated with, and devalue, more traditional teaching. For example, on one side, I have met committed Christians who say things along the lines of:

“Those people in emotional healing ministry do weird stuff, and it makes me anxious. Not only is it loud and messy and scary, but some of those emotional healing people teach and do stuff that is just plain *weird!* And it makes sense! They neglect scripture and good Biblical

²⁰ See the essay, “‘Triggered’ Positive Thoughts and Emotions” on our website, www.kclehman.com, for discussion of how triggered thoughts and emotions can be mistaken for guidance from the Holy Spirit.

²¹ Note that the Holy Spirit can also supernaturally supply information and guidance that does not come from information in our normal belief memory systems.

teaching, so they naturally fall into deception.²² *Who needs any of that?!* We don't need more therapists or healing ministries – what we really need is to receive more good teaching and to spend more time in the Word."

On the other side, I have met committed Christians who say things along the lines of:

"If someone hands me one more Bible study about depression I'm gonna puke! They seem to think that if I would just memorize enough scripture, go to enough seminars, hear enough "good teaching," and read all the books they recommend, I could just choose to stop being depressed, choose to stop having panic attacks, choose to stop being afraid of my husband...etc. I do all the things they tell me, but it doesn't seem to help. When I need it the most – when something happens, and I get triggered, and I'm really upset – all that teaching stuff goes out the window. The only thing that ever REALLY helped was a healing prayer conference where I went to the memories of my alcoholic father coming home drunk and beating us up, and then Jesus met me in those memories and healed them. Ever since that conference, my panic attacks have been gone. I'm tired of memory verses and "good teaching" – what we really need is more healing conferences and more ministry time."

The bad news is that this tension and division is widespread and costly. The good news is that I think it is entirely unnecessary.

I want to expose and challenge the *false* dichotomy that underlies this unnecessary tension and conflict. In logic, a dichotomy is a situation where we face two *mutually exclusive* choices, and must choose *one or the other*. A *false* dichotomy is when we *think* we are facing mutually exclusive alternatives, and must choose one or the other, but this is not actually true. My perception is that we need to recognize the value and role of truth in the normal belief memory system, AND we need to recognize and work with distorted beliefs that are associated with unresolved trauma. Recognizing the importance of the normal belief memory system and recognizing the importance of the trauma-associated belief memory system are *not* "either/or" options. We *do not* have to choose one or the other.

My perception is that many in the church somehow get into a *false* dichotomy with respect to these two different memory systems. Some Christians perceive the importance and value of truth in the normal belief memory system, and do a good job of studying, teaching, and preaching to provide this truth; but these people often fail to recognize the reality or importance of the trauma-associated belief memory system, and think that the only problem with those who have distorted beliefs is that they don't yet have enough truth in their normal belief memory systems. Other Christians recognize the reality of distorted beliefs associated with unresolved trauma, and recognize the importance of working with the trauma-associated belief memory system to resolve these beliefs; but these people often devalue truth in the normal belief memory system, and come to the mistaken conclusion that working with the trauma-associated belief system is the *only* important work.

²² This problem is not an inherent, necessary part of therapy or emotional healing ministry, but my perception is that this concern is often valid. Many who emphasize emotions and emotional healing *also undervalue scripture and other good teaching*, and therefore *are* vulnerable to deception. They *do* stray into the woods, and end up doing and teaching things that are not just weird, but also misguided and hurtful. This makes sense, since one of the important functions of scriptural truth and other good teaching in the normal belief memory system is to provide reference points for the "error trapping" safety nets for those who work with material that is especially experiential, emotional, and intuitive.

These approaches that choose *one or the other* have been misled by *false* dichotomy thinking.

Again: I think we need to recognize the importance and role of truth in the normal belief memory system, AND we need to recognize the reality of beliefs that are associated with unresolved trauma, and recognize the importance of working with the trauma-associated belief memory system in order to resolve these distorted beliefs. I propose that we recognize and learn about both of these memory systems, so that we can include each of them in the appropriate places, and work with them in ways that are complimentary.

