



“Patricia: First Session with Internal Parts” *Condensed Version* **Explanatory Comments**

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These notes provide explanatory comments for the condensed version of the “Patricia: First Session with Internal Parts” emotional healing ministry session. Note: this session demonstrates intermediate (as opposed to basic or advanced) principles, techniques, and process.

Session summary (Patricia): Patricia’s mother died when she was only nine months old, and that painful separation was compounded by another change of primary caregivers at the age of eighteen months. In this session, Patricia works with the intense attachment pain from these two traumas. It becomes apparent that Patricia had employed mild to moderate dissociative phenomena to keep these painful memories separate from her usual conscious awareness, and Dr. Lehman demonstrates ways of working with these dissociative phenomena. In the ten-month follow-up interview, Patricia describes marked positive changes she has experienced since the session, including increased effectiveness in her own ministry of emotional healing.

Orienting time line for early life events:

1. Patricia’s Mom was “weakened” by delivery, and then got sick within days after Patricia’s birth after going out in the rain with Patricia’s Dad. She caught a “cold,” which eventually turned into pneumonia.
2. Patricia’s Mom went to the hospital when Patricia was about 6 weeks old.
3. Patricia lived with her grandfather and aunts from birth (her parents had been living with them at the time of her birth). Her grandfather and aunts were adults in the home, and actually her primary caretakers from the time of her birth.
4. Patricia’s mom died when she was 19 years old and Patricia was 9 months old.
5. Patricia stayed with her grandfather and aunts until her dad and step-mother took her “home” (to stay with them) when Patricia was 18 months old.

Dissociation and internal parts: This session is a good example of mild-moderate dissociative phenomena, where memories and/or pieces of memory (like the painful emotions), are disconnected and carried separately in some way. Notice that the dissociative process became clear when I used the direct eye contact technique, and when I worked directly and intentionally with internal parts, but that it was otherwise very subtle. There was no clear “switching,” different names (except for the part that called itself “fear”), or losing time.

Also, as discussed at the beginning of the session, dissociation had come up as a question in prior prayer sessions, but Patricia had never clearly identified dissociation or worked directly with dissociation or internal parts prior to this session. One of the most significant aspects of this session is that it is the first time Patricia recognized and worked with dissociation and internal parts.

“Child parts,” dissociation, and DID: It is important to understand that having “internal child parts” does *not* automatically lead to the diagnosis of Dissociative Identity Disorder (DID) –

perceiving “internal child parts” does *not* mean that Patricia therefore must have DID.

First, there are phenomena other than dissociation that can lead to the subjective experience of perceiving “internal child parts.” For example, one can carry an unresolved traumatic memory in a memory *package* that includes not just the autobiographical content of the memory, but also the overall subjective experience of being *inside the child ego-state present at the time of the memory*. When this memory package is open and activated, the person will not only “remember” the explicit, autobiographical story content of the memory, but will also have the subjective experience of being *inside* the ego-state of the child in the memory. And no other indicators of dissociative phenomena will be present. For example, there will be no amnesic barriers (the person will report that the event has always been available to her voluntary, conscious recall, and the event will continue to be available to her voluntary, conscious recall after the session), and the different pieces of the memory, including the emotions, will all be present and connected.¹ The subjective experience of being inside the child in the memory *does also* occur when one has dissociated internal child parts, but the important point here is that dissociation is not the *only* phenomena that can cause this subjective experience of “internal child parts.”

Secondly, there is a wide range of dissociative phenomena. My perception, from my own clinical experience and from reviewing the literature, is that dissociation is actually quite common – many of us have mild to moderate dissociative phenomena associated with a few of our most intense traumatic memories. But full Dissociative Identity Disorder includes much more intense and pervasive dissociative phenomena, and is much less common. Even if someone *does* have *dissociated* internal child parts, she does *not* necessarily have Dissociative Identity Disorder. Patricia actually provides a good example of this point. In this session she displays mild-moderate dissociative phenomena, where memories, *or just pieces – like the painful emotions –* are disconnected and carried separately in some way;² but she does *not* meet criteria for DID.

It is important that lay ministers learn about dissociation, and there are many lay ministers that do good work with dissociative phenomena, but the terms “Dissociative Identity Disorder” and “DID” are often used inappropriately, resulting in unnecessary confusion and in loss of credibility for Christian emotional healing ministry. I therefore encourage lay-ministers to refrain from using these terms *unless the person in question has been diagnosed by a qualified professional who has carefully reviewed the diagnostic criteria*.

Direct eye contact: The direct eye contact technique used during this session is discussed in more detail in the essay “Direct Eye Contact” (Ministry Aids page of our web site, www.kclehman.com).

This tape also provides a good example of difficulty maintaining eye contact indicating an internal part that is struggling/squirming in some way. Notice how Patricia keeps glancing away when we are working with an internal part that was trying to calm Patricia down by speaking for Jesus (time on tape: 4:15).

Wailing: To get an accurate perception of emotional intensity, it is important to realize that the sound was turned way down at certain points in the session when Patricia was crying intensely

¹ I am not aware of any research supporting these statements about non-dissociative “internal child parts,” but I have personally had this experience on a number of occasions, and I have observed many emotional healing sessions where non-dissociative internal child parts appeared to be present.

² The dissociative process was subtle, with no clear “switching,” different names, or losing time, but it did seem like there were “parts” of Patricia’s mind carrying some of the painful memories and/or emotions in a disconnected place that was *not* usually accessible as conscious autobiographical memory.

(you can notice my voice getting very faint on the tape, even though my voice volume in the actual session remained the same). She was *really wailing*.

