Immanuel: Narrative Case Studies Exploring Inner Healing in Clinical Settings.

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Abstract

Five participants, one psychiatrist, one psychologist, one social worker, one pastoral counselor, and one professional counselor were recruited from the Lehman Mentoring Group for Mental Health Professionals. Narrative case study methodology was utilized to identify the meanings that the participants made of their Inner Healing experiences. Data was collected from archival recordings, face-to-face interviews, Skype interviews, and a focus group. Over the period of time the participants were members of the Lehman Group data emerged identifying a change in participant narratives. When deliberate interventions that provided attunement and joy were introduced to the Theophostic Inner Healing model participants reported a greater capacity to reconsolidate traumatic memories. The new model was named the Immanuel Approach.

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CHAPTER I

INTRODUCTION

This qualitative study explored the experience of Inner Healing, a therapeutic intervention in which clients' perception of Jesus provides the corrective emotional experience (Smith, 2005), within a group of elite participants. Stephens (2007) considers elite participants those who have influence and place in a culture. In this study, the five elite participants in the field of Inner Healing, which included – one psychiatrist, one psychologist, one social worker, one missionary/professional counselor, and one pastoral counselor – narrated personal Inner Healing stories. Their accounts were examined to answer four research questions elucidating the essential experience of Inner Healing. Barthes (1977) first identified many forms that narratives may take (e.g., written language, conversation, movies, fables, stories, etc.). The form utilized in this study was the personal experience story (Flick, 2003).

The study was an exploration into the personal experience stories of the participants as they narrated their Inner Healing journeys. First, the researcher explored experiences of participants as they narrated their Inner Healing experiences. Second, the researcher explored an understanding of how the participants' stories changed over time as a result of interventions, asking them to explain their lived

experiences of the effects of Inner Healing. Third, the researcher explored the effects of their Inner Healing experiences on their professional practices. Fourth, as participants identified intersections between Inner Healing and psychology, the researcher strove to gain insight on how experienced professionals make integrations.

Chapter one began by investigating the historical roots of the culture of psychology that separates faith and science in the background of the problem. Next, the effects of this dichotomy were elucidated in the statement of the problem. Following the statement of the problem, an investigation of the literature of key individuals in Inner Healing was reviewed chronologically and topically under the theoretical lens of how these individuals integrated faith and science. To conclude, a rational for the study was offered.

Background of the Problem

Inner Healing was born out of the seeds of the Pentecostal healing revival (Sanford, 1947). At the start of the 20th century, thousands of people who were considered the lower classes of society and outside mainstream denominations were pouring into charismatic meetings held in tents, rented warehouses or storefront churches to receive the offer of physical healing (Bartleman, 1980). To the early Pentecostal leaders, healing was not secondary, but an essential part of the salvation message (Hudson, 2003). From the teachings of British Holiness teacher A.B. Simpson sprang many of the evangelists who propagated the idea that Christ's death provided deliverance from sickness. To be sick, to take medicine, or even to go to the doctor was considered a lack of faith (Hudson, 2003). For these healers (e.g., Dowie, 1897; Wigglesworth, 1998),

the Bible alone provided both the epistemology and examples of instruction for their healing practice.

Faith Alone

The meanings early revivalists made of their experiences were that faith was the currency to bring heaven's presence to earth and to appropriate healing (Wigglesworth, 1998). Physical realities could not be brought to consciousness for fear of enacting a state of mind contrary to faith (Wigglesworth, 1998). Consequently, this revival of faith also revived dualistic thinking, characterized by an extreme dichotomization of faith and science (see Martin, 1957, chapter two, for discussion of Dowie's flat earth science). According to Fogel (2000, p. 62), "Darwinism was another issue that promoted splits. Darwin's theories' did not just challenge the biblical account of creation by describing nature as amoral and purposeless; they also challenged the revivalist's millennial goal, the building of God's kingdom on earth" (p.62). Since these Revivalists/Faith Healers provided foundation for pioneers of Inner Healing (Smith 2009), the resistance for Inner Healers to integrate faith and science may be seen to have its roots in the Pentecostal theology that emerged from the revivals.

Science Alone

At the same time Faith Healers were separating from science, Freud (1930) separated from faith. He deemed "religion as potentially so infantile, so foreign to reality . . . it is painful to think that the great majority of mortals will never be able to rise above this view of life" (1963, p.11). This decree placed many Christian practitioners in "a defensive position with regard to religious experience, confining the concept of religion to psychopathology" (Hayes & Cowie, p. 27). Thus, Freud's decree had implications for

Christians to confidently study unseen spiritual constructs with the same methods that the unseen constructs of Id and Ego were studied. The hostility was exemplified by the "father of psychology" denouncing God and religion's power to positively affect therapeutic change, openly espousing that religion was a form of communal neurosis (Freud, 1930).

In the first decade of the 20th century, the contrast between Seymour, the African American preacher of the Azusa street revival, and Freud provides a historical context in which to view the dichotomy that existed between faith and science: Seymour, like many faith healers, had little formal education, whereas, Freud, in 1902 was appointed "Professor Extraordinary" at the University of Vienna. In 1906, the year that more African-Americans were lynched than any other year in U.S. history, it was illegal for Seymour (Welchel, 2006) to be out on the streets at night in Pasadena because of his color. Conversely, Freud was honored in European cities, as a member of the Royal Society of London (Hayes & Cowie).

Dichotomous Culture

From the seeds of this culture, characterized by hostility and division, emerged a young missionary woman from China to give birth to Inner Healing. Her name was Agnes Sanford. Sanford came back to her family roots in America, fleeing the aftermath of the Boxer rebellion, and was depressed to the point of suicide. In 1934, Hollis Colwell came to Sanford's house to pray for her son (Sanford, 1966). After prayer for physical healing, her son was immediately healed**.** Sanford, who had struggled with depression for most of her life, debated for a year before requesting Colwell pray for her psychological illness. After prayer, Sanford (1966) reported that depression lifted. Consequently, she

spent the rest of her life making meaning of that experience, an experience, she said, that led to her deep Inner Healing. Years later, Sanford (1966) stated, "I recall the days when sunlight lay upon my soul as heavily as blackness and I thank the Lord that those days are gone" (p. 17).

These snapshots contextualize the dichotomy between faith and science in the culture. Those in the faith community experienced a phenomenon, and rejected scientific inquiry. Likewise, those in the scientific community experienced a phenomenon, and rejected explanations of faith. Consequently, the dichotomy that developed hindered investigation into the complex phenomenon of Inner Healing, a phenomenon that may require integration of both horizons to gain a deeper understanding of the problem (Hayes & Cowie). This background continues to inhibit the investigation of Inner Healing (Hunter & Yarhouse, 2009). .

Statement of the Problem

Although the practice of different Inner Healing modalities is evolving and growing at an accelerating rate (Garzon & Paloma, 2005), a recent review of the literature found no research identifying the therapeutic themes in Inner Healing. Many clients are reporting dramatic results, but few seem to make meaning of Inner Healing experiences or understand their experience in the context of modern psychology (Garzon & Paloma, 2005). The lack of exploration around salient themes in Inner Healing has created a culture in which (a) future research lacks a foundation upon which to build, (b) the professional advancement of Inner Healing is at an impasse, and thus, (c) debate is filled with either criticism or praise, without rational discussion of what is being criticized or praised (Garzon & Paloma, 2005).

Epistemological Differences

Yarhouse, Butman, and McRay (2005) began debate of the problem by contrasting epistemological differences between Inner Healing and psychology. They stated pastoral care has historically been "based chiefly on reflection or deduction from principles derived from scripture and pastoral experience, whereas modern psychologies, while also indebted to reflection and theorizing, are grounded more in behavioral science investigation characterized by inductive, empirical study" (p. 16). Hunter (2009) addressed the disparity in epistemological approaches between Inner Healing and psychology and explained, "When the two horizons attempt to meet and explore areas of integration . . . much of the tension appears to arise from the differing epistemological postures" (p. 101).

However, modern practitioners of Inner Healing (Lehman, personal communication, August, 2011; & Smith personal communication, August, 2010) and others (e.g., Smith, DeSilva, Wimber) pointed out that the basis for their ministry is not on reflection or deduction, but, rather, on inductive observations of ministry, (i.e., demonstration of the Holy Spirit) established at the birth of the church, (e.g., 1 Cor.2:4). For example, MacNutt (1974) described his transition from traditional Christian counseling that is based upon teaching the client the principles of Jesus to Inner Healing that is based upon the client experiencing Jesus:

> Jesus as Lord of time is able to do what we cannot: he can heal those wounds of the past that still cause us suffering. The most I was able to do as a counselor was to help the person bring to the foreground of consciousness the things that were buried in the past, so that he could consciously cope with them in the present. Now I am discovering that the Lord can heal these wounds. (p. 187)

Smith (2005) emphasized the need for an experiential knowing in counseling sessions. He stated, "No person, including we, ourselves, is capable of talking us out of the lies we believe. We will only be free when we receive truth from the One who is Truth" (p. 35).

Lehman (2011) described experiencing a relational connection with Jesus in sessions:

> When I am experiencing an interactive connection, it feels true that the Lord sees, hears, and understands the emotions and thoughts I am experiencing and communicating, and it also feels true that he is offering contingent responses to my emotions and thoughts. (p. 157)

A thorough review of the literature revealed these observations have neither been studied qualitatively nor followed quantitatively with similar methodologies that are used to study psychology. The dichotomy that exists between Inner Healing and psychology has created a tension in which the discussion of, or investigation into, observed phenomena can neither be bridged scientifically nor broached academically. For example, Entwistle (CAPS International Conference, Panel discussion, April 7, 2005) stated, "I am certain that this is something we cannot evaluate empirically. We can't put Jesus in a laboratory. . . . Most Christian colleges wouldn't want you doing that anyway." Hence, investigation by both Christians and non-Christians seems filled with tension surrounding the fear that Jesus is being examined. However, Smith (Personal conversation, October, 2010) and others (e.g., Lehman, 2011; Wilder, 2011), who welcome scientific investigation, emphasized that the basis for investigation of Inner Healing should be based upon client reports, and upon observable results, not upon evaluations of Jesus.

Lack of Scientific Methods

Lack of research-based theory concerning Inner Healing hinders the development, implementation, supervision, and evaluation of the practice (Garzon & Paloma, 2005). Consequently, there are no central organizing principles with which to approach two basic questions: (a) Does Inner Healing help clients? and (b) How does Inner Healing help clients? Without developing a comprehensive base of elemental and therapeutic themes, the field remains undefined; it can neither standardize nor supervise interventions, and it loses credibility. Hunter and Yarhouse (2009) encouraged discussion and clarification on critical concerns, suggesting that before mental health professionals use models of Inner Healing in a licensed clinical setting, they consider the need for further research. Additionally, without foundational qualitative research that answers the basic research questions of this study, the educator will remain without a framework for teaching models of Inner Healing.

Regardless of the dichotomy between faith and science, the past two decades have been marked by a decided increase in the acceptance, appreciation and interest in spirituality by mental health professionals (Miller, 1999; Miller & Delaney, 2004; Richards & Bergin, 2000; Shafranshe, 1996; Sperry & Shafranske, 2004). According to Tan (2002), millions of congregants have been influenced by seminars and writings from church-based counseling. Within the Church, there has been a renewed interest in various models of Inner Healing. Smith (2005), the founder of Theophostic Prayer Ministry (TPM), which is possibly the most used model of Inner Healing (Garzon & Paloma, 2005), estimated that there are over 500,000 practitioners of TPM worldwide ranging from psychiatrists, psychologists, counselors, pastors and even tribal chieftains (E. Smith personal communication, August 28, 2010).

Nevertheless, according to Garzon and Paloma (2005), TPM, which has seen a virtual explosion in interest in the last decade, remains relatively unexplored. Garzon and Paloma stated, "Since no empirical research has been reported on TPM at the time of this writing, the need for exploratory, descriptive studies becomes self-evident" (p. 388). Even though the clinical landscape now includes many medical and psychological researchers willing to talk openly about the role of spirituality in healing and health (e.g., Koenig, McCullough, & Larson, 2001; Pargament,1997; Shafranske, 1996; Siegel, 1986; Thomas, 1997), there remains a huge gap in the research literature regarding Inner Healing.

The paucity of useful research on Inner Healing primarily includes: (a) four comparisons of different Inner Healing models (Johnson, 2005), (b) two quantitative studies using traditional scales for measurement (Kleinschuster, 2004; Witherspoon, 2003), (c) a case study of demonic harassment (Lewis, 2001), (d) cautious warnings on the dangers and ethics of Inner Healing (Hunter & Yarhouse, 2009; Entwhistle, 2004;), and (e) reports on client and practitioner satisfaction (Smith, 2012). Many seem to think Inner Healing is either the best therapeutic intervention that has ever been discovered or the worst, with Garzon and Paloma (2005), deeming the truth somewhere in the middle.

Despite its continued growth pointing to strong therapeutic factors, Inner Healing and TPM remain relatively un-researched (Garzon & Paloma, 2005) and seem to be ignored for study to those outside the Christian Church (Garzon & Paloma). Also, because of controversy over doctrinal issues, many within the Church oppose the investigation of Inner Healing (Smith, 2000). Further, because of the spiritual-based nature of its methods, many inside academic communities deem Inner Healing models

outside the bounds of research and study (E. Smith, personal communication, August 28, 2010). Therefore, the problem is that Inner Healing remains relatively un-researched.

Purpose of the Study

The purpose of this study was to explore themes in Inner Healing interventions. When Yallom (2005) sought to understand the experience of group psychotherapy, he chose to explore and define the essential factors, (i.e., salient themes) to have a central organizing principle to guide practice. Yallom (2005) stated, "Therapeutic change is an enormously complicated process that occurs through an intricate interplay of human experience, there is considerable advantage in approaching the complex through the simple, the total phenomenon through its basic component processes" (p.1).

Identifying Themes

Likewise, this study used Yallom's example of approaching the complex through the simple to explore Inner Healing, which is a complicated phenomenon due to its integration of spiritual elements (Smith, 2005). By identifying themes, it was the intent to elucidate the total phenomenon through its basic components. Lehman (2009) used the metaphor of baking bread to explain the need for identifying necessary ingredients (i.e., salient therapeutic themes):

> If you identify all of the necessary ingredients, and then are careful to include them every time, you always get bread. In contrast, if you identify and then deliberately include only some of the necessary ingredients, you get bread when you accidentally include the additional necessary ingredients, but then are puzzled when they are accidentally omitted. You can include everything but the yeast, and get a very small, very hard lump that is quite different than bread. (p. 24)

Defining Themes

Historically, practitioners periodically were able to successfully bake the bread of a successful Inner Healing session (e.g., Sanford, 1947; MacNutt, 1974; Stapleton, 1976;

& Wimber, 1987). It seems they understood the themes necessary for success, primarily through right-brain, emotional, intuitive knowing (Schore, 2011). However, it also seems these historic Inner Healers had not yet developed left-brain logic and integrative knowing (Thompson, 2010). Thompson (2010) discussed the complex phenomenon of integrating left-brain, emotional and overwhelming experiences into logical narratives:

> The person is flooded with feelings that are not easily placed into a linear flow of understanding, so the story may sound disjointed. . . . The left brain does not have adequate access to make cohesive sense out of the emotional payload that is being foisted upon it in such unannounced, unpredictable ways. (p. 128)

To date, the therapeutic themes have not been defined; therefore, practitioners remain (a) unable to consistently replicate the "baking" of successful Inner Healing sessions, (b) unclear on specific ingredients or amounts of specific ingredients for specific conditions, and (c) unable to transfer the recipe to others.

Developing Organizing Principles

Early practitioners had little research for building organizing principles to inform their practice. If intuitive knowing or spiritual discernment was inaccurate, harm was done (Gumprecht, 2010). Hunter and Yarhouse (2009) pointed out there were no safeguards to prevent harm. The information in this study helped develop safeguards.

This study increased knowledge, explaining what makes for efficacy in Inner Healing. By understanding how elite participants integrated Inner Healing experiences into their understanding of psychological theory, other interested professionals may gain greater understanding. This information constitutes a rational basis for the counselor's or therapists selection of tools to implement with different clients in different settings. In order to move the theory and practice of Inner Healing beyond opinion and speculation,

toward empirically researched interventions, this study provided an important starting point.