V. Accidentally fabricated and intentionally counterfeited perceptions of Jesus: **more material pending**

Three common sources: In our experience, most fabricated/counterfeit Jesus' come from one (or a combination) of the following three sources:

“Accidental” fabrication in response to suggestion:

Person’s mind fabricating “counterfeit” or “false” Jesus for other reasons: E.g., person’s subconscious mind and/or internal parts fabricating Jesus to please facilitator, to avoid disappointment and anxiety in himself, to end session prematurely so as to avoid painful content, etc. Or just because that’s what they think they’re supposed to be doing (e.g., “where should I put Him?”). ****We plan to write more on this topic, but in the mean time see “Internal Dissociated Parts Presenting as Jesus” (available as free download from www.kclehman.com). This essay provides provides a good initial discussion and a number of practical tips for dealing with some of the most common and most important sources of people perceiving a Jesus that turns out to be counterfeit/false. **note that until recently this essay was titled “Internal Parts ‘Speaking for Jesus.’”****

Demonic spirits fabricating “counterfeit” or “false” Jesus:

No Guided imagery, minimize details: Part of the answer to concerns regarding accidental fabrication in response to suggestion is to avoid guided imagery and to provide minimal specific details when making Immanuel intervention proposals.... ****fill in the rest here****

Facilitator discernment: The second part of the solution is for the facilitator to help the person discern whether the content coming forward is consistent with the character and heart of the Lord. This is one of the most important roles of the Immanuel approach facilitator, and will obviously depend on the spiritual maturity and discernment that the facilitator brings to the session.

Always be alert to this possibility in any setting where people are claiming to receive things from the Lord: e.g., worship settings where people are claiming prophetic words from the Lord, prayer for physical healing, TP-based ministry, Immanuel approach sessions, or any other settings.

Memory content that can be corroborated:

Observable “fruit” – neither our own minds nor demonic spirits can fabricate Jesus’ ability:

Observable symptom resolution

Other fruit – discuss specifically Imm approach sessions where focus is not specific memories or symptom relief.

With TP-based, where focus is on specific memories and symptom relief, verifiable memory content and observable “fruit” with respect to symptom relief are good safety nets when it comes to “is this real, or just my imagination?” If you have panic attacks, go to a memory with a panic attack component, and then your long-standing panic attacks resolve, that’s a good indicator that some important core of the work was “real.” Often, the memory content is material that can be verified by independent corroborating information, and the symptom relief fruit is also something that can be verified.

However, with this Imm Int stuff where sometimes the whole focus is just being with Jesus, “lingering” with Jesus, observable symptom relief is not available as a simple, powerful “is it real?” safety net.

Thoughts from Friday group regarding “how do you differentiate imagination from Jesus?” with Immanuel Intervention stuff where the symptom relief “fruit” is not as obvious:

You should see relationship with Jesus getting stronger. If you spend time with a person, you feel that relationship getting stronger. If you are really spending time with Jesus, you should feel your relationship with Jesus getting stronger. **Note: this is certainly true with my experience**

Should see progress, fruit in all other aspects of spiritual life. Prayer, worship, discipleship, relationship with Jesus, discernment. If you are spending time with the true Jesus, you should be able to observe fruit consistent with spiritual growth.

Should see fruit of type A trauma being resolved, fruit of attachment pain/wounds being resolved.

Examples:

Eileen session, with type A trauma addressed, and type A symptoms resolved (ice cream).

Camping with Jesus session. Seemed to address type A trauma in very powerful ways, and perceivable changes also made sense as fruit of type A trauma resolution (weakness/emptiness in stomach resolved, “I have a muscle in my stomach now....”)

“Spouse test” regarding attachment pain, type A trauma triggers.

