



Immanuel, Emotional Healing, and Capacity: Part Two

Enhanced Manuscript of lecture available on DVD/VHS by the same title,
from October 2005 seminar in Bolingbrook, Illinois

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Now that you have seen the video clip, you may have more understanding of why we are so excited about these Immanuel interventions. As you can see from the live session segment, not only do these Immanuel interventions help resolve capacity problems that hinder emotional healing, but they also seem to facilitate increased relationship connection with the living Jesus Christ. I now see this kind of interaction with Jesus in a large percentage of the sessions I facilitate.

Immanuel, Emotional Healing, and Capacity: Part One presented the big picture, and hopefully also provided inspiration. This second part of the presentation will fill in some pieces around the edges, and will answer some frequently asked questions. This second part of the presentation will also present supporting research, and will discuss possible mechanisms of action, both of which contribute credibility.

I. Which way does the balance tip?: The next several diagrams illustrate another way to look at the whole capacity issue. The lump on your left represents the size of the challenge, and the lump on your right represents the person's capacity. When the challenge is bigger than the person's capacity, the scale tips to the side of "*is not* able to go through the memory," and when the person's capacity is larger than the challenge, the scale tips to the side of "*is* able to go through the memory."

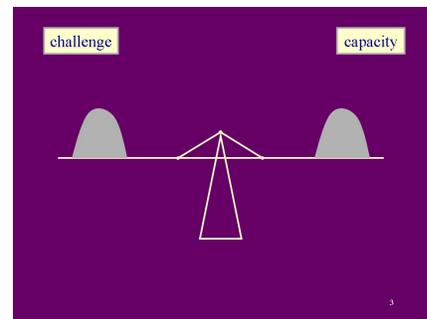


Figure 1

This model makes it especially clear that decreasing the size of the challenge can help tip the balance towards "*is* able to go through the memory" just as effectively as increasing the person's capacity.

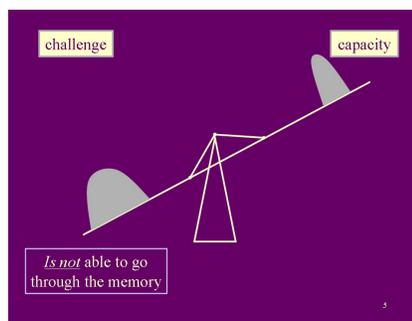


Figure 2

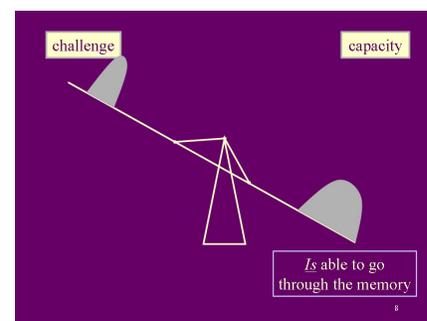


Figure 3

II. How does it work? (how do Immanuel interventions resolve capacity problems?): To some extent, the answer to this question is "we don't know." There are a number of pieces that seem clear and make sense to us, as I will describe, but it also seems that Jesus sometimes helps in ways that we do not yet understand.

A. "Biological brain only" vs brain-mind-spirit system: Many of the scientists and mental health professionals doing neurological and psychological research seem to believe that biological brain phenomena are the only "real" phenomena, and that experiences or abilities

that some think of as coming from the mind and spirit are actually no more than complex products of the biological brain. Predictably, when these scientists and mental health professionals study capacity, they focus on the biological brain. They study developmental neurology, brain chemistry, neurological pathways, and the organization and synchronization of living brain activity. They study the biological brain as a physical system – a physical system that has capacity constraints just like all other physical systems. Like the bucket, like the bridge, and like the electrical circuit. And this is valid. The biological brain, as a physical system, does have capacity limitations – as mentioned in part one of this presentation, there is a lot of good research demonstrating that the biological brain, as a physical system, will start to malfunction if it is overloaded.

However, I believe that our capacity for working with traumatic memories is determined by more than just the physical system of the biological brain. My hypothesis is that working with traumatic memories is a *biological, psychological, and spiritual* challenge, that our capacity for dealing with this kind of challenge is determined by the total functioning of our combined brain-mind-spirit system, and that this brain-mind-spirit system includes non-biological, non-physical mind and spirit aspects of capacity that parallel the biological brain aspects of capacity. I have not yet developed a nice, clear summary of the evidence supporting this hypothesis, but I believe it is true. And if I am right about this, then it would make sense that perceiving Jesus' presence, allowing Him to come close, learning more truth about His heart and character, receiving from Him, and "just being with Him" would benefit the mind and spirit aspects of capacity in various ways.

B. Capacity, and interactions between the biological brain and the non-biological mind and spirit: Regardless of whether or not I am right about non-biological, non-physical mind and spirit components of capacity, a large body of evidence clearly demonstrates that non-biological, non-physical mind and spirit phenomena can affect the physical system of the biological brain, and therefore also the capacity of the biological brain. A thorough discussion of this evidence is beyond the scope of this presentation,¹ but I would like to present one example in more detail, to give you an idea of the kind of evidence I am referring to:

This particular study used Positron Emission Tomography (PET scans), to study the brains of people with obsessive compulsive disorder. PET scans do not just show you the structure of the brain, as with x-ray films or CT scans, where you can see the physical damage caused by a bullet wound, or the physical mass of a tumor – PET scans show you the *metabolism* of the brain. Instead of just the structure of the brain, this shows you the *living activity of the brain* – if the person in a PET scanner opens his eyes, you can see his visual cortex light up as it processes visual input, and if he closes his eyes, you can see his visual cortex shut down. This study used PET scans to observe the living activity of the brains in people with obsessive compulsive disorder, and one of the early interesting findings of this study was that the study subjects – people who met full *Diagnostic and Statistical Manual* diagnostic criteria for obsessive compulsive disorder – were shown to have a consistent abnormal pattern on their PET scans.