Importance of the Study

The salient therapeutic themes within Inner Healing have lacked identification since Sanford (1947) penned an account of her first personal experience. Even among practitioners, there is disagreement as to what makes Inner Healing effective. Like psychology, there are many models, which causes debate as to which is best for a particular diagnostic disorder. Unlike psychology, there was no research upon which to build scholarly debate.

Prior to this study, the research on Inner Healing had centered on evaluation of anecdotal reports without an in-depth definition of what was being analyzed (Garzon & Paloma, 2005). Historically, there had been a polarizing of opinion based upon incomplete information, a significant amount of warranted criticism, and abuses stemming from a lack of standard best practices and supervision (Gumprecht, 2010). Without foundational research, there remained little basis for practitioners of Inner Healing to build the theory and practice of Inner Healing professionally. To establish a foundation, this study explored the meanings the elite participants made of their Inner Healing experiences, and offers those insights to the profession through literature and presentation.

Scope of the Study

This study encompassed the personal and professional Inner Healing experiences five elite participants (see Stephens, 2007, for discussion on elite participants). These experiences spanned over a 10-year period of time. The meanings that the participants

made of their Inner Healing experiences reflected a wide range of experiences. This experience represented over 75 years combined experience in traditional mental health modalities and another 25 years of Inner Healing modalities. The participants were all from different mental health care disciplines, and all are members of an Inner Healing mentoring group for mental health care professionals. The researcher explored the narratives of participants to capture the rich descriptive data that was needed to gain an understanding of the meanings (Atkinson & Delamont 2006).

Based upon this framework, the researcher was neither attempting to verify the existence of a theory, nor attempting to evaluate a theory. Likewise, the researcher was neither attempting to verify the validity of the identified phenomenon in the personal experience, nor attempting to evaluate the truth of the identified phenomenon in the personal experience. Instead, this method sought to accurately capture the personal meaning that the participants made of the experience.

This study focused on the contextual meaning of Inner Healing experiences as perceived by elite participants. The explored experiences through participants' words may assist interested professionals by informing integration of faith-based approaches into their practices. These also may help form a more supportive relationship with clients who desire an integrative approach in their treatment. Additionally, this study addresses issues of faith not commonly addressed in relevant professional literature; therefore, it presents to the literature new insights on integration.

Limitations of the Study

The participants were all professionals who possibly had a greater capacity to access and reconstitute painful memories than the average person; thus, participants were

not representative of the general population. Further, having been a qualitative study with a relatively small sample, this research did not generalize the findings to other groups and contexts. Therefore, the most obvious limitation was the ability to draw descriptive or inferential conclusions from sample data about the general population.

The primary researcher in this study immersed himself in the Lehman Inner Healing Mentoring group for the past nine years. Therefore, the relationships that he has established influenced the research. In narrative research this influence is to the extent that the researcher acts as the primary tool to collect and interpret data, disregarding triangulation and member checks for validity.

Review of Literature

A narrative methodology was used in the presentation of this literature review to explore relevant literature about key individuals in Inner Healing. Specifically, the investigation of personal narratives was chronologically and topically explored in order to identify the salient themes that emerged about their experiences. Due to the limited amount of scholarly literature surrounding Inner Healing, the researcher utilized narrative methodologies, reporting many personal communications and literature sources to capture these experiences. Additionally, the narrative format utilized to inform the literature review was the theoretical lens format (Marshall & Rossman, 2006). Creswell (1998) explained the theoretical lens format:

> A theoretical lens (e.g., feminist, racial, ethnic) that informs the study in the literature review, 'trustworthiness' in place of . . . 'validation,' and a section for being reflexive through personal biography, and both the ethical and political considerations of the author. (p.49)

Narratives were viewed through a theoretic lens of integration of faith and relevant psychological literature. Stories were reported under the lens of how they made

coherent and cohesive narratives by integrating faith and science. Traditionally, integration had been viewed as integrating the knowledge of scripture and biblical principles with the knowledge of scientific knowledge and principles. However, in this study, integration was seen as integrating the experiences of perceiving the presence of Jesus, and how that presence may bring Inner Healing with relevant psychological literature.

In the literature review, the researcher examined reported change as a result of Inner Healing in lives of key individuals and the influences this change had on the metanarrative of Inner Healing. The key individuals were grouped chronologically and were placed into groups that reflected common narratives. For example, Revivalists were presented in chronological order, and then discussed according to predominant themes in their narratives.

Review of the literature began with an overview of the elements of narrative research, and then proceeded with a historical discussion of key figures within Inner Healing. The format for examining the literature mirrored the research questions in the study. The discussion started with an exploration of (a) therapeutic themes in narratives, (b) effects of Inner Healing on narratives and life change, (c) effects of Inner Healing on practice, and (d) integration of faith and science within narratives. The discussion of key historical leaders started with the revivalists (e.g., Seymour; Dowie, 1897) who provided the epistemological foundations for Inner Healers (e.g., Sandford, 1947; Stapleton, 1976), and ended with the mental health professionals (e.g., Garzon, 2007; Wilder, 2011), who have recently shaped the practice by integrating scientific research such as neuroscience.

Key leaders were discussed, exploring (a) early work, (b) body of work, (c) themes, and (d) criticisms. This review guided inquiry of participant narratives in the study.

Exploring Themes in Narratives

Personal episodic experience stories (Creswell, 2009) were examined to identify predominant salient themes. Carter (1993) explained episodic experiences in narratives stating, "Stories consist . . . of events, characters, and settings arranged in a temporal sequence implying both causality and significance" (p. 6). Often the meanings made of stories involve a struggle as in a plot in which a predicament or conflict is resolved in some fashion (Scholes, 1982). Wildman and McNamara (2010) explained that the struggle may be exacerbated by attempting to make meaning of experiences that are mystical or religious. For example, Sanford, (1966) the mother of Inner Healing, described her struggle to seek prayer:

> It is a quite sensible hesitation, really. We have the burden of life adjusted so that at least we can carry it, albeit heavily and with much labor and sorrow. What if for a moment we dare to put it down and it is not, after all taken away, and we have not the strength to lift it again? For a whole year I hesitated, lacking the energy to make the decision. (p. 21)

Exploring Change in Narratives

The researcher explored change in narratives as a result of Inner Healing experiences. The openness with which individuals learned from and incorporated experiences into positive change, Diener, Suh, Lucas, and Smith (1999) have defined as coherent positive resolution. Coherent positive resolution was considered when examining the changes in stories. Mulholland and Wallace (2003) asserted that, when stories are retold (i.e., restorying), new stories are created as the teller selects what is to be told and what is to be forgotten. Clandinin and Connolly (1991) defined this process

as *restorying* and explained that restorying can contribute to growth as new meanings are accessed.

Exploring Effects of Inner Healing

Effects of Inner Healing experiences on personal and professional lives were examined. The researcher began by examining the effects of Inner Healing on life experiences of historic and current leaders in the field. Blagov and Singer (2004) pointed out that difficult life experiences present significant challenges to narrative identity processing. Identity processing effects the maturity of the narrative, known as intra-psychic differentiation (see Helson & Wink, 1987 for discussion), and it is determined by the level of awareness and cognitive complexity the narrative brings to self-understanding and the affective experience.

Considering this research, significant gaps in personal stories were seen as unexplored narrative identity processing. Also, significant gaps in the relevant literature of historical individuals, were seen as incomplete or unexplored narrative identity processing tasks (Pals, 2006). Therefore, intra-psychic differentiation was considered while examining change in narratives.

Exploring Integration of Faith and Science

Marshall and Rossman (2006) advocated examining narrative stories under a theoretic overview. In this study the participants' personal episodic experiences were examined through the theoretic lens of relevant psychological research. By placing an overlay of psychological theory over their stories, new understanding emerged for both the reader and the participants. Through this same lens, the researcher examined the

degree to which key individuals in the Inner Healing movement integrated psychological theory into their practice.

Baerger and McAdams (1999) suggested that coherent positive resolution releases individuals from the grip of emotional experiences and allows the integration of information into a structure. The degree to which Inner Healers have and do integrate experiences with psychological research ranges on a continuum of integration of faith and psychology from the very early healing pioneers, who rejected all scientific integration (Hudson 2003), to the modern developers of Inner Healing, who strive to integrate emergent neuropsychological science into their practices (Lehman, 2011; Wilder, 2010).

Revivalists

Early work. The leaders (e.g., Seymour, Parham, Roberts, Kim) of international revivals taking place at the start of the twentieth century did not have Inner Healing as a ministry focus since Inner Healing was discovered later (Sanford, 1947). However, the predominant theme that emerged from the stories of the revivalists is the same predominant theme that emerged from the stories of Inner Healers. This theme was, the experience of perceiving the presence of Jesus (Chappell, 1988). The revivalists – revived an early church belief that one could experience the presence of Jesus described in Acts 2 (Revised Standard Version) and that this experience could bring healing Matthew 28:20.

Body of work. William Seymour was the leader of the Azusa Street revival, which was the most influential revival of spiritual gifts in the church in the North American continent (Anderson, 2006). He was a son of a freed slave and a protégé of Charles Parham, the founding father of Pentecostalism (Anderson). Seymour began his ministry preaching from the small porch of a "Los Angeles home" (Robeck, 2006, p. 5).

Shortly, crowds became so large, police told him to" shut it down" (Wechlel, 2006, p. 27). Wechlel (2006) continued the story, reporting the following anecdotal account:

> God instructed him [Seymour] to get on a trolley car as soon as the service ended and to go to Pasadena. . . .
>
> He rode the trolley car until God instructed him to get off, and then followed as God directed him to an apartment nearby. . . .
>
> Seymour walked up to the apartment that God led him to and knocked on the door. . . . The owner of the apartment, with some apprehension, asked, 'Can I help you?
>
> Seymour said, 'You are praying for revival, right?' When the ladies responded with a unanimous, 'yes,' Seymour made a bold statement: 'I am the man God sent to preach that revival.' (pp. 29-30).

From this interchange the Azusa Street revival was birthed. Robeck (2006) reported,

> As far as we know, the story of the Azusa Street Mission made its public debut on the pages of the Los Angeles Daily Times, April 18, 1906. It was the morning of the great San Francisco earthquake and many of the missions' participants saw both events as signs that God was intervening in everyday California life. (p. 6)

Wechlel said that, at the height of the revival, which lasted from 1906 until 1909, half of the ministers were women or African-American men.

Themes. There are four themes that emerge from the literature on revivalists. The first is heaven on earth. The second is perceiving the presence of Jesus. The third is faith alone. And the fourth is dismissal of the natural world.

Heaven on earth. Many supernatural phenomenons were reported to have taken place in meetings when those in attendance experienced the presence of God (Bartleman, 1925; Liardon & Bartleman, 2006; Robeck, 2006). For example, Wechlel (2006) reported, "The Shekinah glory cloud of God would manifest" (p. 50). "This cloud was similar to a mist that filled the room" (p. 38). According to Seymour's historical accounts as reported by Wechlel, Seymour would place his feet inside the cloud in a playful

manner. Likewise, Wechlel also told that teen-agers would joyfully frolic and play in the cloud.

These experiences (Welchel, 2006) became training grounds for leaders of many denominations that sprang from this revival. As teen age boys, Ralph Riggs (General Superintendent of the Assemblies of God), and C.W. Ward (father of radio evangelist, C.M. Ward) attended Azusa revival meetings. According to Wechlel's historical report, these future leaders, as young children, would play hide-and-go-seek, jump like kangaroos, and wave their arms around in gestures of great joy while in the cloud. John Lake, William Bosworth, and James Smith experienced the presence of God. Lake came as a young man to experience Azusa. They also practiced ministry in the cloud as they imitated the leaders. Wechlel also noted that these heavenly experiences brought joy, healing and deliverance.

Perceiving the presence of Jesus. Other international revivals were taking place at the same time as the Azusa Street Revival. According to Anderson (2006):

> Two revivals in particular had a profound and international influence . . . . The Welsh revival (1904-5) made a far greater impact internationally than did the revival under Parham . . . During this revival, the Pentecostal presence and power of the Holy Spirit were emphasized; meetings were hours long, spontaneous, seemingly chaotic and emotional, with 'singing in the Spirit' (using ancient Welsh chants), simultaneous and loud prayer, revelatory visions and prophesies, all emphasizing the immediacy of God in the services. Revival leader Evan Roberts (1878-1951) taught a personal experience of the Holy Spirit to precede any revival. (p. 108)

Anderson (2006) reported that the presence of Jesus was paramount in the Korean revival of 1907-1908:

> The features of the revival still characterize both Protestant and Pentecostal churches in Korea today. . . Presbyterian pastor Ik Doo Kim, famous for his healing and miracle ministry, probably took the revival movement into a more 'Pentecostal' and 'contextual' direction than the western missionaries were

> comfortable with. Pentecostal papers also reported on the Korean revival, one comparing the revival to that of Wesley and noting the 'extraordinary manifestation of power'. (p. 109)

Bartleman (1980), who was an eyewitness to the Azusa street revival, when later documenting the same type of revival that had occurred in India, believed Pentecost had come to India, China and many other places. From Bartleman's and Wechlel's (2006) personal accounts, the predominant theme was – experiencing the presence of Jesus. This experience was so fundamental to these revivals, that many evangelists (e.g., Wigglesworth, Lake, Dowie, and Bosworth), who emerged to propagate the message of experiencing the presence of Jesus worldwide, believed it was a lack of faith to consider anything but the presence of Jesus. Wigglesworth (1998) stated:

> Anything that takes me from a position where I am in an attitude of worship, peace, and joy, where I have a consciousness of the presence of God, . . . anything that dethrones me from that attitude is evil, is Satan. (p. 145)

Faith alone. Separation of faith and science into an either/or dichotomy was exemplified in a sermon Lake penned. He stated (Liardon 2009):

> And it is just as much a sin to commit your body to the Lord Jesus Christ and then go to the doctor as it is to go and commit adultery or any other sin. It is a violation of your consecration to God. (p. 11)

Seymour (Turner, 2007; Welchel, 2006), and Dowie, the best-known faith healer at the turn of the century (Faupel, 2007), provided examples of the culture surrounding the revivalists by adhering to faith alone, while disregarding the material world and science. In an effort to direct his awareness toward heaven, Seymour placed a fruit crate on his head to remain uninfluenced by the material world until the moment he took the podium to preach. Dowie (1897) penned a sermon – Doctors, Drugs and Devils, or the

Foes of Christ the Healer – in which he stated, "Doctors, as a profession, are directly inspired by the devil" (p. 16).

Dismissal of the natural world. The narratives of Dowie (1897) and others (e.g., Wigglesworth, Lake, Bosworth) who emerged from Azusa Street pointed to a disdain toward doctors, the scientific methodologies inherent in medical science, and, thus, psychology. Dowie extended Holiness teaching in a pneumatological direction by denying physical realities of sickness (Lang, 1999). As late as 1927, this view remained popular among Pentecostals (Kay, 2009). An example (Kay) was when 28 missionaries died from malaria, refusing to take available quinine, believing in faith alone to cure their disease.

Criticisms. The revivalists narratives (e.g., Parham, Seymour, Dowie, Wigglesworth, Lake, Bosworth, Ward, Smith) reveal the culture from which Inner Healing was birthed. Because they rejected scientific integration, they point to personal narratives in which the struggle to make meaning of phenomenological experiences has been abandoned. They point to narratives in which the experience that fomented an "earned secure attachment" (see Thompson, 2010, p. 133 for discussion) to God, perhaps an overwhelming emotional experience that had not been logically integrated into higher mental functions. Unexplored processing tasks by the revivalists led to insular thinking and limited intrapsychic differentiation. The revivalists who provided foundation for the discovery of Inner Healing dis-integrated faith and psychology (Lairdon & Bartleman, 2006).

Mother of Inner Healing: Agnes Sanford

Early work. The most important individual in the history of Inner Healing was Agnes Sanford (Bartleman, 1935). Sanford (1966), in her biography, illustrated the transition between revivalists' emphasis on physical healing and the Inner Healers emphasis on emotional healing. From a thorough reading of the significant literature available on Agnes Sanford (Gumprecht, 2010; Sanford, 1947, 1966, 1971, 1972, 1976, 1977, 1979; Sandford & Sandford, 1977, 1982; Scanlon, 1974), it seems that she initiated transferring the experience of Jesus bringing physical healing to the experience of Jesus bringing Inner Healing (Sanford, 1947). The predominant theme in both experiences was the presence of Jesus. It also appears from the reading of the significant literature that Sanford filled a void left by the revivalists when they abandoned psychology by offering a faith-based approach to psychological healing; thus Sanford birthed the practice of Inner Healing.