Healing I didn’t initially see/recognize: Watching for fruit over the ten months following the initial ministry session revealed that there was some healing work that I did not see/recognize during the session. For example, Patricia reports dramatic resolution of fear (regarding prison visit), and perceives that this was due to removal of a lie along the lines of “Something bad is going to happen.” I wonder if “Something bad is going to happen” may have been from memories in the hospital and her mother dying, and that this was triggered by the institutional setting of the prison, but I am not confident about either the source of the lie or the point in the session where it was resolved. I certainly wasn’t aware of this particular piece of healing during the session.

In my experience, the Lord *often* accomplishes healing that neither the facilitator nor the person receiving ministry notice/recognize. As I have been observing this phenomena, I have noticed that healing moments often come quietly – at the moment the person connects with the root memory, the lie, and the negative emotions, the Lord quickly and quietly replaces the lie with truth. The healing can be recognized during the session if the emotional healing minister takes the time to go back the memory and test whether the lie still feels true, but often the session moves on to something else and the person doesn’t even become aware of the healing until she notices fruit at some later time. Dr. Smith teaches about “no see, no hear” people, who routinely experience quiet/“invisible” healing moments, but it is important to realize that this quiet/“invisible” type of healing is also common for people who experience some of their healing moments in much more dramatic ways. Patricia’s experience in this session is a good example, in that she received some pieces of healing in the quiet/“invisible” way just described, but received other parts of the healing in much more dramatic ways (being subjectively aware of receiving insights about her memories, “hearing” Jesus speak words of truth, having a clear mental image of Jesus sitting next to her, feeling physical sensations of warmth and comfort, etc.).

The bottom line is always to watch for lasting fruit.

(Time on tape: 1:15-1:18): Patricia starts with clear lies about the character of God, and then has a profound healing interaction with Jesus. Her comments include: “It’s kinda like that part is meeting the real Jesus. He’s not like the Jesus I was afraid of,” “He’s not like the one I was afraid of. He’s not like that at all,” and “It’s warm....I think I must have been cold for a long time, but I’m warm now, and it feels so much better.”

Immanuel interventions: Even though this session occurred years before Charlotte and I focused our Immanuel material more clearly, the session still includes some beautiful Immanuel interventions. For example, one internal part is not only unable to perceive the Lord’s presence, but also intensely afraid of hearing Him speak. As we work with this part, and her fear of hearing from Jesus, it becomes clear that she has memories where she learned to think of God as being angry and scary.³ It also becomes clear that this child part believes she is bad because she is responsible for her mother’s death. She puts these pieces together and comes up with the conclusion: “If God shows up, He will be angry with me and punish me.” It is not surprising that these anti-Immanuel lies and fears hinder her from perceiving the Lord’s presence.

³ The part of the session where she talks about memories of learning that God is angry and scary is actually not included in the condensed version, but I mention it in this commentary because the whole package provides such an excellent example of Immanuel blockages and a successful Immanuel intervention.

When these blockages are addressed, this child part becomes able to perceive the Lord’s presence, and has the privilege of learning the truth about the Lord’s heart and character by interacting directly with Jesus. At this point in the session, Patricia’s comments include: “It’s kinda like that part is meeting the real Jesus. He’s not like the Jesus I was afraid of....He’s not like the one I was afraid of. He’s not like that at all....it feels so much better.”

Not all done: Even considering the common phenomena of healing that the facilitator doesn’t recognize, my perception was still that there were wounds, lies, etc. that had not been fully resolved. This perception was confirmed at a second session Patricia had ten months later, in that we encountered many unresolved wounds and issues regarding her mother’s death, regarding the loss of her aunt and grandfather as primary caretakers, and also lots of other childhood trauma.

Deleted material: To put the “Condensed Version” in perspective: In order to make the 22 minute condensed version, 115 minutes of material have been deleted from the 137 minute complete version. The condensed version is valuable for providing an *overview* of what a Theophostic-based therapy/ministry session looks like, and it’s great for inspiration and building faith, but if you are actually trying to learn how to facilitate Theophostic-based sessions, you will definitely want to view the complete version.

Dr. Ed Smith, Theophostic® Prayer Ministry: We strongly recommend that anyone involved in the field of emotional healing study the Theophostic® Prayer Ministry approach as developed by Dr. Ed Smith. We have greatly benefitted, both personally and vocationally, from studying Dr. Smith’s training materials, and from watching Dr. Smith work at his apprenticeship training seminars. For further information on Theophostic® Prayer Ministry, and to buy Theophostic® training materials, go to www.theophostic.com.

Please note that we respect Dr. Smith tremendously, and value our friendship with him, however, neither we nor this tape are in any way officially connected with or endorsed by Dr. Smith or Theophostic® Prayer Ministries.

“Theophostic®-based” therapy/ministry: To describe the healing approach demonstrated in the “Chrystal...” ministry session, we have developed the term “Theophostic®-based” therapy/ministry. We use the term “Theophostic®-based” to refer to therapies/ ministries, such as ours at the time of this session, that are built around a core of Theophostic® principles and techniques, but that are not exactly identical to, or limited to, Theophostic® Prayer Ministry as taught by Dr. Ed Smith. For example, a “Theophostic®-based” therapy/ministry might include dealing with curses, spiritual strongholds, generational problems, and suicide-related phenomena, and/or incorporate journaling, spiritual disciplines, community, and medical psychiatry – and these issues and techniques are not a part of what we understand Dr. Smith to define as Theophostic® Prayer Ministry.

More information: For more information from Karl Lehman M.D. and Charlotte Lehman M.Div, including our teaching about the Immanuel approach to emotional healing, our assessment and recommendations about Theophostic® Ministry, our teaching about how Christian emotional healing can fit into professional mental health care, and much more, please help yourself to the free information on our website, www.kclehman.com.