These people with obsessive compulsive disorder and abnormal PET scans were then divided

¹ For additional discussion of the interaction between the biological brain and the non-biological mind and spirit, see "Mind and Brain: Separate but Integrated," on the Essays and FAQs page of www.kclehman.com.

into two groups. The first group was treated with Prozac – a *biological brain intervention* that corrects the imbalanced brain chemistry associated with obsessive compulsive disorder. As this biological brain intervention corrected the subjects’ imbalanced brain chemistry, the problematic behaviors, distorted negative beliefs, and dysfunctional emotions associated with obsessive compulsive disorder decreased, and as these signs and symptoms of obsessive compulsive disorder decreased, the abnormal PET scan results were seen to return to normal.



Figure 4

The second group received no medication, but rather used cognitive-behavioral therapy *mind interventions* to directly challenge and change the behaviors, distorted negative beliefs, and emotions associated with obsessive compulsive disorder. Cognitive-behavioral *mind interventions* were used to address *mind phenomena*, such as *free will choices* to stop compulsive behaviors, and *free will choices* to learn new habits and patterns of *thoughts and emotions*. The second group of study subjects also demonstrated steady improvement of their clinical obsessive compulsive disorder, and their abnormal PET scans also returned to normal as the

signs and symptoms of obsessive compulsive disorder decreased.²

This research clearly demonstrates the profound connection and interaction between biological *brain* phenomena, such as the neurological activity displayed on the PET scans and the brain chemistry affected by psychiatric medication, and non-biological *mind/spirit* phenomena, such as compulsive behaviors and obsessive thoughts and emotions. From one side, you can see that using medication to manually adjust imbalances in the *biological brain* produces changes in the subjects’ *choices, thoughts, and emotions*, and from the other side, you can see that using *mind/spirit interventions* to change dysfunctional *choices, thoughts, and emotions* produces correction of imbalanced neurological activity in the *biological brain*. This research demonstrates that the biological brain can exert powerful influence on the non-biological mind/spirit, and that the non-biological mind/spirit can exert powerful influence on the biological brain.

Again, this particular study is one example from the large body of evidence demonstrating that *mind* and *spirit* phenomena, such as having a companion vs being alone, gratitude vs complaint, faith and courage vs fear, and hope vs despair, can actually affect the physical system of the biological brain, and therefore potentially affect the usable capacity of the brain-mind-spirit system. To summarize the remainder of this evidence *very* briefly:

1. There is extensive evidence demonstrating that mind and spirit phenomena affect the synchronization and organization of neurological activation patterns. For example, thoughts and emotions of fear, hopelessness, and abandonment can cause the different systems of a person’s brain to de-synchronize, and can cause his neurological activity patterns to become disorganized, thereby impairing his biological brain capacity. Conversely, positive

² Baxter LR., Schwartz JM., Bergman KS., Szuba MP., Guze BH., Mazziotta JC., Alazraki A., Selin CE., Ferng HK., Munford P., et al. “Caudate glucose metabolic rate changes with both drug and behavior therapy for obsessive-compulsive disorder.” *Arch Gen Psychiatry* September 1992, Vol. 49, No. 9, pages 681-9.

mind and spirit phenomena, such as courage, faith-filled thoughts, and perceiving someone *with* him will help a person's brain stay synchronized and organized, and thereby support stronger capacity. Dr. Allan Schore discusses this evidence in three very dense volumes totaling almost fifteen hundred pages, which we could review more thoroughly if we had several years of lecture time available. Dr. E. James Wilder also discusses this evidence in the curriculum from his four, week long, THRIVE conferences.³

2. There is extensive evidence showing that mind and spirit phenomena can affect brain chemistry. The PET scan study just described above is one example, and I discuss more of this evidence in the essay "Mind and Brain: Separate but Integrated" on the Essays and FAQs page of our website.⁴

3. There is extensive evidence demonstrating that mind and spirit phenomena, such as thoughts, emotions, and free will choices, can affect actual brain structure, such as the growth or pruning of dendrites (the parts of nerve cells that pick up incoming signals), the multiplication or loss of neurons (individual nerve cells), and even changes with respect to larger neurological pathways and brain organization. Dr. Schore, in the three books already cited, provides one of the most thorough discussions of this evidence, and a surprising recent discovery has been made by Dr. Edward Taub, a neuroscientist at the University of Alabama. Much to the astonishment of the neurology establishment, Dr. Taub's research demonstrates that the supposedly inflexible brains of adults can undergo dramatic reorganization.

Dr. Taub made this discovery as he worked with stroke victims. The accepted understanding regarding stroke victims, thought and taught for many years, was that lasting paralysis after a stroke is irreversible, and that this lasting, irreversible paralysis is caused by death of the brain cells that had previously controlled the now paralyzed muscles – if a person's left arm and leg are still paralyzed several years after a stroke, it is because the brain cells that used to control the left arm and leg have been permanently destroyed by the stroke, and there's no way to fix the problem. However, Dr. Taub demonstrated that stroke victims could recover most of the function of "paralyzed" limbs, even after years of complete disability due to paralysis, if they performed exercises using choice and will power to "push" the paralyzed limbs into resuming old tasks.