Body of work. This section examines the roots in Sanford's (1947, 1966, 1972; Sandford & Sandford, 1977) narratives which led to the discovery of Inner Healing. It starts with a story of Sanford's emotional brokenness, and then transitions to the account of physical healing of her son which brought her the hope to seek emotional healing. The section ends with Sanford's discovery of the importance of memory in Inner Healing.

***Sanford's emotional brokenness*.** According to Sanford's (1972) narrative account, her story begins with emotional brokenness. The daughter of Presbyterian missionaries in China, Sanford's earliest recollection of that country was of beauty and peace. A small mission compound sheltered the family from violence resultant from persistent, century-old conflicts of various warlords. Despite the shelter, Sanford felt God

to be a distant and harsh taskmaster, as taught by the missionary schools. At the age of seven, Sanford's world of the mission compound started to crumble when her father, feeling the strain and stress of foreign missions, became ill. She explained in her autobiography, that the reason for her father's illness was because he was trying to do the work of the Holy Spirit without His power.

Sanford reported (1947) that she became increasingly disenchanted by the formality, structure and harsh discipline of the Church. Even though she never remembered being without Jesus, she became very tired of a distant and informal God. She shared in her autobiography that this perceived distance turned worshiping God into a tiring effort that was burdensome and lifeless. After coming home on a furlough severely depressed, Sanford (1947) reported:

> I recall the days when I dragged myself out of bed and thought, 'another day; well, I have got through a lot of them and I will probably get through this one too'. . . . as I remember the cold fear that at one time would hold me in an agonizing grip if husband or child did not come home on time . . . when I would stand in the middle of the kitchen floor, head in hands, in an agony of indecision, trying to start the faltering battery of my mind. Why? Weariness, exhaustion from too much tension in your business or from the constant confusion of house and children or from the strain of holding down the bitter memories of the past, or from the battle of the should, against anger and resentment – or from all of these. (pp. 17 -18)

Sanford's son's physical healing. Sanford (1947, 1972) begins her story of Inner Healing with a narrative of physical healing. A young Episcopalian minister named Colwell had been influenced by the revivalists. While visiting the Sanford household, Colwell was told that Sanford's son had been ill for six weeks. Immediately, Colwell marched up the stairs, into the bedroom, and prayed for the child. Sanford (1972) reported:

> Colwell laid his hands on the infant's head and said, 'Please Lord Jesus, send your power right now into this baby's ears and take away all germs and infection and make them well. Thank you Lord that you are doing this and I see them well as you made them to be.' The child shut his eyes and grew very pale as the fever died out of his face, and he went to sleep. When he woke up his temperature was normal and his ears were well. (p. 108)

Sanford's Inner Healing. Sanford (1972) reported, that instead of bringing hope, this experience brought a revelation of resentment, darkness and unhappiness that made her prayers ineffectual. Sanford said her depression was so bad that "For many months I could not go near an upstairs window without wondering when I would throw myself out of it. . . . I seldom peeled vegetables without wondering whether the kitchen knife was sharp enough" (p. 102). Sanford got the push to seek healing when, as a result of her prayers at the altar, she reported hearing God say, "Go to Hollis Colwell and have him pray for you" (p. 109). Sanford made an appointment the next day. She (1972) wrote:

> After a short time the minister laid his hands on my head and prayed for the healing of my mental depression, quite as simply and naturally as he had prayed for the healing of Jack's ears. And it happened immediately! All heaven broke loose upon me and within me! (p.109)

From this experience, sprang Inner Healing.

Sanford's access of painful memories. Sanford documented (1966) one foundational, painful memory:

> The most troublesome fear that I have ever known. It was a change in my father's life that occasioned a change in my own, swinging it into a now orbit of beauty and terror. He became weak and thin, his face so gaunt that he let his beard grow to cover it. . . . No one knew the cause of his collapse, referred to vaguely as a nervous breakdown. (p. 7)

Years later during prayer, Sanford (1947) came to understand that the fear of waiting for a loved one to come home, which had been the agony of her life, was because, as she

said, “I feared that my father would not come home at all, but would die in the snow on that lonely road” (p. 9).

Sanford explained that when she was in prayer, she realized this painful memory was from a time in her life when she was seven years old. Sandford reported seeing her father walking down the path to her house frail and gaunt. Something inside her knew that he was ill, and might not come back. One of her haunting triggers, resultant of this unprocessed memory, was that of waiting for people to show up, or her husband to come home. These triggers brought dread until she received healing for this memory.

Themes. According to Sandford and Sandford (1977), the predominant salient theme running throughout Sanford’s work was the healing of memories. After reviewing the literature, the other themes identified in her work were found to be secondary in importance because they all facilitated the healing of memories. For example, the themes (a) reliance on spiritual gifts, (b) practicing with experimental methods, (c) developing and teaching a system, and (e) identifying spiritual forces, were all identified to be aids in the process of healing memories.

Healing of memories. The theme running throughout Sanford’s work (1966) is “healing of memories” (p.125). Modern neuroscientists have called this phenomenon reconstitution (Schacter, 1987, 1992, 2007), reconsolidation (Squire, 1992), or recategorization (Edelman, 1987) of memory. After studying the texts related to Sanford’s life and work, it is evident that, at the time, Sanford did not have the psychological understanding available to accurately describe in scientific terms the memory phenomena she was experiencing. Sanford used terms such as (a) Freudian “subconscious” (Gumprecht, 1997, p. 125) to describe implicit memory phenomenon and

(b) Jungian "autonomous complex" (Sanford, 1966, p. 194) to describe spiritual forces. These terms served to (a) foment criticism from the scientific community because of inaccuracies, and (b) foment criticism from fundamental Christians (see Gumprecht, 1977, for discussion). Nevertheless, because of her experiences with memories, Sanford began to teach that there was power in present prayer to touch past events. John Sandford (1982, p. 3) stated, "Agnes began to then teach what was called, 'The healing of memories.' Agnes never liked that term. It was not her idea."

Integration. Nevertheless, Sanford (1972) sought to integrate faith, spiritual principles and some relevant psychological literature. She struggled to coherently make meaning of the healing of memories phenomenon (i.e., memory reconstitution, see Schacter, Addis, & Buckner, 2007) she had experienced. Additionally, it seems that the literature of the 1930's was a source of frustration. In Sanford's work (1947, 1966), she cited the works of Freud and Jung; however, she tried to make them fit biblical constructs.

Reliance on spiritual gifting. It seems that Sanford generally depended upon spiritual gifting and intuition when working to access and heal memories. For example, Sandford (1982) explained that the Holy Spirit revealed an important central theme in the healing of memories. According to Sanford, people carry traumas in parts of their hearts that have never been healed. This revelation came to Sanford in a vision: She saw the inner trauma of a Jewish-American soldier she had prayed for years before when she was a volunteer aid in a hospital. Several years later, while studying to be a psychiatrist, this patient wrote Sanford and told her that, once in a while, he would fly into an uncontrollable rage. Sandford (1982) recounted the story:

> That drove Agnes to the Lord, who showed her a vision of Harry as a little boy being taunted and beaten by Gentile ragamuffins. . . . Agnes prayed for the little boy to be eased and comforted and helped to forgive his tormentors. . . . He felt lighter than he ever had, and the rages seemed to be gone – and have ever since. The Lord soon began to reveal to Agnes many other such inner, forgotten traumas in many people. (p. 3)

Nevertheless, after a review of relevant literature surrounding her work, it seems that, since she depended upon the gifts of the Spirit, Sanford never formalized a system for Inner Healing interventions by committing the process to writing.

Practicing with experimental methods. Sanford (1947) began to approach prayer and the visible results of prayer with simple experiments. She did this by analyzing the therapeutic themes that were present when Inner Healing sessions were successful. She stated:

> One way to understand a hitherto unexplored force of nature is to experiment with that force intelligently and with an open mind . . . for those willing to learn, a method so simple that it is childlike, as the more profound truths are apt to be. It is an experimental method. One decides upon a definite subject for prayer, prays about it and then decides whether or not the prayer-project succeeds. If it does not succeed, one seeks a better adjustment with God and tries again. (p. 6)

However, Sanford (1972) was reluctant to talk about these experiments. She said, "Indeed, I found it best not to talk about my experiments in prayer, and for some four or five years they were hardly mentioned" (p. 119).

Developing and teaching a system. Sanford (1966) began to develop a system as she ministered Inner Healing to her clients. This system was without specific detail and provided only general overviews of the themes she identified from experiments conducted with "both clients and herself" (p. 121). Nevertheless, Sanford's narrative reveals she tried to develop a way to systematize the interventions she was using so that they would be transferable to other practitioners (Sanford). Additionally,

Sanford was an avid writer, having learned the discipline of writing from being raised in mission schools. She was the first to begin to develop a body of literature regarding Inner Healing.

Identifying spiritual forces. Sanford described spiritual forces in her autobiography (1972). She began by telling the story of entering an empty Buddhist temple as a very young girl:

> What would happen if I myself were to worship the great Buddha? Would God smite me dead? . . . So, in a spirit of high adventure, I decided that I would just try it and see what happened.
>
> I folded my hands together, bowed before the serene gilded idol, who apparently paid me no attention whatsoever, and murmured "O-me-to-fu" as the monks did. Nothing happened. Or did it? I wonder. For gradually there came to be within me another voice, sneering, despising, and scorning me. I thought little of this inner dialogue, assuming that everyone as they grew older had within them two voices, one of which continually denied or derided the other one. (p. 15)

Sanford described the correlation of demonic entities and occultist activity; however, she did not emphasize the influence of these forces as some Inner Healers who followed (1972). Sanford described this phenomenon associated with her work in groups:

> This is a very dangerous thing to do. As I open doors in every mind so that Jesus Christ can come in, it is possible that through soul open doors a destructive spirit can come in and attack me. The danger is greatest where some of the group are indulging in spiritualism, attending séances, and other psychic meetings. (p. 327)

Criticisms. Sanford drew criticism from both Christians and non-Christians. Two major criticisms were: (a) she used visualization that lead to guided imagery, and (b) she was involved in new-age spiritism. Gumprecht (1997), a medical doctor familiar with pitfalls of new age, having been raised in a cult, criticized Sanford's work. She alleged similarities to the new age and modern psychology, both of which she deemed as heretical. The criticisms of guided imagery had effects on future Inner Healers because

most current practitioners have distanced themselves from using methods that lend themselves to iatrogenic contamination of false memories, especially with highly suggestible populations such as schizophrenics and those with higher levels of dissociation (e.g., Smith, 2005; Lehman, personal communication, July, 18, 2009).

Evangelistic Inner Healers

Early work. Many evangelists (e.g., Wilkerson, Wimber, Stapleton, and Johnson) discovered Inner Healing by seeing relationships between sinful behaviors, healing of past emotional wounds, and physical healing. These evangelists observed that when sinful behavior patterns were removed, often this led to Inner Healing experiences (Wimber, 1987). Wimber explained:

> Carol came to me and told me that she suspected there was a relationship between her past hurt and her current sinful attitudes, and the lump. We did not understand the connection between the two, but we accepted God's revelation that they were related. So we prayed together, and she sincerely repented of her bitterness . . . I then prayed again for the healing of the lump in her breast . . . By Tuesday morning the lump had shrunk to the size of a grape. (p.78)

Body of work. Wimber (1987) described Inner Healing as "a process in which the Holy Spirit brings forgiveness of sins and the emotional renewal to people suffering from damaged minds, wills, and emotions" (p. 80). Therefore, Wimber (1987) concluded, "When the emotional and psychological effects of hurtful memories are not dealt with, physical problems like migraine headaches, indigestion, nightmares, dizziness, and many other functional disturbances may develop" (p. 84).

Wilkerson (1962) spent his career working with addictions and troubled youth. He identified sins and sinful behavior patterns as root causes of blockages that prevent one from perceiving the presence of Jesus. According to Wilkerson, repentance was foundational to Inner Healing. This view was reflected in his teachings, which stressed

repentance. For example, Wilkerson (1999) stated in a sermon entitled, The Healing of Troubled Minds:

> If you wonder why you keep failing – why you continue to feel weak and powerless, doing the very thing you hate – it is probably because you have not fully trusted in God's glorious promises. . . . His Spirit does all the work in you! He will cleanse you and give you a new heart. He will bring you into obedience and cause you to do right. Your part is to believe he will keep his word, with unwavering faith. (p. 6)

Themes. The three predominant themes identified in the relevant literature of Evangelistic Inner Healers were (a) repentance, (b) removal of sinful defenses, and (c) integration. As the evangelists (e.g., Wilkerson, Wimber, Stapleton) preached repentance, coincidently painful memories began to be accessed and healed. This discovery fomented a greater understanding of how to remove sinful defenses (Wilkerson, 1962). Evangelistic Inner Healers saw intersections between sinful defenses and the psychological construct of defense mechanisms. This insight led to further investigation of psychology (Stapleton, 1977).

Repentance. Wilkerson's (1962) narrative points to a generational theme of repentance. According to Wilkerson, his grandfather corrected him for presumptuousness and self-reliance when he was about to launch his ministry in New York.

> You rattle that off pretty smooth, David. Wait until you watch the Lord do it. Then you'll get even more excitement in your voice. But that's the theory. The heart of Christ's message is extremely simple: an encounter with God – a real one – means change. (p. 42)

According to Stapleton (1977), she started her ministry as evangelist, but reported that she later emphasized Inner Healing because of an encounter with Jesus. She stressed the importance of surrender, but presented a joyful side to repentance:

> To tell a frightened non-swimmer, relax, you really can float, you don't need to thrash and kick and try to stay afloat, would be cruel. A demonstration of how to

> float would be more appropriate. . . . Similarly, to tell one who has never surrendered any of their life to God, just surrender; beneath you are 'the everlasting arms,' could result in spiritual drowning . . . we need to be shown how to surrender and to see a demonstration of the healing which can result. (p. 47)

According to Stapleton's accounts, repentance and surrender to God was accomplished through exercising one's free will. For example, Stapleton (1976) stated:

> Since the Holy Spirit is a Gentleman, He will never overcome our free will but will wait patiently for us to invite him to enter. 'Behold, I stand at the door' until you are ready to open it to me. (p. 10)

Removal of sinful defenses. Stapleton (1977) emphasized the importance of identifying defense mechanisms that block Inner Healing. She stated, "It seems, then, that what often needs to be healed are not only the hurts of our past but also the defenses that we put up to protect ourselves because of those hurts" (p. 31). Stapleton, (1977) described her personal experience story with defenses:

> For the first twenty-nine years of my life I felt almost no emotional pain. But later, when many of the repressed hurts of my past were exposed, I began to feel intense inner pain. The reason I did not see my hurts earlier is that unconsciously I would not allow myself to look. (p. 31)

Inner Healers who followed Stapleton borrowed from this information to expand upon and identify specific defenses that one has adopted to defend against pain (i.e., Smith, 2000). For example, Sandford (1982), Smith (2000), and Lehman (2006) listed common defenses that need to be relinquished in order for clients to perceive the presence of Jesus, and then accept the defense against pain offered by Him.

Integration. Evangelistic Inner Healers nudged the practice of Inner Healing in the direction of psychological integration. For example, Wimber (1987) cited experiments by the pioneering neurosurgeon Penfield, who in 1950 provided foundational understandings of multiple memory systems (see Penfield, 1952 for

discussion). Wimber (1987) concluded, "Even when we do not consciously remember painful events, we still feel the effects of them" (p. 88). Others (Scanlon, 1974; Dobson, 1979) were also beginning to incorporate scientific terms and concepts into their narratives for the memory phenomenon they were observing. However, at this time, psychology could neither explain the complex memory phenomemon, nor complex spiritual phenomenon these evangelists experienced when they utilized Inner Healing interventions (Smith, 2000). Hence, evangelistic Inner Healers were relegated to using generalizations and unspecific terminology (Stapleton, 1977).

Criticisms. A review of the literature revealed that Evangelistic Inner Healers borrowed terms from psychology inaccurately (Stapleton, 1977). For example, Stapleton explained the misuse of terms:

> While Inner Healers may not have used some of our modern psychological terminology; it is probable that some of our terminology is what makes old methods and insights appear to be new. And this language may, in turn, make methods suspect. (p. 10)

Similarly, Evangelistic Inner Healers used sweeping terms (see Wimber, 1987, p. 88 for discussion) such as "surface memories" and "root memories" to broadly define complex neurological processes.