Learn to know the character, heart, personality, etc of the true Jesus: Old story of training to recognize counterfeits ****fill in more here****. The more you come to know what it *feels* like to work with the real Jesus – the more you become familiar with His heart, His character, His personality, the kinds of things He does, how He relates to child parts, etc – the more easily you will recognize counterfeits. Something won’t *feel* right whenever the person is perceiving and/or interacting with anything other than the true, living Jesus Christ. This happens as you watch Jesus work in sessions where you are facilitating, but it is also one of the most important

reasons for facilitators to also receive Immanuel approach healing. The more time you spend perceiving the Lord's presence and connecting with Him the more you will be able to accurately discern His character and heart. Also, as discussed at length in several of our essays,²³ toxic content from unresolved trauma is often transferred onto the Lord, and resolving this toxic content will dramatically improve your ability to accurately discern the Lord's character and heart.

Test against scripture: It is obviously a big warning sign if the person claims that Jesus is doing/teaching anything contrary to the whole body of scripture. The Bible is large and complex, and you want to be humble regarding whether or not you are perfectly interpreting the meaning of scripture, but this is still a really important and really valuable part of "testing" any reported perception of the Lord's presence.

VI. People perceive the Lord's presence in many different ways: When we first began using Immanuel Interventions in Charlotte's personal healing sessions, she experienced a long streak during which she perceived a visual image of the Lord's presence in every memory that she went to. We were taking some vacation time in the fall of 2005, and as has often been the case, we used our time on the road to work on our own healing agenda. We began trying Immanuel Interventions in Charlotte's personal healing between Chicago and Pittsburgh, and spent the first several hours working through layer after layer of blockages. Persistence paid off, and eventually she went to a memory, prayed the "Lord, help me to perceive Your presence" prayer, and then reported: "I may just be imagining this – it's not real vivid, and I'm not feeling dramatic emotions – but I can see Jesus standing beside me." Even though the image remained faint, she could describe where He was standing, what He was doing, and what He was saying/thinking. And He initiated beautiful, simple, gentle therapeutic interventions that resulted in healing benefits for the memory we were working on.

Encouraged by these results, I suggested: "Let's try another memory." She went to another memory, prayed the "Lord, help me to perceive Your presence" prayer, and then reported: "I may just be imagining this – the image is sort of vague, and I'm not feeling any intense emotions – but I can see Jesus sitting beside me." Once again, even though the image remained faint, she could describe where He was sitting, what He was wearing, what He was doing, and what He was saying/thinking. And He again initiated beautiful, elegant, gentle therapeutic interventions that resulted in healing benefits for the memory we were working on. So I suggested: "Let's try another memory!" She went to another memory, prayed the "Lord, help me to perceive Your presence" prayer, and then reported: "I may just be imagining this – the image is sort of vague,...etc." Once again, she could describe where He was, what He was doing,...etc. And once again, the Lord initiated therapeutic interventions that resulted in healing. From Chicago to Pittsburgh, from Pittsburgh to New York, and from New York back to Chicago we spent much of our time working with memory after memory after memory after memory. And we kept getting the same results in memory after memory after memory after memory. By the time we were half way back to Chicago, on the last leg of our journey, Charlotte had been through 29 different memories, and had perceived a visual image of the Lord's presence in every single one.²⁴

²³ See, for example, "Unresolved Issues in the Therapist/Facilitator: One of the Most Important Hindrances to Emotional Healing," and "Immanuel, An Especially Pernicious Blockage, and the Normal Belief Memory System," both available as free downloads from www.kclehman.com.

²⁴ She also experienced healing in every one of these memories, but the focus of this discussion is the details of Charlotte's subjective experience of perceiving the Lord's presence.