It had already been known that strokes usually cause *irreversible, lethal* injury to only a small area of brain tissue, but cause *reversible injury* to a much larger area. What Dr. Taub discovered was that, as the larger area of injured cells gradually recovered, *but the patient continued to avoid using the "paralyzed" limbs*, neighboring areas of the brain would recruit

³ Schore, Allen N., Ph.D. *Affect Dysregulation and Disorders of the Self*. (New York, NY: W.W. Norton & Company), 2003; Schore, Allen N., Ph.D. *Affect Regulation and the Origin of the Self*. (Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers), 1994; Schore, Allen N., Ph.D. *Affect Regulation and the Repair of the Self*. (New York, NY: W.W. Norton & Company), 2003; Wilder, E. James. *Track 1 Lectures, THRIVE conference*, Ludington, MI, November 10-15, 2003; Wilder, E. James. *Track 2 Lectures, THRIVE conference*, Big Rapids, MI, August 16-21, 2004; Wilder, E. James. *Track 3 Lectures, THRIVE conference*, Big Rapids, MI, July 31-August 6, 2005; and Wilder, E. James, *Track 4 Lectures, THRIVE conference*, Big Rapids, MI, July 31-August 5.

⁴ Note that a very important implication of this point is that appropriate psychiatric medications can help to increase the capacity of a person's biological brain, and thereby increase the psychological, emotional capacity available for dealing with traumatic memories.

the recovering brain cells – the brain would “rewire” the neurological circuitry so that the *unemployed* recovering brain cells could be used for other purposes. AND, Dr. Taub discovered that the patients could recover the use of their “paralyzed” limbs because this process was reversible – if the patient spent many hours trying to make the paralyzed limbs resume old tasks, it seems that the person’s persistent choice and will power could push and guide the brain to return to the original neurological circuitry, enabling the now recovered brain cells to once again animate the no-longer paralyzed limbs.⁵

The really important point for this discussion is that even in the supposedly fixed brains of adults, persistent choice and will – *mind and spirit phenomena* – can push and guide the biological brain to reorganize the neurological circuitry for large portions of the cerebral cortex.

If mind and spirit phenomena can influence the organization and synchronization of neurological activation patterns, can influence brain chemistry, and can even influence the structure of the brain, then it seems reasonable that Immanuel interventions – powerful mind and spirit phenomena – might cause changes that increase the capacity of the biological brain.

C. Perceiving the Lord’s presence decreases the size of the problem: Perceiving the Lord’s presence *with me* inherently, immediately decreases the size of the problem. Returning to the example of the small child going into the dark basement helps make this one clear. If you think about it for a minute, you’ll realize that for a small child, going into a dark basement by herself is a much more difficult, much scarier, much more challenging task than going into the same dark basement with a big, safe, non-anxious companion – the *size of the challenge* actually changes if she gets to hold her father’s hand. Likewise, going into a painful memory by myself – which is the “truth” I have to work with when I am *not* able to perceive the Lord’s presence – is a much bigger, much scarier, much more difficult task than going into the same memory *with Jesus*. Even if a person knows, *in faith*, that Jesus is with her, my observation is that it’s a much bigger challenge to go through a painful memory *holding this truth in faith* than to go through the same painful memory *able to perceive the Lord’s presence in some tangible way*.

As I pointed out with the balance diagram, decreasing the size of the problem can help tip the balance towards “is able to go through the memory” just as effectively as increasing the person’s capacity. With the large challenge of “going through the painful memory alone,” the balance is more likely to tip towards the side of “*is not* able to go through the memory.” However, if we replace the larger challenge of going through the painful memory alone with the much smaller challenge of going through the memory *with Jesus*, the balance is more likely to tip towards the side of “*is* able to go through the memory.”

⁵ Taub, E. “Harnessing brain plasticity through behavioral techniques to produce new treatments in neurorehabilitation.” *Am Psychol*, Vol. 59, No. 8/November 2004, pages 692-704; Taub, E., Uswatte G.; Morris DM. “Improved motor recovery after stroke and massive cortical reorganization following constraint-induced movement therapy.” *Phys Med Rehabil Clin N Am*, Vol. 14 (Suppl 1), Feb 2003, pages S77-91; Victor, Mark, & Taub, Edward. “Constraint-induced movement therapy for chronic stroke hemiparesis and other disabilities,” *Restorative Neurology and Neuroscience*, Vol. 22, 2002, pages 317-336. For a fascinating presentation of this material, produced for the lay-public, see Grubin, David (executive producer), *The Secret Life of the Brain*, (New York, NY: Thirteen/WNET), 2001. Disc three, episode five, “The Aging Brain: Through Many Lives,” chapter 2, “Overcoming Paralysis.”

D. Lies, choice, and “mimic” capacity problems: Lies can mimic capacity problems by leading the person to *believe* that they don’t have the capacity to go through a particular traumatic memory. If the person is truly convinced that they don’t have the capacity to get through a particular traumatic memory, then it is actually very logical and reasonable to *choose* to not go in, or to disconnect part way through (at whatever point you become convinced that you are not going to make it). I call this a mimic capacity problem because the overall clinical picture can look very similar – the person doesn’t connect with the memory or repeatedly disconnects part way through, and often appears much like the person with inadequate capacity – but they are *choosing* to not connect, or not stay connected, because they *believe* they can’t make it through. They actually *do* have the capacity, and *would* be able to go through the memory, but they are *choosing* to not connect/not stay connected because they *believe* they can’t make it through.

Our earlier capacity diagrams are helpful in illustrating these points. On your left, you can see the larger dashed arrow that represents the person’s true capacity, and then the shorter solid arrow that represents the reduced *perceived* capacity – the person’s *lie-based, underestimate* of his capacity. On your right, you can see the series of hills that represents the size/intensity of different parts of the traumatic memory, and then the taller hills that represent the exaggerated *perceived* size/intensity – the person’s *lie-based, overestimate* of the traumatic memory. As illustrated in figure 6, these lie-based distortions then lead to the lie-based conclusion “It’s impossible – I can’t make it through,” and the corresponding decision and choice to not connect/not stay connected.

For those of you familiar with Dr. Ed Smith’s Theophostic® teaching, you will recognize this “It’s impossible, I can’t do it” belief as a *guardian lie* – a lie that “guards” access to a traumatic memory in some way, blocking the person from *fully connecting* with the memory, and thereby preventing him from moving forward into healing.