Second, Evangelistic Inner Healers devised formulas (e.g., Payne, 1991; Fillmore, 2012) and protocols for ministry that were based upon personal experience, and what they believed to be a leading from the Holy Spirit. Since evangelistic Inner Healers learned from the mistakes made by their predecessors, they filled in significant gaps such as removal of defenses (Wilkerson, 1962). Perhaps their protocols were more effective than earlier Inner Healers (i.e., Sanford, 1947); however, their practices still lacked scientific foundation and evidence-based research (Garzon & Paloma, 2005).

Third, similar to Sanford, many evangelistic Inner Healers used techniques akin to guided imagery, and the prophetic gifts of the Spirit described in First Corinthians 12:7-9 such as words of wisdom, words of knowledge, etc. (Gumbrect, 1999). In an extensive criticism of Inner Healing, Christian critic Gumbrect deemed the methods used in Inner Healing self-contrived, unbiblical and new-age. Additionally, relevant literature found that critics considered Inner Healing akin to Recovery Memory Therapy (Miller, 2006). Finally, because they were directive in their approach to memory acquisition and memory reconstitution, Evangelistic Inner Healers remained open to the criticisms of iatrogenic contamination and false memory syndrome explained by Gumbrect.

Deliverance Inner Healers

Early work. Deliverance Inner Healers (e.g., Anderson, 1998, 2000a, 2004; Bubeck, 1989; Dickerson, 1989; Friezen, 1992; Kraft, 1993) bumped the practice of dealing with evil spiritual forces in a methodological direction through the study of demonology, trial and error experimentation, and collaboration. Even though there are many in deliverance who may not consider themselves Inner Healers, the practice of deliverance fundamentally informs the practice of Inner Healing (Smith, 2000). This section will examine significant individuals whose work makes connections within deliverance and Inner Healing.

As Inner Healers learned to consistently access painful memories, they began to report phenomenon of encountering “evil spiritual forces” (Sanford, 1966, p. 193). Therefore, they sought methods to deliver clients from the influence of these forces, forces that hindered the process of Inner Healing. Having no research upon which to

inform their practice, the revivalists, Sanford, and evangelistic Inner Healers relied on scripture, spiritual leading and personal experience when practicing deliverance.

Body of work. Kraft (1993) introduced deliverance issues associated with Inner Healing by pointing out vital connections between demonic attachment to psychological wounds and the spiritual warfare that is needed to facilitate deep Inner Healing. Kraft also tried to explain the confusing polarization surrounding the topic:

> There are, however, at least two sources of this confusion: 1) the anti-psychology movement within American Christianity, typified by the activities of Dave Hunt, Martin and Deidre Bobgan, and Don Matzat; and 2) the kinds of questions raised by those who are pro-psychology concerning whether counseling can be effectively done by non-professionals. (p. 7)

Presenting an explanation for the resistance of Christians to embrace Inner Healing, Kraft (1993) explained that the Christian group against psychology is "afraid of emotion or anything else that explores reality outside the rigidly rationalistic tradition of its type of Christianity" (p. 8). Kraft argued that Christians in the anti-psychology movement saw a close relationship between the methods of those who practice Inner Healing and the methods of those who practice in the occult and new age. However, Kraft agrees with those within the psychological community (i.e., Tan, 1991; Collins, 1986) who see an increasing need for a form of lay counseling. The form of lay counseling that Kraft proposes is Inner Healing with a strong emphasis on deliverance from evil spiritual forces called depth healing.

Themes. The first predominant theme identified in the literature of those who practice deliverance was, authority over demonic forces. A thorough review of the literature by the researcher highlighted the importance of the Christian's position of authority over demonic forces. The second theme was, covert agreements, and the third

theme was, deceptive aids to defend against pain. These themes centered on explanations of how demonic spiritual forces operate. The fourth theme, spiritual tools, offered explanations of the interventions utilized by those in deliverance. The fifth and final theme, integration, was salient because deliverance Inner Healers found that demonized populations were those that often received professional mental health interventions; therefore, they sought to understand the interventions of those professionals who work with the demonized.

Authority over demonic forces. Those in the deliverance ministry have brought understanding of the positional authority of the Christian over demonic forces (Sandford (1992). Sandford presented an extensive list of scripture references establishing the authority of the believer. Kraft (1993) made links between wounds and demonic activity:

> Unfortunately many deliverance ministries lead people to think that once the demons are gone, their problems are over. Such is seldom the case, however, *since the real problems are the things the demons are attached to, not the demons themselves*". (p. 45)

Kraft (1993) believed that demons attach to emotional wounds and when these wounds are healed "the demons usually go quietly" (p. 45). This fundamental understanding of attachment to spiritual forces in times of pain has informed the practice of Inner Healers coaching clients to make new, willful decisions to attach to Jesus when revisiting painful memories (Smith, 2005). Sanford (1972) addressed the dangers of one making willful decisions with evil spiritual forces while engaging in occult practices:

> Then their psychic centers are open to the psychic plane, which is not heaven, nor is it the abode of our Lord. Therefore He cannot enter in, and the way is left wide open to invasion and attack by the enemy. (p. 327)

Covert agreements. A similar contribution has been the understanding of agreements between demonic forces and one's will that keeps bondages in place

(Anderson, 2000a). Those (Sandford, 1972; Kraft, 1997; Freisen, 1992) familiar with deliverance have discovered that, when one is in the midst of a painful experience, demonic forces may offer solutions (e.g., hate, vows, bitterness, and dissociation) as a way of ameliorating pain. These solutions are offered in deception, but, once accepted, there seems to be legal grounds spiritually to hold the construct in place (Kraft, 1993). Kraft gave insight into how "agreements made between clients and demonic forces" keep memory from being accessed (p.114). Friesen (1992) explained how people may unknowingly cooperate with evil spiritual forces, naive to the consequences by using a narrative of a young female victim of abuse:

> There are other memories I still sometimes have flashbacks to . . . The suicidal ideation was like an old familiar friend. I had been trained to think of suicide whenever I thought of the experiences, considered them, wanted to talk about them, or wanted to feel them. . . . I think they were helping. I would just kill myself and that would protect the secret, but God had other plans. (p. 98)

Deceptive aids to defend against pain. Kraft (1992, 1993, 1997) and others in deliverance (Anderson, 1998, 2000a, 2000b, 2004; Bubeck, 1989; & Dickerson, 1989) reported connections between trauma and willful decisions to adopt beliefs to ameliorate pain. Smith (2000) borrowed from these deliverance healers to formulate an explanation on how evil spiritual forces bolster emotional defenses to mitigate pain. Smith explained how, in times of pain, and often at very young ages, "control is maintained by the agreements made at the trauma level and the belief that there are no options available to do otherwise" (p. 297). Several defenses (e.g., Anger, Hate, Vows, and Judgments) have been highlighted by Smith.

Smith (2000) attributed frequent encounters with evil forces to the powerful spiritual tools inherent in Inner Healing that bring to light root causes for "memory-

anchored, trauma-based lies" (p. 286). Further, he offered an explanation about why many who use TPM may experience the demonic realm for the first time. Smith believed it was because of the tools in TPM that expose the sources of irrational beliefs/lies, (i.e., the demons).

Friesen (1992) identified Dissociative Identity Disorder, (DID) as one defensive aid people utilize to ameliorate pain that can be enhanced by the presence of demonic forces. Smith (2005) explained dissociation as a God-given defense against pain to help those who are going through horrifically abusive situations survive without the whole mind disintegrating. Lehman explained that, mental health care providers who utilize Inner Healing interventions in clinical situations frequently encounter DID/demonic attachment phenomenon (Lehman, personal communication, August, 1010). Friesen clarified by making the distinction that dissociated personalities may or may not be connected to demonic forces.

Spiritual tools. Many deliverance ministers (e.g., Anderson, 1990; Dickason, 1987; Kraft, 1993; Scanlan, & Cirner, 1980; Unger, 1977) gave general ministerial guidelines that seem vague. For example, Kraft advised practitioners to follow points such as "Treat the whole person" and "It is good to minister in teams" (p. 103). However, these guidelines are unspecific, and, therefore, consistent results may be hard to reproduce by practitioners. Anderson (1993) presentrd a seven-step process for deliverance from demonic forces:

Step 1: Renounce previous or current involvement with satanically inspired practices.

Step 2: Pray for deliverance and revelation of truth.

Step 3: Forgive yourself and others.

Step 4: Submit to God and those he has placed in authority over your life.

Step 5: Renounce pride and humble yourself to God.

Step 6: Commit your body to the Lord.

Step 7: Renounce the sins of your ancestors and any curses placed upon you.

(pp.188 – 203)

Anderson (1993) further expanded the list of spiritual tools by giving examples of prayers, declarations and scripture affirmations. Three of the predominant themes in Anderson's (1993, 1990) works are (a) the authority of scripture to guide deliverance, (b) the position of authority over demonic forces by Christians, and (c) the need for a supportive Christian community to help those who are in need of deliverance. A review of the literature related to deliverance Inner Healers revealed three predominant tools. Those tools are (a) prayer, (b) commands, and (c) scripture.

Prayer. A review of the literature indicated that most Inner Healers (Sandford, 1982; Stapleton, 1976; MacNutt, 1974; Wilder, 2011) use the prayer methods of those who work with deliverance (i.e., binding prayers, commanding prayers, and renunciation prayers). Among these Inner Healers, there was an emphasis on opening and closing sessions with prayers that deal with spiritual forces by enforcing pre-established authority over them.

Commands. Kraft (1993), along with Sandford and Sandford (1982) advocated for the use of verbal commands, intercessory prayer, and fasting to enforce authority over demonic forces. These methods have been utilized in the practices of modern day healers, as many (vis., Lehman, Wilder, Garzon, & Smith) start sessions with opening commands

that establish parameters and guidelines within which demonic entities submit to authority.

Scripture. A review of the literature indicated that deliverance Inner Healers utilized scripture to enforce authority over demonic forces. Anderson (1993) presented scripture references to be utilized in prayer. Similar to commands, Anderson also advised those working in deliverance to confess scriptures.

Integration. Historically, many Christians who practice deliverance have attributed complex mental disorders such as DID, schizophrenia, bipolar solely to spiritual forces. Conversely, many mental health care practitioners have attributed these solely to biological forces. Lehman (2005) explained what he believes are these false dichotomies:

> In my experience every mental health problem I have ever encountered has involved a combination of both mind/spirit phenomenon and biological brain phenomenon. Even in situations where mind/spirit issues are clearly the most important contributing factors, biological brain factors, such as genetic predisposition . . . always contribute – determining how the mind/spirit issues will be expressed in the overall clinical picture of specific mental illness. (p. 10)

Lehman (2005) addressed demonic phenomenon:

> Those in the deliverance ministry seem especially prone to assume that ministry for psychological trauma and/or treatment for biological brain dysfunction are no longer necessary if the person experiences significant benefit with the identification and expulsion of demonic spirits, and mental health care professionals or those in other ministries seem especially prone to assume that demonic spirits cannot be involved if the person experiences significant benefit with ministry for psychological trauma and/or medical treatment for brain biology problems. (p. 14)

Anderson (2003) explained his view of integration between spiritual forces and psychology:

> There is no inner conflict which is not psychological, because there is never a conflict which is not psychological, because there is never a time when your

> mind, emotions, and will are not involved. Similarly, there is no problem which is not spiritual. (p. 20)

Criticisms. The literature reveled that many Deliverance Inner Healers developed cautionary criticisms based upon their experiences. For example, Jackson (1999) advised deliverance Inner Healer to use caution, discernment, and restraint in addressing spiritual forces, and to consider the biblical admonition in Jude, 8-10 to allow the Lord to rebuke spiritual forces:

> I have adopted a more conservative perspective on spiritual warfare – one that allows me to distinguish between warfare in a terrestrial arena from warfare in the second level Heaven arena. It is my belief that unless you understand authority and some practical guidelines on how to properly engage in spiritual warfare, there is a strong possibility that you could become an unfortunate casualty of war. (p. 24)

Consistent with Jackson's observations, Hawkins (2008) found some of his clients got worse as a result of addressing demonic forces. Hawkins, (2008) used the work of Hebrew scholar Heiser (2004, 2008) to inform his practice of standing against the cosmic hierarchy spoken of in Ephesians 6:12. Hawkins (2008) also cited Jude 8-10 as a scriptural guideline to consider when dealing with evil spiritual forces.

> More research and study needs to be done, but my tentative suggestion is that while demons can be dealt with by direct command, the higher level evil cosmic beings need to be dealt with by following a different protocol. Our experience has so far confirmed that we must avoid blasphemous judgment against higher level evil cosmic beings. If we are guilty of judgments that are 'blasphemous' against such high level beings, we may give them legal grounds to harass, intimidate, and torment both our clients and ourselves or ministries. (pp. 2-3)

A theme with some deliverance Inner Healers (Hawkins, 2008; Jackson, 1999) was to use caution with this approach, respect the individual, and honor the client's belief systems. Whereas revivalists (e.g., Dowie, Wigglesworth) explained phenomena primarily from a spiritual worldview void of scientific methodology; thus, they attributed

suffering to demonic forces. The solution they offered therefore was simply to remove the demon. Conversely, deliverance Inner Healers brought integration, compassion, and a greater breadth of understanding between wounds, will and attachment with evil spiritual forces to the practice (Anderson, 2003). Therefore, their solutions led to future Inner Healers (e.g., Garzon, Lehman, Wilder) integrating psychological interventions informed by attachment and trauma theorists, (e.g., Bowlby, 1988; van der Kolk, 1994).

Forgiveness Inner Healers

Early work. Prior to 1980, the study of forgiveness was primarily relegated to the arena of faith; however, since that time, theorists (vis., Enright, 2000, 2009; Gordon, Baucom, & Snyder 2000; Luskin, 2002; Worthington Jr., 1998) have developed empirically informed forgiveness models. Enright and the Human Development Study Group (1991) developed the most cited intervention model. Enright (2009) presented an abbreviated four-step process consisting of (a) uncovering, (b) deciding to forgive, (c) working on forgiveness, and (d) discovery and release from emotional prison. Worthington Jr. (1998) and Luskin (2002) found that forgiveness can be learned, people can forgive for good, and forgiveness affects health and well-being. Gobodo-Madikizeza and Van Der Merwe (2009) emphasized the importance of forgiveness for processing painful memories and completing unfinished narratives. They identified five problems associated with unforgiveness, which led to incoherent personal narratives.

1. a shared sense of shame, humiliation and guilt.
2. a shared inability to be assertive
3. a shared identification with the oppressor
4. a shared difficulty or even an inability to mourn losses

5. a shared transgenerational transmission of the trauma. (p. 2)

Body of work. A review of the literature revealed narratives of Inner Healers that spoke extensively of forgiveness. Wimber (1987) stated:

> The most essential ingredient in Inner Healing prayer, the kind of prayer that gets to the deeper memories and associated hurts that hold us back from true freedom in Christ, is the two-sided coin of repentance and forgiveness (both forgiving others and yourselves). (pp. 89-90)

Wimber also found, when practicing Inner Healing, that forgiveness is such a powerful tool for changing maladaptive behavior patterns that when people forgive, sometimes without further intervention, they are released from these harmful behavior patterns. Sandford (1982) originally saw Inner Healing "as a ministry of forgiveness" (p. 5). MacNutt (1966) a Harvard graduate, a Ph.D., and a Roman Catholic Priest, integrated psychology and faith. He explained the relationship between unforgiveness and blockages to Inner Healing:

> I remember being asked by a woman to pray for an inner healing. When we talked about her childhood, she indicated that her deepest problem, an unreasoning hatred of men, including her husband, went back to harsh treatment and derision that her brothers had heaped upon her as a little girl. Before praying for that healing, I asked her to forgive her brothers. This she refused to do. I told her that this would block any healing. She still refused. When I asked her why she hung on to her resentment, even if she was being destroyed by it, she thought for a while and then replied that, if she forgave her brothers, it would take away her last excuse for being the kind of person that she was (she could no longer blame them). . . . With tears she forgave her brothers as best she could. She then received the deep healing she was seeking. (p. 176)

Willard (1998) presented a scripturally based discussion on the relationship between judgments, unforgiveness, and others judging you in the scriptures that say "Judge not lest you be judged also" Matt 7:1-2; Luke 6:37. Smith (2000) discussed the need for forgiveness in the context of Inner Healing by labeling "bitterness, judgments, and vows as clutter," (i.e., psychological constructs that need the process of forgiveness)

(p.222) in order for one to access memories, and receive Inner Healing. Lehman (2009) built upon Smith's work by emphasizing the importance for clients to "present objections to forgiving to Jesus in prayer" (p. 5) early in sessions so that Jesus could remove maladaptive cognitions (i.e., guardian lies, see Smith, 2005, p. 99 for discussion) that block initial access to painful memories since they are "usually more than simple cognitive misunderstandings" (p. 5). Lehman (2009) explained:

> Our experience is that these are usually guardian lies, carried at a non-rational, experiential level. If this is the case there will be some value in explaining the cognitive concepts, but the 'misunderstandings' and objections will not move until they are identified as guardian lies and taken to Jesus. It is important for the therapist/minister to understand these concepts so that you can look for and identify 'It's not safe to forgive because…' guardian lies more effectively. (p. 5)

Themes. Inner Healers believe forgiveness is central. Stapleton (1977) stated, "Forgiveness lies at the heart of all Inner Healing. This is being obedient to Jesus' instruction, 'Love your enemies'" (p. 25).