It will probably not surprise you to learn that I then suggested “Let’s try another memory.” Charlotte went to another memory, prayed the “Lord, help me to perceive Your presence” prayer, and then reported: “I have a sense of the Lord’s presence, and I have a sense of what He’s thinking/saying, *but I don’t have any visual image of His presence in the memory.*” As we continued to work with this memory, Charlotte continued to be able to sense His presence, she continued to be able to sense what He was thinking/saying, she received healing as she cooperated with His guidance, and she continued to *not* have any visual image of His presence in the memory. She commented: “I can *feel* His presence, and I think the memory is resolved – it doesn’t feel bad any more – I just can’t *see* Him in the memory;” but since she had eventually been able to perceive the Lord’s presence visually in every single one of the previous 29 memories, I assumed that there must be some kind of blockage hindering her from being able to see Him in this memory. However, when we tried to “trouble-shoot,” with Charlotte praying: “Lord, show me what’s in the way of being able to perceive Your presence more clearly,” she immediately reported: “I think the Lord is saying: ‘Sometimes this is the way it is – there’s nothing missing.’” Just to make sure, we made several more attempts to identify any possible blockages, with Charlotte praying things like “Lord, show me *if* there is anything hindering me from being able to perceive Your presence more clearly,” and “Lord, show me what choice I need to make to take the next step forward;” but the only result was that Charlotte kept hearing the same thing: “Sometimes this is the way it is – there’s nothing missing,” with the increasing sense that this was from the Lord. She felt like the Lord was saying, very clearly: “*I am* with you. You can *feel* My presence. You *know* what I am saying to you in this memory. You just can’t *see* me, and sometimes this is the way it is – *there’s nothing missing.*”

The Lord did not seem at all upset. He was not unhappy with us for asking for a more vivid, more tangible perception of His presence. Perhaps He was just making sure we did not become too narrow or rigid in our expectations. Sometimes we might start with a subtle sense of His presence, ask for His help and guidance regarding blockages, identify and resolve blockages, and then be able to perceive His presence with much more clarity and/or intensity. At other times, we might start with a subtle sense of His presence, ask for His help regarding blockages, and then receive a response along the lines of: “Sometimes this is the way it is. There’s nothing missing.”²⁵

VII. Using the Immanuel approach with children: **Pending**

For what we currently have written regarding use of the Immanuel approach with children, see the essay “Immanuel Approach/Theophostic-based Emotional Healing with Children.” We now have many more stories of successful Immanuel approach emotional healing with children (we are getting a steady stream of very encouraging stories from people who are using the Immanuel approach with children), but just haven’t had time to write them up. In the mean time, the essay just referenced is a good start.

VIII. The Immanuel approach, mental illness, and psychiatric medications: **Pending**

We plan to write more on these topics at some point, but for the mean time refer to the essays below. In each of these essays, the points discussed with respect to Theophostic-based

²⁵ The piece that has been almost 100% consistent has been what happens if a person starts with *no* perception of the Lord’s presence. When people start with *no* perception of the Lord’s presence, and they are willing to persist in identifying and resolving blockages, we have seen almost 100% success in eventually perceiving His presence *in some way.*

emotional healing can be applied to the Immanuel approach.

“Bipolar Disorder and the Immanuel Approach/Theophostic®-based²⁶ Emotional Healing: General Comments and Frequently Asked Questions.”

“The Place of Immanuel/Theophostic-based Emotional Healing In the Treatment of Clinical Disorders.”

“Depression & Immanuel/Theophostic-based Emotional Healing: General Comments and Frequently Asked Questions.”

“The Immanuel Approach, Theophostic®, Mental Illness, and Medication.”

“Mood, Monthly Cycle, and the Immanuel Approach/Theophostic.®”

“Psychosis and Psychotic Symptoms: Definitions and Diagnostic Considerations.”

“ADD/ADHD and Emotional Healing.”

“Schizophrenia and the Immanuel Approach/Theophostic-based Emotional Healing: General Comments and Frequently Asked Questions.”

“Mind And Brain: Separate but Integrated.”