Note that this lie-based “mimic” capacity problem can be caused by “the problem is bigger” lies as well as by “my capacity is smaller” lies. Mis-perception in either of these directions will contribute to a guardian lie conclusion that it’s hopeless/impossible, and the corresponding logical choice to not connect or not stay connected.

I know this problem is common because *many* people, after resolving a specific traumatic memory, have made comments along the lines of: “Wow! That wasn’t as bad as I thought it would be. The imagined pain I’ve been fearing and avoiding was much bigger than what I experienced when I actually got there.” If we think about it, it shouldn’t surprise us that the enemy *routinely* tries to intimidate us with lie-based fear.

To provide an analogy, a true capacity problem would be like a computer operator *trying* to load a program, but being unable to load the program because there is not enough capacity on the computer’s hard drive. No matter how hard she tries, the program simply will not load because the computer does not have enough capacity. In contrast, a lie-based mimic capacity

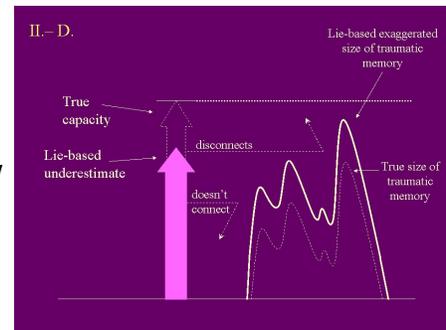


Figure 5

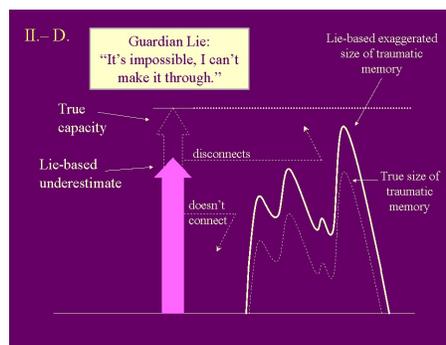


Figure 6

problem would be like a computer operator *choosing* to *not attempt* loading a program because she *believes* that the computer does not have enough capacity. The program would actually load if she would just try it, but she does not even try to load the program because she is convinced that it will not work, “so what’s the point of trying?!”

Returning to the car in the snowbank, a lie-based mimic capacity problem would be like me *choosing* to not push the car out of the snowbank, but not because I have a vow, bitterness, or am afraid of getting wet, but rather because I *believe* that I am not strong enough. “I mean, why get wet and dirty trying if you *know* you’re not gonna be able to do it?” Again, “what’s the point?!”

As the person perceives the Lord’s presence, allows Him to come close, learns more truth about His character and heart, deliberately asks for more resources, and just spends time being with Him, the Lord often addresses lies that cause mimic capacity problems.

When you actually experience or observe an Immanuel Intervention, you may not notice these lies causing mimic capacity problems, or notice Jesus resolving them. *Sometimes* the lies have already been identified, and it’s easy to recognize what’s happening when Jesus addresses them, *but in many cases*, He subtly addresses lies that have not yet been identified, and one does not even realize that lies have been addressed unless you slow down and ask a lot of specific questions. For example, you might be working with a person who appears to be stuck, and then suddenly moves forward after she is able to perceive the Lord’s presence, but it is not clear what happened. And unless you take the time to ask a bunch of questions, you will not discover that before she perceived Jesus’ presence, she felt like she would not be able to survive connecting with the memory – but she had not actually verbalized this guardian lie; and as she was able to perceive Jesus’ presence, allow Him to come close, etc., something shifted so that she no longer felt unable to go forward into the memory – but she had not verbalized this either.

I have also noticed that Jesus often makes spontaneous statements, resolving guardian lies that have not yet been explicitly named, and then just keeps moving. For example, He might spontaneously tell the person: “it’s the right time, and you can do it,” and then keep moving forward, without even stopping to point out that He was making these statements to address “I can’t do it – I don’t have the capacity” guardian lies. This frustrates me, since I wish He would be more careful to emphasize my teaching points.

Even with lies that *have* been explicitly identified, Immanuel interventions can sometimes resolve the lies in indirect ways that are easy to miss. For example, if the person is spending time with Jesus, learning more about His character and heart, and receiving from Him, and then at some point He invites her to move forward into the traumatic memory, she might simply follow Him, due to trust that has grown, and not even stop to think about the lie-based “I can’t do it” mimic capacity problem that had been in the way before she spent time with Jesus.

E. “I don’t want to feel the pain,” – another form of “mimic” capacity problem: We have also observed an “avoidance of pain” mimic capacity problem, where the person has adequate capacity, and knows she *could* get through the memory, but she really, really does not want to connect with the memory because she also knows it will be very painful. Again, I call this a “mimic” capacity problem because the overall clinical picture can look a lot like a true capacity problem – the person doesn’t connect with the memory or repeatedly disconnects part way through, and often appears much like the person with inadequate capacity – but they are

choosing to not connect or not stay connected because they are so afraid of experiencing the pain.

When a person is struggling with this “avoidance of pain” mimic capacity problem, perceiving Jesus’ presence and spending time with Him can encourage, inspire, and challenge her to rise to the occasion. The encouragement, inspiration, and challenge from being with Jesus can overcome the fear and avoidance, so that she is able to make new, more courageous choices. For example, a number of people have seen Jesus, on the cross, right in front of them as they were in especially painful and terrifying memories. From the cross, Jesus has made invitations to these people, along the lines of “Come and be *with Me* in this place. *Together* we can go through this suffering in a way that will bring redemption.” In every one of these situations these people have chosen to accept His invitation. They are usually sobbing uncontrollably as they are at the foot of the cross engaging with the suffering Jesus, and they make comments along the lines of, “He has a lot of credibility, since He’s leading by example,” “I think He has the right to say this to me,” and “It’s hard to refuse His invitation when He’s right in front of me, dying on the cross.”