Criticisms. A review of the literature by this researcher indicated that current Inner Healers seem to have integrated little relevant psychological research of forgiveness theorists into their practices. For example, Inner Healers neither spoke of, nor cited those who empirically study forgiveness. The continued integration of forgiveness theorists' research into Inner Healing may advance the theory and practice in the future (MacNutt, 1966).

Organizational Inner Healers

Organizational Inner Healers (OIH) began to organize the work of Inner Healers into more systematic methodologies. They distinguished themselves from other Inner Healers by steering the practice in a more empirical direction. Even though Agnes Sanford developed a school for pastoral care in 1958 for the purpose of transferring the

insights she reported to receive from the Holy Spirit (Sandford, 1982), this researcher found no relevant peer reviewed literature regarding Inner Healing prior to 1958. Therefore, it seems to follow that there was no evidenced-based research upon which to build unifying principles to constitute a sound theory of Inner Healing.

OIHs began to change the practice by organizing information gathered from experiences of other Inner Healers (e.g., Bennett, 1982; Flynn, & Flynn, 1999; Payne, 1991; Shlemon, 1982). Many OIH (e.g., Sandford 1982, Smith 2000; & MacNutt, 1974) were earning advanced degrees in mental health or helping professions. This training precluded organizational Inner Healers from integrating relevant psychological research to inform their practice. Yet, according to the paucity of research found on Inner Healing from that time period, reliance on the Holy Spirit, scripture, and personal experience remained a primary basis for informing the practice.

John Sandford. John Sandford studied under Agnes Sanford (however, he was not related to her). He is generally considered a leader in the Inner Healing movement as he was one of the first Inner Healers to attempt to integrate Inner Healing with a developmental model of psychology (Sandford, 1977). Sandford pastored churches for 21 years before founding Elijah House, a center for international ministry in 1975. In 1995, his wife Paula, who had worked with John from the beginning, and was ordained in 1995 (Sandford, 1977, Sandford & Sandford, 1982).

Early work. Sandford (1982), the first organizational Inner Healer, recounted his introduction to Inner Healing: "I met Agnes Sanford in 1961 in Springfield, Missouri, where she prayed for healing of my back by asking the Lord to enable me to forgive my mother" (p. 4). Healing occurred, Sandford attended Sanford's School of Pastoral Care,

and a mentoring relationship developed. While in school, Sandford (1982) first saw Inner Healing as an "extension of the confessional for specific sins of resentment and judgment" (pp. 4-5); however, later he began to see Inner Healing as a means to eliminate sinful practices.

Body of work. Sandford approached Inner Healing through the lens of a pastoral counselor with a strong basis on scripture. Sandford (1982) stated:

> Whoever would enter Christian counseling not sure that God's Work is absolute, not fully settled that His laws are by revelation, and that He meant what He said, I (John) beg of that person to get out of counseling before you do any more harm! (p. 79)

Themes. This section will discuss the six themes that emerged from a review of the work surrounding John Sandford. The first theme was Integration because Sandford sought to integrate his understanding of developmental psychology with his view of Inner Healing (Sandford, 1982). The second theme was Identification of the Formations of Sinful Patterns. The third theme was Bringing Patterns to Death through Participation in the Cross. The forth theme was The Use of Spiritual Gifts to Uncover Patterns. The second, third and forth themes address spiritual root causes of maladaptive behaviors. The fifth theme was Removal of Blockages to Healing. The sixth theme was Encounters that Lead to the Corrective Emotional Experience.

Integration. Similar to developmental psychologists (e.g., Erikson, 1959; Kohlberg, 1973; Commons, 2001) Sandford (1982) identified unsuccessful completion of stages as root causes of maladaptive behavior. Unlike developmental psychologists, Sandford sought to identify underlying spiritual root causes instead of psychosocial or moral causes of maladaptive behavior. Thus, Sandford patterned his view of Inner Healing through the lens of developmental psychology. He used categorical definitions

(e.g., destiny malaise, performance orientation) when naming common spiritual constructs that caused developmental problems.

Identification of the formations of sinful patterns. Sandford (1982) foreshadowed the study of God image (see Garzon, 2007 for discussion). He consistently began sessions by asking the client several questions about their present situation or their presenting problem to determine "How we see God" (p. 26).

Bringing patterns to death through participation in the cross. Sandford sought to understand the formations of sinful patterns so that clients could partner together with counselors to confess, forgive and pray for the behavior patterns to be broken. Sandford and Sandford (1977) explained:

> Again, sanctification *has been* accomplished *in the spirit*. It must be worked out *in the heart and soul*. Whoever works to cleanse the inner being as though it were not already cleansed by the cross is on the wrong track. (p. 37)

Use of spiritual gifts to uncover patterns. Like Agnes Sanford, Sandford and Sandford (1977) advocated the unusual practice of using the spiritual gifts explained in 1 Corinthians 12:7-9 during Inner Healing sessions. They emphasized the role of the prophetic gifts when seeking the Lord to discover roots that lay behind sinful patterns. To uncover root causes of presenting problems, prophetic visions (e.g., Acts 9:10-19, 16:9, 18:9) were frequently utilized. Sandford and Sandford (1977) explained:

> Visions frequently help Paula and me [The Sandfords] in our counseling. The Holy Spirit will characteristically describe the appearance of a house, the description of a room, and then an incident in a given year of a person's life. On hearing us recite these things, the person will exclaim, 'why, yes, that is exactly how my house looked and that was my room, and the thing did happen just as you describe it.' Such a vision usually unlocks confession, healing or self-understanding. (pp. 196 - 197)

Removal of patterns as blockages to healing. Sandford relied on his ability to gain spiritual insight into the client's early developmental problems (e.g., judgements, unforgiveness, and sinful vows); then, through explanation, prayer, renunciation and participation in the cross, the pattern would be cut off at its roots. Sandford and Sandford (1977) explained the efficacy of the cross in healing past developmental problems:

> That cross is effective throughout all time. Time is a dimension of space. This means that that cross is like a light shining through the halls of departed time to the present. It makes little difference whether one is fifty feet removed from the cross or a million light-years; that cross is a present reality, drawing sin to itself. . . . Nevertheless, that mercy is not automatic. It waits upon confession (pp. 116-117).

Encounters that led to the corrective emotional experience. Sandford focused on identifying spiritual root causes for maladaptive behaviors (Sandford & Sandford, 1982). However, once causes were identified, Sandford seemed to have no clearly defined system to lead clients to have an encounter with Jesus that would change behavior as in later models of Inner Healing, (e.g., Smith's, TPM; Lehman's, Immanuel Model; and Wilder's, Life Model). In Sandford's methodology, eliminating underlying blockages that prevent one from perceiving Jesus' presence was central. After the blockages were removed, this was sometimes deemed enough to facilitate an encounter with Jesus.

Through spiritual insight into the dynamic behind the presenting problem and then by offering specific prayers to eliminate those dynamics, clients were led into an experience with an ever-present Jesus. Sandford (1982) stated, "Sometimes Jesus will sovereignly and quickly melt a heart of stone. Testimonies of such abound. But far more frequently He chooses to do it slowly – oh, so slowly – though human vessels" (p. 221). At the core of Sandford's method was the removal of blockages to perceiving the presence of Jesus.

Theophostic Prayer Ministry, (TPM). Ed Smith developed TPM while working with female survivors of abuse (Smith, 2004). Before developing TPM, Smith was a marriage and family counselor. Smith earned his Doctorate in Divinity.

Early work. Smith (2000) advanced Inner Healing by bringing a systematic methodology to the practice when he developed TPM. For over 20 years of his early practice, Smith (2004) counseled by combining traditional pastoral counseling methods with methods derived from the empirical study of psychology. Initially, Smith used methods similar to Sandford's because, like Sandford, he directed clients to an experiential encounter with Jesus by first using insight. Smith sought to uncover and modify maladaptive cognitions (i.e., lies) anchored in the painful memories of survivors of abuse by introducing biblical principles to the "cognitive part" of the client's brain (Smith, 2000, p. 206). Smith reported (2004) that the results that he had with that method were not lasting and that his trauma-bound clients attained only a tolerable recovery.

Body of work. The frustration that emerged out of sessions in which Smith used cognitive, biblical-based principles led Smith (2004) to consider giving up his practice. However, in a moment of desperation, Smith (2000) prayed to God to give him wisdom and direction on how to help his clients find deep healing and lasting recovery. As a result, Smith said God revealed two truths to him: (a) The memory-anchored, trauma-bound lie was stored in the experiential part of the brain, not the logical cognitive part; and (b) the truth needed to dispel the lie had to be given through the presence of Jesus Himself. Smith (2000) reported that God wanted him to invite "Jesus to be present experientially" in the traumatic memory of the client (pp. 136-144). Smith reported that this unplanned epiphany was a breakthrough starting point in TPM (2004).

Themes. The review of relevant literature revealed more information surrounding TPM and Smith than any other method or Inner Healer since Agnes Sanford (Garzon, 2008; Garzon & Paloma, 2005; Garzon & Tilly, 2009; Hunter & Yarhouse, 2009; Lehman, 2004; Smith, 2000, 2004, 2005, 2008, 2012; Witherspoon, 2003). Seven themes emerged from the literature:

1. Systematic approach to "heal" memory.
2. Experiencing the presence of Jesus.
3. The memory is not stored in logical parts of the brain.
4. Use of emotion to access memory.
5. Not the memory, but the belief attached to the memory.
6. Removal of defenses and hindrances to receiving truth.
7. Futility of self-contrived defenses.

The first two themes centered on a methodological approach to bring clients to experience the healing presence of Jesus. Themes three through five centered on accessing memory. Themes six and seven centered on blockages to healing.

Systematic approach to "heal" memory. Smith (2000) gave an abbreviated overview of the TPM process:

Step 1: Prepare the person.

Step 2: Identify the memory cues in the person's presenting problem.

Step 3: Identify historical emotions.

Step 4: Identify matching memory picture.

Step 5: Discern the original lie.

Step 6: Rate the believability of the lie.

Step 7: Stir up the darkness.

Step 8: Receive the truth.

Step 9: Remove the clutter.

Step 10: Confirm the healing.

Step 11: Process residual lies.

Step 12: Have the Lord affirm and bless the person. (p. 118).

Experiencing the presence of Jesus. At the root of TPM is the belief in the presence of Jesus to bring truth to the lies that have resulted from traumatic memories (Smith, 2000). A review of the literature surrounding TPM revealed that Smith stressed the need for clients to hear from Jesus himself rather than to hear what facilitators think Jesus would say (Smith, 2000, 2004, 2005, 2008, 2012).

The memory is not stored in logical parts of the brain. Smith (2005) reported that the thought came to him that there was an experiential part of the brain and a logical part of the brain. Smith (2005) presented a discussion on the difference between "logical truth and experiential knowledge" (pp. 19-20). He believed that, in order for a memory to be healed, one had to re-experience the traumatic event while experiencing the presence of Jesus in that memory. While the client re-experiences that event with Jesus in it, Jesus is able to replace the beliefs and the lies by providing His truth.

Use of emotion to access memory. A distinguishing characteristic of TPM is the use of emotion to access memory-anchored lies (2005). Instead of using spiritual insight or prophetic gifting, facilitators use "emotional cues" in the client's present story as indicators of past, unresolved memories (Smith 2000, p. 119). Smith (2005) used methods similar to free association when describing an "echo" as emotional bridge that

connects present emotional pain to past emotionally painful experiences (p. 67). In TPM, presenting emotions are used as bridges to connect current emotional states to neuronal networks upon which primary memory was encoded (Smith, 2005). Smith explained that once conditions are established for memories to be accessed, these memories become labile and then they may be healed by receiving truth from Jesus (i.e., reconstituted, see LeDoux, 1996, for discussion.).

Not the memory, but the belief attached to the memory. Smith (2000) stressed that it was neither the traumatic event, nor the memory of that event that caused dysfunction, but, rather, the irrational beliefs, (i.e., lies) that were adopted while that event was transpiring. The literature indicated that this is a distinguishing characteristic of TPM. Smith believed that, even though the event was in the past, the debilitating beliefs resultant from the event live in the present (Smith, 2000). In TPM, debilitating beliefs are changed when clients enter into their painful memories. Clients are then led to perceive the presence of Jesus, and that perception provides the corrective emotional experience (Smith, 2005).

Removal of defenses and hindrances to receiving truth. Smith (2000) provided a more systematic methodology than previous Inner Healers (e.g., Sanford, Sandford) to remove blockages that prevented healing. Smith named these hindrances (p. 92). He explained that in order for a person to receive truth from Jesus, hindrances must be removed. Smith named revengeful emotions as the most common defense against pain. He stated (2000), "Probably the most common hindrance to hearing God speak is the presence of anger, hate, or revenge people may feel toward those who have hurt them" (p. 93).

Futility of self-contrived defenses. Smith (2000) observed that, when clients abandon self-reliance, they place themselves in the position to perceive the presence of Jesus. He reasoned that when one comes to the end of their resources to solve problems, they place themselves in a position to receive the resources that are offered by Jesus. He also found that, when one stopped trying to defend against pain with one's own imaginations, then the presence of Jesus in the painful memory picture reconstitutes that memory. Smith (2000) explained how helplessness is the gap between embracing the lie and knowing the truth, "I soon discovered that it is at the end of the rope where God dwells. He resides in the center of our hopeless dependence on Him. When we come to the end of ourselves, we discover His all-sufficiency" (p. 38).

Criticisms. A primary criticism seems to stem from initial claims made by Smith concerning the efficacy of TPM (Hunter & Yarhouse, 2009). For example, Smith (2000) initially claimed that his method produced a "maintenance free victory" (p. 1). Further, Garzon and Paloma (2005) indicated that there is an absence of empirical research surrounding the efficacy Inner Healing. There seems to be some confusion as to what maintenance free actually means; however, critics of TPM believe that Smith is claiming once healed, always healed. The theological implication within this statement leaves room for criticism. Matzat (1987) argues that Smith and other Inner Healers use the unbiblical, new-age technique of guided imagery, even though Smith (personal communication, October, 2010) has tried to set up parameters within the method that leave no room for guided imagery. Gumprecht (2010) claims TPM places clients in danger of iatrogenic implantation because TPM uses suggestive leading. This criticism opens debate concerning false memory and memory recovery therapy. Critics Hunter and

Yarhouse (2009) argue that TPM lacks evidence-based research, and, consequently, should not be used in clinical settings. Entwistle, (2004a; 2004b) criticized TPM for (a) practice issues, (b) ethical issues, (c) legal issues. Finally, the review of relevant literature indicated theological concerns for focusing on the past instead of the here and now.

T*estimonies.* Smith addressed several of these criticisms listed above on his website (http://www.theophostic.com), and in his 2005 TPM manual. On his website, Smith deferred to client testimonies to answer some criticisms. In a personal telephone conversation, Smith emphasized testimonies, using the example of the importance of testimony throughout church history (personal telephone communication, October, 2010).