IX. Using the Immanuel approach with non-Christians: **More material pending**
Include story of atheist in Jim’s CA group who initially had negative experience, then did “trouble shooting” and had positive experience with Jesus. **Include story of non-believer in Panama seminar, who had powerful, beautiful experience with the Lord in the group exercise, and then decided to give her life to the Lord** **Include stories from social worker in Kenya who has been seeing positive results when using the Immanuel approach with non-Christians** **Include story of 15 y.o. girl in Kansas City who tried the Immanuel approach with her 13 y.o. friend (who had a powerful positive experience and then gave her life to the Lord)** **Include stories from my own sessions with the two people who decided to commit their lives to the Lord after having powerful positive experiences with Jesus in the context of emotional healing work.**

Eventually we hope to write a lot more on this subject, but in the mean time here are a few quick thoughts:

*Pain: people become open-minded when they are in pain, and if they are in a lot of pain they get very open minded. We have a growing number of stories of non-believers who basically

²⁶ Theophostic Ministry is a trademark of Dr. Ed Smith and Alathia Ministries, Inc., of Campbellsville, Kentucky. We use the term “Theophostic®-based” to refer to emotional healing ministries that are built around a core of Theophostic® principles and techniques, but that are not identical to Theophostic® Prayer Ministry as taught by Dr. Ed Smith. Our own ministry would be a good example of a “Theophostic®-based” emotional healing ministry – it is built around a core of Theophostic® principles and techniques, but it sometimes also includes material that is not a part of what we understand Dr. Smith to define as Theophostic® Prayer Ministry (such as our material on dealing with curses, spiritual strongholds, generational problems, and suicide-related phenomena, and our material on journaling, spiritual disciplines, and medical psychiatry).

said: "I'll try anything if there's a chance it will help." And this appears to be the only prerequisite – the willingness to try it. When discussing the option of using the Immanuel approach with someone who is not yet a Christian, I explain what would be involved and then offer an invitation along the lines of: "You don't have to agree with me, and you don't have to believe this stuff, but would you be willing to try it? Would you be willing to let me pray in this way, let Jesus be with you (if He actually exists), and then simply describe whatever happens?"

*Immanuel healing leads to salvation: We now have a number of stories of sessions where people were willing to try the Immanuel approach *even though they were not yet Christians*, and then decided to give their lives to the Lord after having powerful, beautiful encounters with Him in the context of the emotional healing session.

*specific trauma with Christians: Many are non-Christians because they have had trauma with Christians. If you identify this history and help them resolve it, they often embrace Jesus gladly.

X. Not Theophostic®: In our conversations with Dr. Smith, he has said: "It's okay with me if you also use healing tools other than Theophostic®, but be sure to tell people what is Theophostic® and what is not." So we want to make it very clear that starting with positive memories, deliberate appreciation, and Immanuel interventions that specifically focus on helping the person perceive the Lord's presence and connect with Him are *not* a part of what Dr. Ed Smith teaches as Theophostic® Prayer Ministry.

In our experience, Immanuel interventions are very compatible with Theophostic®, and can *augment* Theophostic®-based therapy or ministry. For example, if you're doing Theophostic®, and the person is stuck because of capacity problems, "Immanuel interventions" can help resolve the capacity problems so that the Theophostic® process can move forward again. Also, as those who are familiar with Theophostic® already know, many of the phenomena that we deliberately initiate and facilitate in the Immanuel approach can occur *spontaneously* in Theophostic® sessions. For example, a person receiving Theophostic® might *spontaneously* perceive the Lord's presence, and then might resolve lies about the Lord as a part of the usual Theophostic® process. She then might *spontaneously* allow the Lord to come closer, and be able to receive more from Him, and these interactions might resolve capacity problems. But starting with positive memories, deliberate appreciation, and "Immanuel Interventions" as described here are *not* a part of Dr. Smith's official Theophostic® teaching.