F. Lies reducing true capacity – “self fulfilling prophecy”: In addition to lies resulting in mimic capacity problems, lies can affect the brain-mind-spirit system, actually *causing* true capacity problems by impairing the person’s usable capacity. In this way, lies, and especially guardian lies, can actually be self fulfilling prophecies. For example, a person’s actual capacity, when his brain-mind-spirit system is functioning well, might be at the point indicated by the larger dashed arrow, which is greater than the point of highest intensity for the memory he is trying to resolve.

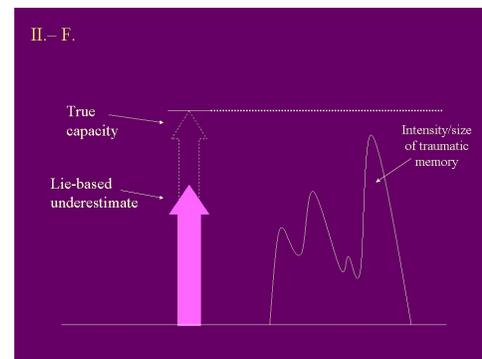


Figure 7

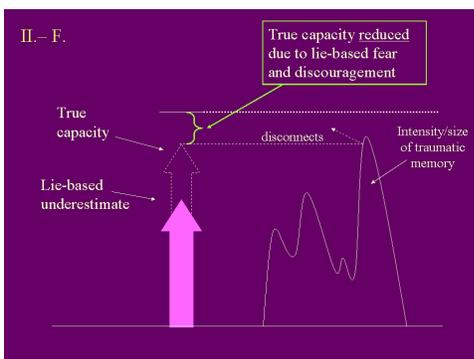


Figure 8

However, if he has a lie convincing him that his capacity is really at the point indicated by the smaller solid arrow, then he will have lie-based fear about what will happen if he attempts to go through the memory, and also lie-based discouragement about not being able to resolve the problem. This is where “self fulfilling prophecy” comes in: the lie-based fear and discouragement can actually affect his brain-mind-spirit system, as discussed above, causing his true capacity to decrease. If this effect is big enough, these negative thoughts and emotions can actually decrease his functional capacity to the point where, indeed, he *doesn't* have the capacity to go through the memory. If he then decides to go ahead and try, but while still fearful and discouraged, he will only succeed in reinforcing the guardian lies.

Immanuel interventions often resolve these lies that impair capacity. Again, when you actually experience or observe an Immanuel Intervention, you may not notice these lies that impair capacity, or notice Jesus resolving them. *Sometimes* these lies that impair capacity are explicitly identified and resolved during Immanuel interventions, *but in many cases* they are resolved without ever being identified or addressed directly. For example, the lie “I’m all alone in this” can contribute to thoughts and feelings of abandonment, loneliness, and despair, and these negative thoughts and emotions can impair the person’s capacity. Sometimes this lie will be

clearly identified, and Jesus will resolve it by addressing it explicitly, with comments such as “I’m with you here,” or “I’m always with you – you’re not alone.” However, at other times this lie is present, but it is *not* explicitly identified, and it is resolved spontaneously as soon as the person perceives the Lord’s presence. There have actually been *many* sessions in which I did not become aware of an “I’m all alone” lie impairing the person’s capacity until she said something like “Wow! It’s amazing how just being able to see Jesus with me makes such a big difference – it’s so much easier now that I know I’m not all alone in this.”

G. Jesus helps build core, true capacity: From my observations of many Immanuel interventions, Jesus appears to know all about Dr. Wilder and Dr. Schore’s teachings about tools for helping people grow their capacity, and He actually seems to be quite good at using these tools. For example, one of the simplest and most important ways to build joy strength, which is an important part of capacity, is to be with someone, and to communicate clearly that you’re glad to be with her. This is especially powerful when you make direct eye contact, and she can *see on your face* that you are glad to be with her. As we have observed Immanuel interventions, we have been struck by how often people make comments along the lines of “You know, Jesus is actually glad to be with me! I can just tell – *I can feel it* – He’s glad to be with me,” or “Jesus is looking me right in the eyes, and I can see on His face that He’s glad to be with me,” or “Jesus says He’s glad to be with me – that He’s sad about what I’ve done, but that He’s still glad to be with me.”

In fact, one of the lay-ministers we mentor discovered that she could coach her clients to deliberately initiate these “joy strength building with Jesus” interactions: Maggie was working with a client who had tremendous capacity problems. She had recently been through Dr. Wilder’s THRIVE seminar, had learned about the “glad to be with you,” eye contact, joy strength building exercises that he teaches, and had used these joy strength building exercises in sessions with this client. Maggie had also learned about Immanuel interventions from us, and had already discovered that this client could perceive Jesus’ presence very clearly. Furthermore, she had stumbled onto the idea of people doing these joy building exercises with Jesus when one of her other clients had commented “It’s like He’s glad to be with me. Jesus is looking intently at me, the way you would study an infant’s face, and I can see in His eyes that He’s glad to be with me.”