Sozo Method. The Sozo method of Inner Healing is a new Inner Healing modality for which there is little literature. However, due to the preponderance of anecdotal reports this researcher has encountered while conducting a four-year review of the literature, it seems important to include Sozo. It also seems that Sozo is one of the most recent, fastest growing and charismatic-based models of Inner Healing to emerge (Margaret Nagib, Midwest director, Sozo, personal communication, Washington CAPS Conference, March, 2012).

Early work. Sozo was developed when a team of ministers from Bethel Church, of Redding, California, traveled to Argentina to experience the revival taking place (http://www.sozo healing.org). Sozo is Greek for deliverance and the name was chosen because the method puts an emphasis on deliverance (Reese, 2008). Sozo shares similarities to early Inner Healing models that had their roots in the revivals that started in 1906 because practitioners of Sozo place a reliance on the supernatural gifting of the Spirit, as did early Inner Healers (Reese).

Body of work. Sozo shares similarities with early Inner Healing models that were birthed in a culture of revival fervor. However, dissimilar to early Inner Healing models; Sozo was not birthed in a revival culture hostile to science. Therefore, Sozo leaders (DeSilva, Reese, Johnson) consulted with experts in psychiatry and psychology (e.g., Lehman, Wilder, Campbell) to inform the theory and practice of Sozo (Campbell, personal communication, Peoria, IL, March, 2011)

Themes. Five themes were found in the literature surrounding Sozo. The first was integration and collaboration. The second was evolving. The third was adaptive. The forth was experiencing the presence of Jesus and God and Holy Spirit. The fourth theme distinguished Sozo from other Inner Healing models, because in the Sozo method, the client is coached to experience each member of the trinity distinctively. The fifth theme was deliverance.

Integration and collaboration. The Sozo method of Inner Healing was developed in a collaborative community; as such, it does not owe its origin to a specific founder who writes the literature or develops the theory and practice (Reese, 2008). Reese likens Sozo to a network of friends who share the same spiritual DNA and the same tools for ministering. Sozo teams under the direction of DeSilva researched other models (Lehman, personal communication, July, 2010) to find elements they believed were successful. Reese reports that they have borrowed from the work of Smith's TPM model, Wilder's Life model and Lehman's Immanuel Interventions model to inform the theory and practice of Sozo.

Evolving. Because of its free-form, evolving nature, the Sozo method may defy definition. However, DeSilva, in conjunction with the healing center of Bethel Church, is

cited (http://www.thefreedomresource.org/network.html) as the founder of the Sozo method. Reese (2008) likened Sozo to a network of friends who share the same spiritual DNA and the same tools for ministering. Sozo has included elements of established Inner Healing models; however, the Sozo method places a greater reliance on the supernatural gifting of the Holy Spirit (Heine, 2013). Therefore, it seems that the efficacy of a Sozo session may be incumbent upon the facilitator's proficiency in operating in these gifts.

Adaptive. Reese, (2008) explained that Sozo method changes with each individual since all individuals are different. This is in contrast to other models of Inner Healing, such as TPM, which has evolved into a more structured and systematic method over the past decade. The leaders of Sozo embrace this lack of structure (Reese, 2012).

Experiencing the presence of God and Jesus and Holy Spirit. Another difference is that Sozo encourages the use of imagery and leading by the facilitator to guide clients into spiritual encounters (Margaret Nagib, Midwest director, Sozo, personal communication, Washington Caps Conference, March, 2012.). These experiences are encouraged in order to (a) eliminate blockages (e.g., sinful defenses against pain, clutter, anger, and demonic influences) to perceiving the presence of Jesus, and (b) usher one into the presence of Jesus. Additionally, in the Sozo method, clients are encouraged to perceive the presence of God, and Jesus, and Holy Spirit individually and distinctly from one another, and often outside the context of personal, historical memories. For example, these encounters with Jesus/God/Holy Spirit may be perceived in the Holiest of Holies (see Hebrews, 9:8; 10:19).

Reese (2012) used the parable of the rich young ruler to unapologetically explain the directiveness of the model. He explained that sometimes when Sozo practitioners

offer a prophetic word, the client may walk away upset, just as the rich young ruler did. According to Reese, in doing so, they walk away from truth.

> It is my job to just scatter the seed. I offer up words from God without saying, 'thus sayeth the Lord'. If it is from God, the person will know it. If it is not, that is ok, just go on. . . . Offer the word as a friend. (http://youtu.be/6QScAi_TJ1Y)

Deliverance. Heine (http://www.sozo healing.org) explained that Sozo sessions often consist of a team that helps the client find freedom "when the team under the guidance of the Holy Spirit removes the grounds the enemy has to harass the individual client" (p. 2). Therefore, the efficacy of Sozo depends on the discernment of the team and the clarity with which the team is able to receive direction from Holy Spirit.

Criticisms. Reese (2008) explained that Sozo is the first line of healing for the church, and advised lay people and groups to use the method until they found a problem that was too difficult. If that happened, he further advised, they should consult with a pastoral counselor. However, Garzon (2007) makes clear the problems associated with Inner Healing methods that use directive tools by lay people. He explained the danger of directive tools when trying to access implicit memory:

> Good clinical technique safeguards the creation of pseudomemories. . . . Statements such as 'I think you might have been sexually abused' when no clear memory of abuse has emerged may plant the suggestion for such abuse to be reported. A nondirective, supportive, and empathetic approach is best until the unclear memory fragments or symbolic images emerge sufficiently to indicate intervention direction. (p. 146)

It seems to the researcher that Sozo is a relatively new model of Inner Healing that has not had time to undergo scrutiny similar to that of TPM. For example, the evolution of TPM has helped to eliminate some of the abuses and criticisms stemming from a worldwide network of practitioners that often deviated from the parameters set up by Smith (Smith 2005). These deviations included some practitioners utilizing methods

similar to recovery memory therapy, fomenting accusations of false memory syndrome (Smith). Since Sozo has a short history, critical concerns aimed at the model may need time to be resolved, just as other models (e.g., Sanford's developmental model, Theophostic model) needed time to address criticisms for using directedness and spiritual gifting.

Mental Health Professional Inner Healers

The Mental Health Professionals (MHP) (e.g., Garzon, Lehman, Wilder) distinguished themselves from earlier Inner Healers (e.g., Sanford, Payne) because they received their initial training in evidenced-based psychology and psychiatry at accredited universities and medical schools. A review of: Garzon's works, (www.http//works.bepress.com/fernado_garzon), Lehman's website (www.kclehman.com), and Wilder's website (www.lifemodel.org) revealed that these MHP integrated Inner Healing with relevant psychological literature. Typically, MHP began to practice Inner Healing after receiving education and then training in clinical settings. Thus, MHP moved the practice of Inner Healing toward integration. MacNutt's (1974) statement, "One of the reasons why people don't get healed is because they don't see doctors as a way of God bringing healing" (p. 256), illustrates the movement that was made in the direction of integration since the revivalists.

Early Inner Healers (e.g., Sanford, 1947; Sandford, 1977) understood the importance of memory, but since the psychological research could explain the phenomena they were experiencing at the time, they had little scientific background to develop a theoretical basis. However, the MHP (i.e., Lehman, 2010; Wilder, 2010) are able to draw upon recent relevant research to accurately redefine what Sanford (1947)

called healing of memories. For example, Lehman (2004) uses the research of neuroscientists such as Nader, Schafe, and LeDoux, (2000) to provide understanding of the enormous complexity of multiple systems in the phenomena of reconsolidation of memory (vis., healing of memories). These researchers stated in neuroscientific terms, "Reactivation of a memory will transform it into a labile state during which new retrieval routes can be added; however, this does not imply that an altogether new memory trace is formed after retrieval" (p. 9). Schacter (2007) explained how remembering the past affects future narratives:

> Both past and future event tasks require the retrieval of information from memory, and hence both engage common memory networks. However, only the future task requires that event details gleaned from various past events be flexibly recombined into a novel future event. (p. 659)

Thompson (2010) also addressed maturity of narratives in neuroscientific terms. He explained that the human propensity for dichotomies is resultant of an internal dis-integrated mind, one with diminished integrative capacities of the prefrontal cortex which integrates both the primitive impulses of the lower and right side of the brain with the logical reasoning centers of the neocortex and the left side of the brain (pp.157 – 162). The dis-integrated mind will tend to either act out of the creative, more primitive emotional centers of the brain, or it will act out of the logical reasoning centers of the more developed areas of the brain. A characteristic of mature narratives is the benefit from using both (pp. 168-174).

Thompson explained (2010) that it is through narratives we become integrated as we learn how to pay attention and become mindful of what our memories, our feelings and our bodies are trying to tell us (pp. 77 – 80). A lack of awareness, along with the inability of science to explain the phenomenon that they were experiencing, may explain

the inability of early Inner Healers to develop coherent narratives that display integrations of faith and science. For example, Stapleton (1977) offered an explanation of defenses against pain:

> For the first twenty-nine years of my life I felt almost no emotional pain. But later, when many of the repressed hurts of my past were exposed, I began to feel intense inner pain. The reason I did not see my hurts earlier is that unconsciously I would not allow myself to look. (p. 31)

In contrast the narratives of the MHP display intrapsychic differentiation and positive coherent resolution. They seem to be relatively more mature than their Inner Healing predecessors whose narratives were not released from emotion. For example, Lehman (2006) offered an explanation of defenses 29 years later:

> Our perception is that psychological defenses are tools the Lord gives us to help us survive psychological trauma in childhood. Psychological defenses help the child reduce the apparent size of the stress/trauma so that they can manage it with their child sized emotional resources. When we become adults, it is time to bring the traumatic memories fully into the light so that they can be completely and permanently healed. Psychological defenses hinder this process, and therefore become sinful.

Thus, the literature of the MHP reflects higher levels of integration of faith and current, relevant, psychological research.

Fernando Garzon. Garzon is an associate professor at a Christian university with a research interest investigating spiritual interventions in professional and lay counseling. He has practiced as a clinical psychologist directing provider services for a managed care company. Also, Garzon has served as an assistant pastor, providing faith-based interventions (www.liberty.edu/counseling)

Early work. Garzon's primary work has been on the integration of faith and psychology (Garzon, 2005, 2007, 2009; Garzon & Tilly, 2009: Garzon, Worthington, & Tan, 2009; Garzon, Garver, Kleinschuster, Tan & Hill, 2001; Reed, Burket, & Garzon,

2001). Garzon (2008) brought Inner Healing to the academic community using both qualitative and quantitative research methods to investigate TPM. Garzon (2008) has moved the study of Inner Healing in a more quantitative direction by combining case study research with pre-test and post-test scales to measure the efficacy of TPM.

Body of work. Garzon (2005) observed that initial results from TPM were dramatic; however, because of a lack of evidence, Garzon (2005) sought to fill in gaps by researching TPM through practitioner surveys and anecdotal stories of practitioners and clients. Garzon (2008) combined TPM with other Christian-based therapies that emphasize the use of scripture. In his 2007 work, Garzon provided a scientific explanation of Inner Healing that was understandable to the lay person.

Themes. Three predominant themes emerged in the literature surrounding Garzon. The first common theme running throughout Garzon's work was integration. In the second theme, experiencing the presence of Jesus and God image, Garzon sought to explain relationships between how individuals imagined God and the effectiveness of Inner Healing. Third, Garzon emphasized the need for an, eclectic approach, that was dependent upon client needs.

Integration. Garzon (2007) reported that he borrowed from the work of neuroscientists (e.g., Siegel, 2006; Schore, 2003b) in an exploration of the significance of neural networks activation in the context of memory associations. For example, Garzon (2007) made significant links between implicit relational networks that contain memory of significant early caregivers, relationships in therapy, and environmental cues in the present that concern relationships (p. 143). Futher, Garzon (2007) built upon Gabbard's (2006) neuroscientific work on transference to make links between an individual's

internal models of significant caregivers, implicit memories and how a counselor may use the therapeutic relationship to modify a client's "God image" (p. 142).

Garzon (2007) explained how internal models create relational templates that influence an individual's God Image. Garzon also pointed to the implications of an individual's God image on the efficacy of Inner Healing models such as TPM which engage right brain processes. Garzon (2007) said, "Thus, contrasts between one's conceptual knowledge of God as loving and as a discrepant subjective emotional experience of that reality (a negative God image) have neurological underpinnings in the implicit memory coding system" (p. 146).

Experiencing the presence of Jesus and God image. Garzon (2007) elucidated neuroscienentific implications associated with God image. In his 2007 study, Garzon addressed the phenomenon practitioners encounter when clients report a false Jesus that produces neither peace nor healing. Garzon (2007) warned against iatrogenic implantation and explained connections with internal representations of a malevolent god:

> Care must be taken not to be suggestive when clients report memory fragments that hint at the possibility of abuse but do not clearly indicate it. The fragments could also be a symbolic image (implicit memory driven) that encodes significant relational dynamics in the client's life. (p. 145)

Eclectic approach. Garzon (2007) recommends eclectic approaches that are tailored to client needs. This includes strategies that are both cognitive and emotional modalities, stressing the "important role of the therapeutic relationship in promoting change" (p. 146). Garzon (2007) highlighted the importance of attuning relationships for the modification of relational neural networks, and these attuning relationships special importance for clarification, modification and evaluation of one's image of God.

Karl Lehman. Lehman (2011) is a board-certified psychiatrist. He reports that he has worked to integrate faith-based emotional healing with insights provided by psychological and neurological research. Currently, Lehman works to develop Inner Healing interventions that can be utilized in clinical situations, church communities, and in severely traumatized populations worldwide.

Early work. Lehman reported (personal communication, October, 20, 2010) that, initially, he consulted with Smith to learn TPM. Later, Smith consulted with Lehman, using Lehman's understanding of psychiatry to refine TPM principles. An example of this collegial relationship was when Smith requested Lehman to defend TPM before the American Association of Christian Counselors at their 2005 conference.

Body of work. Similar to Smith (2000), Lehman reported (personal communication, October 20, 2010) that he discovered the Immanuel Model as a result of desperate prayer. Utilizing TPM, Lehman said he became frustrated when patients could not receive healing because many had neither the desire, nor the capacity to undergo the pain required to access traumatic memories. Thus, Lehman reported that he diverged from TPM when he began to utilize specific interventions to augment capacity. Further, Lehman said, that despite his desire to lead clients to places of trauma, he observed in many Inner Healing sessions, when patients perceived the presence of Jesus, they reported interactions with Jesus that consisted of developing an attuning, interactive relationship. It occurred to Lehman (personal communication June 5, 2011) that Jesus may simply be "happy to be with" his patients instead of placing as strong a priority on going to unresolved memories as Lehman did. Paradoxically, Lehman found that, through

this attuning relationship with Jesus, patients gained the capacity to access heretofore unreachable areas of trauma.

Therefore, the most significant distinction Lehman developed in the Immanuel Model is the focus of an interactive relational connection with Jesus at the start of the session (Lehman, 2011). From this beginning, the facilitator defers to Jesus at every point in the session. In the TPM model, the client is coached to initially re-enter painful memories (Smith, 2005). However, in the Immanuel model, the client is initially coached to re-enter joyful memories (Lehman, 2011). For example, in TPM the client is led to follow "emotional echoes" that point to foundational traumatic memories; then the facilitator stirs up the dark pain encoded in that memory before asking Jesus to reframe that memory (Smith, 2000, p. 38) Smith contended, ". . . it is at the end of the rope where God dwells" (p. 38).

However, Lehman (2011) contended that God also inhabits joyful places, and that operating from a baseline place of joy instead of pain increases therapeutic efficacy. Therefore, instead of leading clients to a place of despair where they relinquish their own resources to cooperate with Jesus' plan for healing, Lehman has developed joy-based tools to help clients cooperate with Jesus' plan for healing. Lehman (personal communication June, 5, 2010) uses a medical analogy to illustrate the advantages of joy over pain, likening joy to Novocain. He stated, "Before Novocain, people hesitated to get dental surgery, the surgery was painful, and the recovery was slower; joy acts as Novocain by first building capacity."

As Lehman collaborated with Wilder reviewing the relevant psychological research, they realized that TPM worked very effectively in resolving memories that were

blocked further down the path in the brain's pain processing pathway, (see Lehman, 2011, pp. 5-14 for discussion); however to resolve memories that were blocked because of early, significant breaches, it took the earning of secure attachment. In the Immanuel Model, this is offered by the attuning presence of Jesus. Therefore, one reason Lehman (2011) developed the Immanuel Model was to augment capacity to complete processing tasks thwarted earlier in the pain-processing pathway.