XI. Concerns regarding suggestion, guided imagery, and false memory:

August 12, 2009 **copied from Capacity essay, eventually to be edited/customized for this essay, but a good start in addressing concerns about suggestion, guided imagery, and false memory**

B. Unavoidable component of suggestion: It's important to note that these "Immanuel interventions" inherently include a component of suggestion. When we direct the person to pray "Lord Jesus, please help me to perceive Your presence here," we are also, unavoidably, suggesting that she might be able to perceive the Lord's presence in some way. When we work with the person to come up with a plan that will feel safe for getting to know Jesus, and then ask Jesus whether or not He is willing to cooperate with the specifics we are proposing, we are also, unavoidably, suggesting these same specifics to the person's own mind.

I perceive two concerns that need to be addressed regarding this unavoidable component of suggestion:

1. Suggestion and mental construct/fabricated Jesus: A valid and important concern is whether the person is actually interacting with Jesus, or whether her own mind is just generating mental constructs in response to our suggestions. Charlotte and I *have* seen situations where it seems that the person is generating mental constructions in response to suggestion, as opposed to experiencing true interactions with Jesus. It is important to be alert to this possibility, in the same way that the facilitator in Theophostic®-based therapy or ministry should *always* be testing *anything* that is reportedly from Jesus.

Also, we try to suggest as few details as possible. In guided imagery, where the facilitator is *trying to help* the person's own mind construct imaginary images, the person leading the guided imagery will intentionally provide *lots of details*. For example, in a relaxation guided imagery exercise, the facilitator might suggest: "Image that you are lying on your back in a quiet meadow. The sun is gently warming you, and a soft breeze is blowing across your face. You can smell the sweet scent of freshly cut hay from a nearby field, and you can hear birds singing in the distance...etc." However, since we are *trying to avoid* the person's own mind constructing imaginary images, we try to suggest *as few details as possible*. For example, we're always careful to say "perceive Jesus' presence," instead of "see Jesus," thereby leaving open many possibilities of how a person might perceive the Lord's presence²⁷ – the person might hear His voice, she might just feel His presence, she might see Him, or she might experience some combination of these. When we propose a specific plan for learning more about Jesus, we again supply as few details as possible. For example, we might ask "would it feel safe for Jesus to be with you if he faces away from you and closes His eyes?" but we would *not* suggest any other details, such as where He might be standing in the room, or what He might be wearing.

Furthermore, we specifically direct the person to *not* use her own imagination. In guided imagery, where the facilitator is *trying to help* the person's own mind construct imaginary images, the facilitator leading the guided imagery will instruct the person to intentionally and deliberately use her own imagination. For example, a guided imagery facilitator might direct: "okay, I want you to *imagine* Jesus standing on the other side of your room, by the dresser. *Imagine* that He's wearing a long white robe with a belt around His waist, and *picture* sandals on His feet....etc."

However, since we are *trying to avoid* the person's own mind constructing imaginary images, we specifically direct the person to *not* use her own imagination. We coach the person to ask Jesus to help her perceive His presence, within the conditions that have been specified, and then we clearly instruct: "*Don't* try to picture or imagine anything. Just ask Him to help you perceive His presence, and then report whatever spontaneously comes into your mind."

Having acknowledged the validity of this concern about suggestion and mental constructions, I also want to say that after observing many people experiencing Immanuel interventions,

²⁷ Note that this care regarding suggestion is appropriate initially, but unnecessary after the person describes her experience. After the person reports what is happening in her own experience, then asking questions that correspond to what she already reports is simply following her, and no longer a problem with respect to suggestion. For example, if a person reports "I can *see* Jesus standing by the door," then it would no longer be a suggestion about *seeing* for me to ask "can you *see* what He's doing?" or "can you *see* the expression on His face?"