It occurred to Maggie that she might be able to coach this “capacity problem” client to *deliberately initiate* the joy strength building exercises with Jesus. So she asked: “Can you see Jesus’ face?” and then “Can you see Jesus’ eyes?” When the client responded with “yes” to both of these questions, Maggie suggested “Why don’t you try Dr. Wilder’s joy strength building exercises *with Jesus* – the exercises where you can see that the other person is glad to be with you, and you go back and forth between making eye contact and resting?” And both her client and Jesus seemed happy to do this. The best part is that after learning to do this in sessions, the client learned to do this joy strength building with Jesus *on her own*, so that she could work with Jesus to continue building joy strength *during the week between sessions!*⁶

Another example of capacity building tools that Jesus seems to be aware of is the process of building capacity through psychological, emotional “exercise.” One of the most basic

⁶ This account has actually been compiled from Maggie’s experience with a number of different clients. The more complete story has been condensed into this composite description in order to increase teaching efficiency.

principles for building psychological, emotional capacity is to start with challenges the person can handle, and increase the difficulty appropriately as the person builds strength. *We can build psychological, emotional strength (capacity) through “exercising” with painful emotions and painful memories that are hard, but that we can handle, in much the same way that we build physical capacity (strength) through physical exercises that are hard, but that we can handle.* When we exercise with challenges that are the right size, we become stronger, but if we attempt challenges that are too big for us, we get injured. A good coach knows how to build strength while avoiding injury.

Our experience has been that when we constantly turn to Jesus for leadership, in the context of Immanuel interventions, He consistently leads in this strength building process. He carefully chooses challenges of the appropriate size, and then steadily encourages the person to press into bigger challenges as her capacity grows.

H. Other, more mysterious mechanisms: In addition to the understandable, plausible mechanisms just discussed, we’ve observed sessions in which it seems that *being with Jesus* resolves capacity problems in ways that are hard to explain. Others have also noticed this. For example, in an e-mail discussing the content of this essay, Dr. Wilder commented:

“...those who seem to need more capacity than is humanly possible often have a special synchronized time with Jesus...that increases their capacity far beyond the range that their nervous system or human experience can account for.”⁷

Interestingly, several of my clients have reported comments from Jesus regarding this phenomena. In one session I was facilitating, the person was feeling overwhelmed by the traumatic memories she was facing, and felt that she did not have the capacity to get through them. She was already able to perceive the Lord’s presence, and when I coached her to talk to Him about her fear that she did not have enough capacity, she reported:

“Jesus is showing me a single knot in a soccer net. He’s saying that, standing alone, my capacity is like this single knot. And I see a soccer ball, representing my traumatic memories, come flying towards the knot. The ball smashes into the knot and sends it spinning into the air. (Pause) Now Jesus is showing me the whole soccer net, made up of many knots. He is showing me that if I am connected to Him – if I abide in Him, and He abides in me – then I am part of a community that includes Himself, the Father, and the Holy Spirit. And this community that includes the Trinity has a VERY LARGE capacity. I see the ball coming again, but this time it is easily stopped and caught in the net, and the Lord says: ‘If you abide in Us and We abide in you, then the capacity of Our larger community can easily handle your traumatic memories.’”

In a very similar situation, another person reported:

“Jesus is showing me my desktop computer, and He’s showing me that my capacity is like this single computer. This single computer has very limited capacity and is easily overwhelmed. (Pause) Now Jesus is showing me the internet – the whole World Wide Web – and I can see how it is a huge network of hundreds of millions of computers. He is showing me that if I am connected to Him – if I abide in Him like a branch abides in the vine, and He

⁷ Wilder, E. James, personal e-mail communication, July 2, 2005.

abides in me – then I am part of a much larger system that includes Himself, the Father, and the Holy Spirit. This larger system has all the resources of the Trinity available to it, and therefore has a HUGE capacity. Jesus is showing me that if I am connected to Him – if I abide in Him and He abides in me – then I am part of a much larger system that can easily handle my traumatic memories.”

Jesus seems to be saying that to the extent we are *connected to Him*, in the context of specific memories we are working on, *we can temporarily lean on/benefit from/share/tap into the VERY LARGE capacity of the Trinity*. Jesus didn't explain the mechanisms by which this works, but I have found these analogies helpful in at least partially understanding this phenomena.

Whether or not we fully understand the mechanisms by which Immanuel interventions work, an important part of the bottom line is that we have repeatedly observed these Immanuel interventions to dramatically reduce or resolve capacity problems.

III. How do we sort it all out?: At this point, some of you may be asking: “How do we figure out whether the person has a real capacity problem, whether he is choosing to not connect because he believes he can't make it through, whether he is choosing to not connect because he doesn't want to face the pain, or whether he has a real capacity problem, but one that only exists because lies are reducing his capacity?” Sorting out these different pieces *can* be difficult. In my experience – in my own healing journey and in working with others – sorting out these questions regarding capacity problems has been one of the more challenging aspects of Theophostic®-based therapy or ministry.

However, this is another place where Immanuel interventions are especially valuable. For anybody who is able to participate in Immanuel interventions, there usually is not much need to sort out the tangle of the various kinds of “true” capacity problems and mimic capacity problems. When they work, Immanuel interventions seem to address all of these problems without needing to sort them out first – as the person interacts with Jesus, and spends time *being with Him*, He usually addresses the different pieces in a smooth, organic way that doesn't seem to require sorting, identifying, or addressing each of the pieces separately.

As described above, when the person perceives the Lord's presence, allows Him to come close, learns more about His heart and character, receives more from Him, and spends time “Just being with Him:”

- She always finds that the size of the challenge decreases when she's facing it *with Jesus*,
- She often finds that He resolves lie-based mimic capacity problems,
- She often finds that He provides encouragement and inspiration, enabling her to make new, courageous choices, and resolving “I don't want to feel the pain” mimic capacity problems,
- She often finds that He resolves lies that impair capacity,
- She often finds that Jesus actually increases her underlying core capacity,
- And she often finds that, to the extent that she is *connected* to Jesus, she is able to temporarily tap into the infinite capacity of the Trinity.

Again, as the person interacts with Jesus, and spends time being *with* Him, He often addresses the different components in a smooth, organic way that usually doesn't seem to require separating and labeling each of the pieces, and the primary task of the therapist or minister is to help the person perceive Jesus' presence, get close to Jesus, stay focused on Jesus, and *be with* Jesus.