Themes. Four predominant themes emerged in the literature surrounding Lehman. The first was integration. The second was a system based upon the pain-processing pathway. The third was deferring to Jesus, and the fourth was transferability.

Integration. Lehman (2011) collaborated with Wilder to develop a system of interventions to increase the effectiveness of Inner Healing. Interventions in the Immanuel Model are based upon an understanding of implicit memory systems, and how to set up the conditions to reconstitute implicit memory (Lehman). The Immanuel Model considers neurological "pain processing pathways," and then deliberately sets up conditions to process painful memories that have remained stuck at specific points in that pathway (p. 5). After trauma-based, implicit memories are accessed, this model provides tools for reconstitution of unprocessed memories that contain irrational beliefs which drive maladaptive behaviors (Lehman).

System based upon the pain-processing pathway. According to Lehman (personal communication, July, 2012), the interventions utilized in the Immanuel approach were informed by the works of Schore (2003a, 2003b), with a fundamental understanding of the way in which the biological brain processes painful experiences. This understanding has lead to the development of specific interventions that can be implemented to help

clients to complete specific painful memory processing tasks (Lehman, 2011). When these pain processing tasks have not been completed, the memories remain full of toxic content.

> There is a very deliberate pathway that this pain processing attempt will follow, and there are specific processing tasks that we must complete as we travel along this pathway, such as maintaining organized attachment, staying connected, staying relational, navigating the situation in a satisfying way, and correctly interpreting the meaning of the experience (Lehman, 2011, p. 6).

Tools in the Immanuel Approach bolster client capacity to complete memory processing tasks thwarted at early developmental stages (Lehman, 2011). These tools help clients process pain by (a) maintaining organized attachment, (b) staying connected, and (c) staying relational while re-experiencing traumatic memory (pp.5-14).

Deferring to Jesus. In the Immanuel Approach the session starts with the facilitator coaching the person to perceive an attuning presence and an adequate interactive connection with Jesus at the earliest point possible in the session. There is ongoing coaching in this model to help the client engage directly with Jesus for guidance and assistance at every point in the session (Lehman, 2011). Lehman explained:

> The primary objective of the Immanuel Approach is to enhance our personal, relational, heart connection to the Lord. Coaching the person to turn to Jesus, focus on Jesus, and engage with Him directly at every point in the session is the 'bread and butter' approach for helping the person build her [sic] personal, friendship connection with the Lord. (p. 15)

From this perception of an interactive, relational connection with Jesus, clients are coached to complete painful memory processing tasks (Lehman, 2011). Lehman stated that the objective is to:

- Figure out and then intentionally set up the conditions necessary for accessing traumatic memories;
- Figure out and then intentionally set up the conditions necessary for traumatic memories to be open to modification; and

- Figure out and then intentionally set up the conditions and provide the resources necessary for the person to successfully complete unfinished processing tasks (p. 70).

Lehman (2011) described what this might look like in session:

> The person might engage with Jesus for guidance in choosing an initial target, for help with finding underlying traumatic memories, for assistance with resolving unfinished processing tasks, or for capacity augmentation when dealing with inadequate capacity, or for help with any other questions, needs or challenges that come up. . . . For example, if the person does not immediately turn to Jesus when she [sic] encounters the questions, needs, or challenges mentioned above, but instead tries to figure them out/resolve them herself [sic] (and then eventually perceives herself to be stuck), the first and most basic troubleshooting intervention is to coach her [sic] to turn to Jesus, focus on Jesus and engage with Him directly regarding the problem. (p. 16)

Transferability. The scientific methodology within the Immanuel Model makes the process of reconstituting painful memories transferable from case to case (Lehman, personal communication, September, 2011). Ed Khouri, a pastor and a key leader for the International Substance Abuse and Addictions Coalition (ISAAC) who has over 31 years experience in addictions recovery, endorsed the Immanuel Model, reporting that it, "suggests practical workable, strategic interventions that help individuals identify and take responsibility for their own reactive triggering and trauma – and discover how Jesus can be an active participant in the healing process" (www.immanuelapproach.com).

James Wilder. Reverand Wilder is a Ph.D. psychologist who works with victims of severe trauma. He founded a supportive community called Shepard's House in Southern California to facilitate this ministry. Wilder (Thrive conference, Peoria, Il, March, 2010) grew up the son of Mennonite missionaries, and, similar to Agnes Sanford, Wilder was taught at a young age of a God who was a harsh task-master.

Early work. Like many of the early attachment theorists (e.g., Klein, 2002; Bowlby, 1988), who had attachment breaches because of early childhood separations

from parents, Wilder's attachment pattern was effected by prolonged separations from parents at a young age (Thrive conference, Peoria, Il, March, 2010). Also, as a child he suffered a stroke and a debilitating disease that was supposed to leave him either dead or severely impaired. Further, as a young man, Wilder was exposed to the trauma of war when guerrilla forces entered the missionary camp in which he lived, intending to kill the missionaries. Wilder reported (Thrive conference, Peoria, Il, March, 2010) that these events left an indelible faith in God for His ability to deliver him from harm. To these experiences, Wilder also reported that he attributes much of his interest in earned attachment through the reconstitution of painful memories via the presence of Jesus. Because of these experiences, Wilder has built the *Life Model* of Inner Healing upon an understanding of attachment theory (www.lifemodel.org).

Body of work. One of Wilder's (Wilder, 2011) contributions has been the understanding of relational connection in the development of a group model of Inner Healing. Wilder's (2010) Life Model for groups follows a four step process:

1. Starting, with a good connection. Wilder explained:

> God is always present with us and always has been. Our life memories are incomplete when we lack the awareness of God's presence. Without this awareness our interpretations of life are distorted, bring pain and rob our peace. We interact best from the memories of times we spent with God.

2. Sitting, with God. Wilder explained:

> When the pain-processing pathway in the human brain cannot figure out how the painful event fits together, our mind will keep the painful memory active. Every time something similar happens, the unfinished memory gets mixed in with the current event. Trauma comes from events that leave us feeling alone. When we have God with us (Immanuel) we are no longer alone and discover how to recover.

3. Sharing, minds. Wilder explained:

> An ancient example [Scripture] of sharing minds with God comes from the prophet Elisha and his servant. . . . The prophet said, "Do not fear" and prayed that the servant would see that God was with them (Immanuel). . . . Seeing what was on the mountain allowed the servant's mind to share what God's mind saw.

4: Speaking, telling. Wilder explained:

> Speaking the story of what changed when we perceived God, is what changes the way our brain sees the future, giving us hope and joy instead of dread and despair. We do not get the same benefit from telling the story of life in the thorn patch BEFORE Immanuel. That story depresses others and us.

Some of Wilder's most notable group work has been on the mission field (Wilder & Campbell, Thrive conference, Peoria, IL, March, 2010). Wilder has taken the Life Model of Inner Healing into several foreign countries that are ravaged by the effects of war and other significant trauma. The Life Model has been used by teams from The Voice of the Martyrs (VOM) to minister in areas of violence (Campbell, personal communication, March, 2010).

Themes. Six themes emerged in the literature surrounding Wilder. The predominant theme was integration. In the second theme, attunement, Wilder identified connective links between psychological and spiritual attunement phenomenon. The third theme, joy centered, was a significant divergence from Inner Healing models, (vis., TPM) that focus on emotional pain. The fourth theme, building new hopeful narratives, built upon the principal of using emotional joy to develop hope. The fifth theme, ameliorating effects of secondary PTSD, became evident in Wilder's work that informed missions teams' protocols.

Integration. Wilder (2011) applied Schore's (2003a) and Siegal's (2007) findings on neural networks, mutual mindedness and attunement to develop The Life Model. He integrated understanding of how to activate relational brain circuitry with spiritual

principles of entering into a relational connection with Jesus through Joy and appreciation in community (Wilder, 2011). Two of the distinctions of the Life Model are (a) building capacity through appreciation memory and communal joy exercises; and (b) using these places of appreciation and joy as safety-nets for clients to return to when they become overwhelmed with traumatic memory content that exceeds capacity.

Attunement. Wilder transferred the understanding that the same neural networks used in attuning and relating with others may also be the same ones used in attuning and relating with Jesus (Wilder, 2011). Therefore, he determined that an active ingredient for healing was to set the conditions for clients to first activate relational brain circuits through an attuning relationship with others, thereby facilitating more easily a relational, attuning experience with Jesus (Wilder, 2011).

Joy centered. A major contribution to Inner Healing is that Wilder's (2011) Life Model integrates the biblical principle of entering into the presence of the Lord with joy (Psalms, 100) with the neurobiological discovery developed by Schore (2003a) that the brain worked efficiently when operating in a state of joy. Wilder found that joy was an emotion that bolstered clients' capacity to perceive the presence of Jesus and stay connected to Him. This secure connection is vitally important when clients began doing the difficult work of accessing painful memories (Wilder & Coursey, 2010).

Wilder also observed (Wilder, Thrive conference, Peoria, Il, March, 2010) that clients consistently processed memories better when they were in a state of joy than when they were in a fearful state enacted by re-experiencing painful memories. Therefore, Wilder utilized deliberate joy-building exercises, implemented in community in order to enlarge client's capacity to access, and reconstitute painful memories. It is noteworthy

that Sanford (1966) inherently understood the importance of joy and she also emphasized building a sense of joy; however, she did not formulate intentional methodologies for building joy.

Building new hopeful narratives. Wilder borrowed heavily upon the work of neurobiologists (e.g., Bechara, Tranel, Demasio & Damasio, 1996; Schore, 2003a) to understand how using narratives to integrate right and left brain hemispheres leads to sensitivity to future consequences, thereby fomenting changes in behavior. Wilder's (2011) Life Model of Inner Healing differs from other models by adding a component designed to help clients establish a new narrative which contains hope for different future outcomes. In the *speaking phase*, Wilder (Wilder & Coursey, 2010) encourages clients to create new narratives with a hope for the future by removing traumatic thoughts from them. Wilder explained:

> If we go back and try to feel how upset we were, we can't feel it. Our minds do not yet understand what happened enough to change the way we view the future. Speaking the story of what changed when we perceived God's presence is what changes the way that our brain sees the future, giving us hope and joy instead of dread and despair. (p. 3)

In the speaking phase, Wilder intentionally coaches clients to observe what happened internally when they perceived God's presence. Clients are then asked to speak out loud the changes they experienced. Once spoken, facilitators repeat back those changes back to the client. This back and forth process continues until new, hopeful narratives become firmly established in neural pathways. One of the goals in the Life Model is to have clients transform every painful experience into joy through the awareness of the living presence of God.

Ameliorating effects of secondary PTSD. Campbell (personal communication, March, 2011), the former medical director of Voice of the Martyrs (VOM), said that The Life Model has been used by teams from VOM to minister worldwide in countries torn by violence. Using The Life Model, teams have gone into over 53 foreign countries to work with the families of martyrs. Campbell (personal communication, March, 2011) also said one of the unintended positive consequences of this model is that the missionary workers no longer report secondary PTSD. Campbell reported that he has found workers no longer needed long furloughs at home or long periods of debriefing ministry so that they could recover from the transference of traumatic symptoms incurred on the mission field. Campbell stated (personal communication, March, 2011) that when the missionaries came home from working with victims, they felt energized and rejuvenated because they experienced the Lord's presence, watching the Lord working among the victims, healing their trauma.

In another example, Julie Woodley, (personal communication, August, 2012) a trauma specialist, who was one of the first to work with the victims of Joseph Kony and the lord's resistance army, used group Life model and Immanuel tools while in Uganda. Woodley reported (personal communication, August, 2012) an "incredible healing" while working with a woman. This woman's family had been tortured, raped and murdered. Compounding the trauma, this survivor was deemed "cursed" because according to ancient tradition, she tied her murdered niece to her back to curse herself. After she tied the dead body to her back, she then walked through her village at rebel gunpoint with a cold distant stare on her face in order to carry the baby for three days to the baby's mother.

After attuning with the woman's pain while listening to her story, Woodley brought her to an interactive relational connection with Jesus. Woodley reported:

> Jesus came to her and told her that she was not cursed that she had done the right thing. Incredible, incredible healing that she not only was captured in the love of God, but also that she had done the right thing. In that place, it allowed the voice of God to be louder than the voices of the people that cursed her.

Woodley said that the woman's healing was significant because, in a short time, she became Woodley's interpreter and was able to help hundreds of other victims with "off-the-charts trauma such as genital mutilation" experience an interactive relational connection with Jesus in a group setting. Woodley said:

> To me, it was not exhausting, but joyful to be able to watch these young girls with the most severe, over-the-top trauma to invite Jesus in, and there was no language barrier, there was no cultural barrier because we were all in the same place.

Criticisms. The MHP still need more evidenced-based research to validate claims (Garzon & Paloma, 2005). Additionally, there seems to be discussion as to when the powerful tools inherent in these spiritual approaches are warranted (Hunter & Yarhouse, 2009). Many of these professionals are integrating other non-faith based therapies into their practices such as CBT (Lehman, 2010). A review of the literature revealed that it seems sometimes distinctions between models blur which may highlight the need for practitioners to clearly disclose what interventions are to be utilized.

Summary

From this preliminary review, integration as defined at the beginning of the chapter, may be conceptualized by imagining a continuum. The researcher has sought to place historical figures and their models at points on the continuum ranging from no level of integration to high levels of integration. These points may also have a correlation to time. Generally, it seems that, as time progressed, so did integration. The reader may note

the degree to which practitioners were directive in their approach, and the reader may speculate on which models facilitated the experience of Jesus as living and interactive, or the experience of Jesus as intellectual. One may see these same levels of directiveness in psychology, ranging on a continuum from very directive behaviorists, which have been commonly called the first force in psychology to the non-directive humanists, which have been called the third force in psychology.

Rationale for the Study

This literature review has exposed the paucity of relevant literature regarding Inner Healing. The review points to the disparity between the body of knowledge concerning Inner Healing and the widespread practice of Inner Healing. The absence of knowledge that is not found in the literature has made evident the need for a study that further answers basic questions that will provide a foundation for future studies to build. This study seeks to move the body of knowledge that surrounds Inner Healing beyond anecdotal reports, personal communications, and autobiographies building upon the empirical research that is far from replete.

Garzon and Paloma (2005) summarized the current condition of Inner Healing. People tend to deem Inner Healing as the greatest intervention, or the worst. It also seems that opinions tend to be highly polarized and filled with emotion. However, it seems that neither side has been able to rationally explain what it is about Inner Healing they love or hate. Inner Healing remains undefined and basic questions concerning Inner Healing remain unanswered.

This study seeks to provide a foundational starting point to address basic questions that will begin to develop organizing principles for Inner Healing. Because of what is not known, this study will attend to the following questions:

1. What therapeutic themes, if any, emerged in the reported chronological episodic Inner Healing experiences of the participants?
2. As a result of Inner Healing experiences in a clinical setting, what change, if any, occurred in the narratives and in the lives of the participants?
3. How do the meanings the participants make of their Inner Healing experiences effect, if at all, their professional practices?
4. What intersections, if any, do the themes that emerge from participant narratives have with relevant literature?

By addressing these questions, this study will move the faith-based practice of Inner Healing further in the direction of integration with relevant psychological literature.

CHAPTER II

METHODS

The intent of Chapter II is to offer a description of the qualitative methods utilized to capture stories of five elite participants who are contemporaries in the field of Inner Healing. The researcher introduced, explained and gave rationales for using narrative methodologies to elucidate the meanings participants made of their Inner Healing experiences. In this chapter, multiple data collection procedures and methods for analysis are examined. The chapter begins with a discussion of the rationale for qualitative methodology. A short section follows on faith and psychology. The remainder of this chapter provides (a) research questions, (b) definition of terms, (c) qualitative method of analysis, (d) researcher's role, (e) procedures, including data sources and data collection, (f) ethical considerations, and (g) worldview paradigms.

Rational for Qualitative Methodology

Inner Healing addresses the individual in emotional, spiritual and cognitive ways which requires a comprehensive approach (Lehman 2011; Smith 2005). A broad approach that Aten and Hernandez (2005) suggested was qualitative research because it draws upon multiple methods to explore the meaning participants make of experiences. Marshall and Rossman (2006) explained that these meanings help us understand complex

phenomenon. Aten and Hernandez (2005) suggested qualitative methodologies as effective approach for studying the integration of psychology and Christianity.