Charlotte's and my perception is that most Immanuel interventions are real interactions with the living Jesus Christ. Our perception is that we make *requests to Jesus* regarding how He might present Himself to the person, and that He responds with His own choices regarding what He actually does. A significant data point here is that *the Lord often responds to our requests in ways that neither the client nor we expect, surprising all of us with details that are original, creative, brilliant, and amazingly effective. And not only do Jesus' interventions often surprise us, they also often include creativity, insight, wisdom, authority, and healing power that are beyond us.*

Sometimes it is pretty straightforward – the person might be feeling shameful and dirty because she felt pleasure during her sexual abuse, and Jesus just stands there and says something along the lines of “that’s just the way your body is made to respond. It wasn’t your choice or your fault.” And I think “I could have come up with that. I can see why someone might worry that we are making this up ourselves.” But at other times Jesus says and does things we know we could *never* come up with, and says and does them with authority and healing power that we *know we don’t have*.

This point is so important that I would like to reinforce it with an analogy. I might be able to disguise myself to look like Michael Jordan, and then pretend to be Michael Jordan, but I could not “fake” his ability. If I got on the court, the “fruit” (or lack thereof) would soon expose me. If someone appeared to be Michael Jordan, and he scored 60 points in an NBA championship game against some of the best defense in the world, you could be quite confident that he was *not* Karl Lehman pretending to be Michael Jordan. Likewise, *we might make suggestions regarding how Jesus could present Himself, and the person’s mind might construct an artificial Jesus in response to our suggestions. But the person cannot fabricate Jesus’ ability.*

Our experience is that it is usually fairly easy, especially as one follows the fruit over time, to discern between the living Jesus Christ and constructions from the person’s own mind.

2. Suggestion and “false” memories: The second concern is whether this component of suggestion in Immanuel interventions might cause false memories. For anyone who wants to study this issue in more detail, I provide a much more thorough discussion in the essay “‘False’ Memories?” on the Documents page of our web site (www.kclehman.com). For the purpose of this presentation, a very short summary of the most relevant point is:

Problems with fabricating memories of traumatic events that never actually occurred are connected with *suggestions regarding memory content*

For example, it suggests *memory content* to comment: “You sure have a lot of symptoms that point to sexual abuse – I think you might have been sexually abused. I wonder if your alcoholic uncle might have sexually abused you.” It suggests *memory content* to direct the person to imagine details of being sexually abused.²⁸

However, suggesting that the person might perceive the Lord’s presence, or suggesting specific ideas for how she might learn more about Jesus, will *not* cause fabrication of memories of traumatic events that never actually occurred.

²⁸ This kind of guided imagery has been used by some therapists to help clients stir up possible repressed memories. We *strongly discourage* using this kind of guided imagery as a memory access tool.

Therefore, with respect to Immanuel interventions, we can avoid risk of fabricated memories of non-existent traumatic events with one, very simple guideline:

“Immanuel interventions” ***should never include suggestions regarding memory content.***

We do suggest that the person might be able to perceive the Lord’s presence. We do make suggestions regarding specific ideas for getting to know Jesus. ***But we don’t make any suggestions regarding memory content – we never make suggestions about what might have happened in the actual memory.***

C. Taking leadership and being directive/suggestive is usually necessary:

An understandable question with respect to concerns about suggestibility is “Why don’t we just avoid the whole problem by not being so directive and suggestive? Why not just ask Jesus to guide the process, let Jesus appear spontaneously if He chooses to do so, and let Jesus and the person come up with the plan for learning more about Him?” Unfortunately, in my experience with situations where the person cannot initially perceive the Lord’s presence, or can perceive Jesus’ presence but does not want Him to come close, the person usually has great difficulty receiving direction or help directly from the Lord, and usually also feels very stuck regarding her own ability to move forward. Therefore, these “figure out what’s in the way of being able to perceive the Lord’s presence,” and “find conditions in which the person feels safe to learn more about Jesus” interventions seem to require a lot of initiative, leadership, and direction on the part of the therapist or facilitator. For example, in one of these situations, if I ask “would you be willing to just learn more about Jesus,” or “can you think of *any* conditions in which it would feel safe to learn more about Jesus,” the person usually replies with a prompt “no.” But if I pray for guidance and inspiration, and then make specific suggestions (such as “what about using a telescope?”), the person is usually very willing to cooperate as soon as I offer a plan that actually feels safe to them.