IV. Why talk about mechanisms of action?: So the next question is: "Why's he taking the time to talk about all these mechanisms of action, when he admits that we won't need to know this stuff for most sessions?" In fact, when you actually experience or observe Immanuel Interventions, you might even think "what's he talking about? I don't see any of that complicated stuff he described in his presentation. This is pretty simple. Just help the person get to the place where she can perceive Jesus' presence, and then just help her keep focusing on Jesus. Everything else pretty much flows."

However, I think there are several good reasons why it is important for me to talk about these mechanisms, even though they may only be visible when we slow things down and analyze them carefully:

A. Credibility: People in Christian healing ministry often suffer from lack of credibility. Especially with secular health care professionals, but also even within the church. My perception is that those in healing ministry, and especially those with strong intuitive abilities, often fail to perceive the complexity of what they do. They make it look easy, and it *may be easy for them*, but when they say something along the lines of "it's simple, just do it like I do it," and fail to analyze or discuss the underlying mechanisms, they lose credibility. One of the most basic ingredients for *increased credibility* is to identify reasonable, believable mechanisms of action for reported/claimed phenomena (in all academic settings, and especially in science and medicine, plausible mechanisms of action always provide increased credibility).

B. Transferability: Failing to analyze or discuss underlying mechanisms also makes it difficult to transfer the material, as *usable tools*. Others with similar intuitive gifts might say "Oh, Yeah. I get it. I can do that," but those of us without the same intuitive gifts will have difficulty understanding and/or using the material. Understanding of underlying mechanisms will make it much easier for less intuitive people to learn and use these Immanuel interventions.

C. People who get disorganized and disoriented: Some people have difficulty fully perceiving Jesus' guidance, and seem to get disoriented in one way or another, especially if working on intensely painful material. When this happens, the therapist or minister will need to be more directive in the process of finding and resolving the different components that may be contributing to capacity problems (and/or mimic capacity problems). In these situations, it helps to know what to look for.

D. People who have capacity problems, but can't use Immanuel interventions: When working with people who are *not* able to use Immanuel interventions, you will have to take even more leadership in looking for, focusing, and then addressing the different issues that might be contributing to capacity problems (and/or mimic capacity problems). In these situations, it will be especially helpful for the therapist or minister to have more understanding of the underlying mechanisms.

Again, I think it is worth the time and energy to play the film in slow motion, and analyze some of the pieces more carefully, even though you *won't* need this material in most of the situations where you are actually using Immanuel interventions. If, at some point in the future, you do need this information about underlying mechanisms – whether because you're trying to explain Immanuel interventions to skeptical colleagues, or because you are working with more difficult capacity problems – I want you to know where it is and why it is here.

V. Blessings beyond just addressing capacity problems: As we have been experimenting with Immanuel interventions for capacity problems, we have discovered that Immanuel interventions can result in many additional blessings, beyond just addressing capacity problems.

A.) Helpful in many ways during the session: When interventions to remove blockages have been effective, so that the person can perceive the Lord's presence, and interventions dealing with blockages have been effective, so that the person can let Jesus come closer, learn more about Him, receive more from Him, and *be with* Him, then at any point during the rest of the session that the person gets stuck, I simply coach her to look at Jesus, to focus on Jesus, to ask Jesus for help, to receive more from Jesus, and to spend time *being with* Jesus. For people who are able to perceive the Lord's presence with them in this way, the simplest additional "Immanuel Intervention" nudges can be all that is needed. Sometimes, all I have to do is ask "What's Jesus doing?" Or I might make a very simple suggestion, such as "Keep focusing on Jesus and see if that helps," "Ask Jesus if there's more He has for you," or "Ask Jesus what He wants you to do next."

I have been amazed by how often a person receives powerful help from Jesus early in a session, but then seems to "lose" Him when things get messy, even if this occurs only minutes later in the same session. On many occasions, when a client has become stuck later in the session, I have asked "Where's Jesus? What's He doing?" and they have responded along the lines of "Oh, I forgot about Jesus. Now that you mention it, I realize He's standing right beside me, but I wasn't looking at Him." In many of these situations, just reminding the person to look at Jesus quickly resolved the problem. If the person reports that they can no longer perceive the Lord's presence, we go back to discerning and addressing blockages. And when the person can again perceive His presence, the Lord then always helps in one way or another, and the healing process begins to move forward again.

B.) Benefits that continue beyond the session: People often experience profound, ongoing benefits that continue beyond the therapy/ministry session. For example, being *with* Jesus seems to be a very powerful source of joy, and this blesses the person in many ways in their "regular" life between sessions (those of you who have studied Dr. Wilder's material will especially appreciate the value of this). And receiving more truth about Jesus – more truth about His heart, more truth about His character, more truth about His authority and power to heal, more truth about what it is like to "just" *be with* Him, etc – inherently produces direct benefit for people's faith. When they know Him more, they trust Him more, and in addition to being helpful in therapy/ministry sessions, this increased faith also seems to be applicable in other aspects of their lives.

C.) Inherent value of being with Jesus: And here is a really strange thought: Maybe a closer relationship with Jesus is valuable, *in and of itself*. What if it is important and valuable to perceive the Lord's presence more clearly, to know Him more truly, to let Him come closer, and to "just" *be with* Him *even apart from all the practical benefits associated with*

these things. We all know that Mary was the one with the “correct” response in the story of Mary and Martha,⁸ where Mary was “just” sitting at Jesus’ feet, *being with Him*, and Martha wanted Mary to come and help with tasks that Martha apparently thought were more important. But if the painful truth be told, I’ve often identified more with Martha than with Mary. “I mean, it’s nice to just sit around with Jesus and all that, *if we can afford the time*, but there are practical, necessary,⁹ tasks that need to be taken care of *first*. If we have time after we finish these other *necessary* tasks, then, of course, wouldn’t we all like to just sit around and hang out with Jesus?”

As I have been observing the Lord’s responses in these sessions, it seems that He *still* thinks this relationship aspect – just *being with Him* – is even more important than “practical benefits,” such as resolving specific traumatic memory targets so that the person can be free of bothersome symptoms. In my own discipleship journey, watching Jesus interact with people during these Immanuel interventions has been one of the most powerful sources of truth regarding the importance and value of “just” *being with Him*.

It is important to note that *being with Jesus* is not *either* valuable for its own sake, or valuable as a resource for emotional healing. Not only does Scripture teach that *being with God* is inherently valuable (according to the team of more than 50 people who have spent 5 years preparing *The Renovare Spiritual Formation Bible*,¹⁰ *being with God* is the central, organizing theme of the whole Bible), and not only do our current Immanuel intervention interactions with Jesus indicate that He still thinks that *being with Him* is the “better portion,” but *being with the Lord also* happens to be a powerful source of joy, and contributes to building capacity. When you think about it, since God is truly a good and loving Father, it makes sense that something He wants, and that He teaches us to do, is *also* good for us. We just need to keep our priorities straight – remembering that the *relationship* aspect of *being with Him* is even more important than “practical” considerations, such as building capacity, resolving traumatic memories, and relieving symptoms.

So, an obvious conclusion here is that we should keep these Immanuel interventions in mind all of the time. They are especially helpful for capacity problems, but as we have observed the widespread and profound blessings of this kind of “being with Jesus,” we have begun experimenting with these Immanuel interventions in all emotional healing sessions. Whether or not there are capacity problems, it seems to be a tremendous blessing and resource for the person to be able to perceive the Lord’s presence early in the session, to be able to turn to Him for help throughout the rest of the session, and to be able to enjoy this increased connection and intimacy with Him between sessions.

As mentioned in part one of this presentation, we especially encourage you to try Immanuel interventions when working with people who are usually able to perceive the Lord’s presence at some point in emotional healing sessions, and/or who are often able to perceive the Lord’s presence in other situations.

⁸ Luke 10:38-42

⁹ Whatever you do, don’t say “more important.”

¹⁰ *The Renovare Spiritual Formation Bible: New Revised Standard Version with Deuterocanonical Books*, Editor: Richard J. Foster; General Editors: Gayle Beebe, Lynda L. Graybeal, Thomas C. Oden, Dallas Willard; Consulting Editors: Walter Brueggemann, Eugene H. Peterson. (New York, NY: HarperCollins Publishers), 2005.

VI. Frequently asked questions and other miscellaneous topics:

A. Continuum of intensity and clarity: Initially we thought there were basically two categories: those who *are* able to perceive the Lord's presence with the clarity and intensity necessary for Immanuel interventions, and those who *are not*. However, as we have continued to experiment with Immanuel interventions, we have worked with a growing number of people, including both Charlotte and myself, who had always thought of ourselves as not being able to perceive the Lord's presence, but who have discovered that we actually *were able* to perceive His presence, or that we *could become able* to perceive His presence.

What we are seeing, as we continue to observe, is that a very high percentage of people are able to perceive the Lord's presence (or can *become able* to perceive His presence), and that the question is more "where does each person land on the continuum of intensity and clarity." Instead of two categories – "yes" or "no" – there seems to be a continuous spectrum, from vivid, intense perceptions of Jesus' presence, where the power of His presence seems to easily resolve capacity problems, to very subtle perceptions of the Lord's presence, where the person needs help to even recognize that they *are* perceiving the Lord's presence.

One practical implication of this "continuum of intensity and clarity" is that not all Immanuel interventions will look exactly like what I have just described. Some will – they will unfold before you, and you will respond with "Amazing! This is exactly what Dr. Lehman described in his lecture!" But other Immanuel interventions will only *sort of* look like what I have just described, in that they will have the same shape or form, *but they won't be as big, as powerful, or as intense*. They will unfold before you, and you will respond with "This looks a lot like what Dr. Lehman described, but it seems like half the batteries are missing."

My observation is that the *power* of an Immanuel intervention, especially for resolving capacity problems, seems to correspond to the clarity and intensity of our perception of Jesus' presence. Furthermore, I'm observing that the same kind of hindrances and blockages that seem to prevent us from being able to perceive the Lord's presence, from being able to let Him come close, from being able to receive from Him, etc, *also seem to decrease the clarity and intensity of perceiving His presence*. Therefore, a second practical implication is that removing hindrances and blockages should not be a "one time deal," but rather an ongoing process *that will result in a steady increase in the clarity and intensity with which we are able to perceive the Lord's presence*.

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 presence¹¹ – 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, 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.*

¹¹ 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?"

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.¹²

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.

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

¹² 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.

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.

D. Dr. Ed Smith, Immanuel interventions, and capacity problems: As we were hearing about capacity and emotional healing from Dr. Wilder, one of the data points that puzzled us was how seldom Dr. Smith seemed to encounter capacity problems. He would routinely facilitate sessions in which small internal child parts would go through horrendous ritual abuse memories. How could this be? If Dr. Wilder’s material on capacity was valid, why didn’t it seem to apply to Dr. Smith? The people Dr. Smith was working with should have to spend hundreds of years building capacity in order to be able to go through these memories. As we developed this “Immanuel, emotional healing, and capacity” material, we realized we had found some of the missing pieces. Our perception is that Dr. Smith is a genius at resolving lies and at helping internal parts connect with Jesus. He seldom encountered capacity problems because he was intuitively employing two powerful tools for resolving capacity problems, and he is especially gifted at employing these tools.

E. 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 these Immanuel interventions 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, these “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 Immanuel interventions 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 “Immanuel Interventions” as described here are *not* a part of Dr. Smith’s official Theophostic® teaching.