In a foundational article, Creswell, Hanson, Clark and Moralez (2007) posited, "The qualitative researcher today faces a baffling array of options for conducting qualitative research" (p. 236). Creswell (2007) added to the discussion by explaining the advantages of various design types and combinations of mixed method approaches. Creswell stated, "Numerous inquiry strategies, inquiry traditions, qualitative approaches, and design types are available for selection" (p. 236). Hays and Singh (2011) noted that such research paradigms are based upon five core philosophies of science. Creswell, et al. (2007) named the five criteria governing the selection process for one particular approach of inquiry over another, basing selection with "philosophical assumptions about. (a) the nature of reality (ontology), (b) how they know what is known (epistemology), (c) the inclusion of their values (axiology), (d) the nature in which the research emerges (methodology), and (e) their writing structures (rhetorical)" (p. 238).

Denzin and Linclon (2005) advised researchers to look at these five assumptions based upon various interpretive paradigms. After researchers identify their interpretive paradigm, the next most important consideration is to make sure the approach and design will be suited to answering the research questions (Creswell et al., 2007). Denzin and Lincoln (2005) suggested that authors may select particular elements from all of these five interpretive paradigms, but Creswell (2007) admonished authors to "make explicit their philosophical assumptions in designing, writing, and interpreting qualitative projects" (p. 238).

Morrow (2005) discussed the need for qualitative researchers to make their worldviews, assumptions and biases explicit to assist the reader in understanding the researcher's stance vis-à-vis the research. Kline (2008) asserted that trustworthiness (i.e., coherence) stems from selecting a research design congruent with one's orientation and purpose. Therefore, as worldview impacts how one sets a framework for research methodology and how one interprets findings (Kline), the researcher will make clear the basis of his research decisions in the worldview paradigms section at the end of this chapter.

Rationale for Theoretical Lens: Integration of Faith and Psychology

In Chapter I, the history of Inner Healing was explored chronologically and categorically along lines which separated key individuals in the field. This was done by examining the literature through the lens of integration of faith and science. This integration can be contextualized by placing individuals on a continuum, ranging from the Revivalists (viz., Parham, Dowie) who resisted all scientific inquiry, to Organizational Inner Healers (e.g., Sanford, 1982; Smith 2000) who initiated scientific integration, to the Mental Health Professionals (e.g., Lehman, 2011; Wilder, 2010) who integrate the work of neuroscientists (e.g., Schacter, 1992; Schore, 2003a; Seigel, 2007) to fundamentally inform their practice.

For example, Lehman (personal communication, September 7, 2011) elucidated the evolution of integration, explaining that early Inner Healers had an intuitive understanding of Inner Healing, but lacked left-brain integration necessary to make coherent meaning of that experience. Siegel (2003) explained how lack of integration leads to left-brain confabulations, "It [the brain] doesn't seem to mind just stringing facts

together to make them seem cohesive, though they may not fit in with the larger sense or context of a situation" (p. 55).

Research Questions

1. What therapeutic themes, if any, emerged in the reported chronological episodic Inner Healing experiences of the participants?
2. As a result of Inner Healing experiences in a clinical setting, what change, if any, occurred in the narratives and in the lives of the participants?
3. How do the meanings the participants make of their Inner Healing experiences effect, if at all, their professional practices?
4. What intersections, if any, do the themes that emerge from participant narratives have with relevant literature?

Definition of Terms

Analysis of Narratives

Analysis of narratives (Polkinghorn, 1995) is a type of narrative research, under the broader category of qualitative research, in which the primary researcher explores the salient themes in the stories of participants to identify common threads and paradigms across these narratives.

Attunement

Attunement is the aligning of one's internal state to that of the other's. Seigal (2003) described this aligning:

> This process often involves the sharing and coordination of nonverbal signals (eye contact, facial expression, tone of voice, gestures, bodily posture, timing, and intensity of response). Such a nonverbal resonance likely involves a connecting process between the right hemispheres as they mediate nonverbal signals in both people. (p. 117)

Christian

A Christian is a person who confesses the deity of Jesus Christ and accepts His atonement for reconciliation (John 3:16. NIV). The Oxford English Dictionary (OED) defined a Christian as a person who has received Christian baptism or is a believer in Christianity: a born-again Christian.

Coherent Positive Resolution

Coherent positive resolution is a dimension of narrative identity processing in which individuals make meaning of challenging life experiences (Blagov & Singer, 2004). Pals (2006) found it is the openness to which individuals process painful memories into positive themes that "comprise the life story as a whole" (p. 1081). Coherent positive resolution is a predictor of ego-resiliency.

Corrective Emotional Experience

Freud's basic formula for resolving trauma was accessing painful memories, cathartic expression of emotions, and working through (Hartman & Zimberoff, 2004). Alexander (1961) first identified an important further step in the therapeutic process he called the corrective emotional experience. The corrective emotional experience is a re-experiencing the old, unsettled conflict, but with a new ending because of new relationship with the therapist (Hartman & Zimberoff). This positive emotional experience contradicts original toxic information that was encoded as a negative emotional experience in implicit memory systems.

This new information is used to (a) inform decisions (Schore, 2000), (b) reconstruct insecure attachment patterns (Bowlby, 1982), and (c) reconstruct maladaptive relational templates (Teyber, 2006). Bridges (2006) explained that

Alexander diverged from the psychoanalytical neutrality of Freud, and emphasized "the importance of the therapist actively providing empathy, compassion, and encouragement as an integral part of this corrective emotional experience" (p. 1).

Elite participant

Elite participants are those who have an elevated position of "power and raised social stature" (Stephens, 2007, p. 205) due to their influence and place in a culture. Aberbach and Rockman (2002) advocated the use of elite participants to get rich data because "they prefer to articulate their views, explaining why they think what they think" (p. 674).

Personal Episodic Experiences

Personal Episodic Experiences are experiences that happen at points in time in an individual's life that have a significant effect upon the individual's narrative (Flick, 2006).

Essence

Essence is the inner essential nature of a thing, the true being of a thing. Essence is what makes a thing what it is. It is that which makes a thing what it is rather than what it is being or what else it is becoming (van Manen, 1990).

Explicit memory

According to Lehman (2011), "Explicit memory recall is what we all think of as 'remembering.' Explicit memory feels like normal memory" (p. 382). Seigal and Hartzel (2003) explained that explicit memory is autobiographical and when explicit memory systems are activated, the individual recalls experiences with the internal sensation of being present and involved with a sense self and time (pp. 33-36).

God image

Rizzuto (1979) first explained the God image as an internal working model of the sort of person that the individual imagines God to be. Lawrence (1997) explained that God image differs from an individual's concept of God, which is an "intellectual, mental-dictionary definition of the word, God" (p. 214). He explained that a Christian's concept of God may greatly resemble a "Sunday school" Jesus (p. 215). Lawrence further explained that an individual's God image is distinct from their God concept because it is not intellectual; it is experiential. This image is formed by aggregating memories from various experiences and associating them with God. Often these memories are associated with significant caregivers and are given "additional coding for God" (p. 214).

Immanuel Approach

Immanuel Approach is an Inner Healing model developed by Lehman and Wilder (2011) in which clients are helped to establish an attuning, interactive connection with Jesus. In the Immanuel Approach this relational connection is a cooperative, co-therapeutic relationship in which the facilitator and the client make deliberate attempts to find direction from the Lord and then cooperate with His plan for healing. This relationship also is sought to provide the corrective emotional experience.

Implicit memory

Implicit memory is all memory phenomenon that does not include the subjective experience of remembering something from your autobiographical past or things such as the detailed events of the day. Lehman (2011) explained:

> Since implicit memory does not feel like what we think as memory, we usually do not have any awareness that we are remembering or being effected by past experience when we recall and/or use learned information through one of the implicit memory systems. When this happens, the person perceives that the

> implicit memory material, such as the beliefs and emotions associated with a childhood traumatic event, *are true in the present.* (p. 328)

Thompson (2010) explained implicit memory in biological terms:

> Anatomically, it [implicit memory] involves lower, more primitively developed (although not necessarily less sophisticated) regions of the brain. This includes, but is not limited to the limbic circuitry, the amygdale and the brain stem, along with other regions of the right hemisphere. (p. 67)

Siegal and Hartzel (2003) stated, "Implicit memory results in the creation of circuits in the brain that are responsible for generating emotion, behavioral responses, perceptions and probably the encoding of bodily sensations" (p. 22). Addressing how implicit memory sometimes emerges through imagery, Graf and Schacter (1985) found that, "Implicit memory is based upon the activation of preexisting memory representations" (p. 502).

Inner Healing

Inner Healing is a therapeutic intervention in which the essential therapeutic factor is the retrieval of encoded, implicit painful memories (see Schacter, 1987, for discussion on memory encoding and retrieval) and subsequent reconstitution of these memories through interactions with Jesus (Lehman, 2011). Inner Healing historically, has also been called the healing of memories (Sanford, 1966), and is currently called, by some, (e.g., Lehman, 2011; Smith, 2005) the healing of emotions. Inner healing differs from traditional Christian counseling methods, because the locus of control centers on inner, direct interactions with Jesus instead of outer interactions with counselors who introduce biblical principles (MacNutt, 1974). Inner Healing involves the complex mind/spirit phenomenon in which complex interactions between spirit and mind (Lehman, Mind Spirit phenomenon) transforms memory. For this study, the term Inner

Healing was used except when quoting material that uses the healing of memories or healing of emotions or other similar terms.

Integration

In the review of literature, integration was identified and examined under the lens of how significant historical figures made meaning of their Inner Healing experiences in light of their understanding of relevant psychological literature. As was reported in the Literature review, this integration varied among historical figures. In this study integration was identified and examined under the lens of elite participant narratives. Therefore integration was defined by how elite participants made meaning of their faith-based Inner Healing experiences, integrating these experiences with their understanding of relevant psychological literature.

Intrapsychic Differentiation

Helson and Wink (1987) defined the maturity of a narrative as intrapsychic differentiation. It is the level of awareness and the cognitive complexity that one brings to self-understanding and affective experience.

Lived Meaning

Lived meaning is the way a person experiences and understands their world as real and meaningful (van Manen, 1990).

Mind Mapping

Mind mapping is a tool advocated by Tattersall (2007) that enhances the efficacy of bracketing by uncovering beliefs and assumptions hidden from the researcher's consciousness. In mind mapping, the researcher uses free imaginative variation to awaken possibilities, allowing him or her to become aware of features within the

phenomenon that are essential but not immediately obvious (Giorgi, 1997). Buzan (2003) advised the use of mind mapping to clear the mind of previous assumptions about the subject. Tattersall (2007) identified a procedural mind mapping process consisting of (a) familiarization, (b) identifying themes, (c) indexing, (d) charting, and (e), mapping.

Memory Reconsolidation

Memory Reconsolidation is a three step process (Eckert, Ticic, & Hulley, 2012) consisting of (a) memory reactivation (b) corrective, contradictory, juxtaposition experiences, and (c) new learning. This three step process is utilized to (a) make liable implicit memories (b) contradict irrational beliefs, and (c) create and establish new learning and new neural pathways in the biological brain. This process is utilized to alter irrational beliefs that were adopted when painful memories were encoded via strong emotional experiences in implicit memory systems.

Theophostic

Theophostic prayer ministry, (TPM) is an Inner Healing model developed by Smith (2000), in which maladaptive cognitions, that are resultant of painful unresolved memories become reconstituted through a systematic process of accessing memories using emotional echoes (Smith, 2005). Smith (2005) used free association to describe "echoes" (pp. 68-71) as emotional bridges connecting present emotional pain to past emotionally painful experiences.

Qualitative Method of Analysis

Qualitative research examines human experiences through a wide lens which considers how individuals interpret experiences through stories (Creswell, 2009). The method for this study was qualitative inquiry, using narrative methodology to explore the

Inner Healing experiences of participants. Narrative research is a qualitative methodology that focuses on a chronological series of events that effectively make new meaning of personal or societal life narratives. At the core of the narrative approach is the unfolding of a story under a theoretical framework which, in turn, gives space to provide new meaning (Creswell, 2007).

The focus of this narrative study was to (a) identify participants who have rich stories to tell about personal Inner Healing experiences, (b) explore the personal episodic experiences of selected participants, (c) contextualize and identify common emergent, salient therapeutic themes, (d) view these themes through the theoretical framework and lens of evidence-based psychological theories, and (e) capture the new stories (i.e., restorying) that emerge (Whelan, 1999). This was facilitated by creating a discursive holding space (Hendry, 2009) in which participants were offered the opportunity to, (a) openly tell their stories, and (b) view them from a distance (Chan, 2010).

Narrative Methodology

Byman and Burgess (1999) titled a chapter "Real men don't collect soft data" (p. 81) to elucidate the international shift that has taken place in research as a result of cultural, racial, sexual, and economic inclusion. This shift includes a more integrative approach to inquiry. Singer (2004) contended that narrative research has emerged in psychology because of its unique ability to make developmental meaning across the lifespan. Chase, Denzin, and Lincoln (2005) explained that narrative methodology can be used to elucidate the researcher's development of paradigmatic reasoning (i.e., how the author interprets the Inner Healing experience).

Theoretical lens as an overview. Marshall and Rossman (2006) suggested narrative studies can be guided by a theoretical lens (i.e., integration of faith and psychology). Following their suggestion, the theoretical lens of integration was used as an overview to guide this study. By using the theoretic lens of psychology to examine the degree to which participants formed narratives by integrating spiritual experiences into scientific reasoning (Thompson, 2010), new meaning emerged (Clandinin, Murphy, Huber, & Orr, 2010). According to Morse and Field (1995), research questions that ask about in-depth experiences that unfold over time, and ask about the subsequent stories that unfold, and then explain to us complex processes, are best examined by "in-depth analysis of the narratives contained within those individual stories" (p. 25). As the theoretical lens of integration is applied as a template over the data, intersections between faith and science may emerge.

Accessing deep meaning. The narrative method of inquiry seeks to access the significance, meaning, and mystery of participant stories (Campbell, 2011). Campbell explained that meanings contained within stories are often implicit and frequently outside the awareness of the participants. He further explained that participants might not recognize the significance of their own life's story. However, through stories, the researcher mines the deep implicit meaning by creating a trusting discursive space.

The narrative design creates a discursive space in which dialectical exchange between the participant and the researcher occurs over time (Campbell, 2011). Within this space, the individual telling the story may gain a greater understanding of their experience not previously seen. Lehman (2011c) explained in biological terms:

> When you describe your mental content to another person, the combination of the *social interaction* task and the *language task* causes the content you are

> describing to be processed through both the right and left prefrontal cortices, *and thereby enables you to feel the importance of the content you are describing, to perceive the meaning of the content you are describing, and especially to perceive how the content fits into your personal autobiographical story.* (p. 45)

Hall (2003) named these recognitions epiphanies and explained that they have an "illuminating quality" (p. 660) that help participants gain insights of how traumatic events fomented personal insight.

Flexibility of narrative. One of the goals in this study was to understand the effects of Inner Healing experiences over time. Narrative may be the best method to observe change over time because, like music, poetry, and smell, stories have been linked to emotionally encoded, implicit memory (Mar, Oatley, Djikic, & Mullin, 2011; Thompson, 2010; Alea, Bluck & Semegon, 2004; Graf & Schacter, 1985). Hence, stories told in narrative methodology have the ability to access deep meaning. As these deep meanings are accessed, and recorded, new themes that emerge over time may lead to epiphanies.

Another reason the narrative method was selected is because it afforded the participants the freedom and flexibility to tell their story without restriction (Creswell, et. al. 2007). Since the narrative method has little set structure, it allowed the participants the liberty to bring the distinctive paradigms of their professional theoretic overview into restorying the metanarrative of Inner Healing (Creswell, et. al.). This was important because the participants were all established practitioners in their respective fields with differing perspectives who did not want to be constrained by predetermined theoretical overviews.

Personal Experience Story

Within narrative research, there is a methodology in which the research is based upon the participants' personal episodic experience (Atkinson & Delamont 2006). The personal experience story examines episodic accounts of the experience throughout the participants' lives (Flick, 2003). The personal experience stories that were examined in this study were the video recorded Inner Healing sessions of the participants. These sessions represent specific episodes that have effected change in participant narratives. Good personal experience stories have a significant change in the narrative as a reflection of some underlying change that occurred within the individual at the time of the event, an event for which the participant may not yet perceive significance (Campbell, 2011; Cresswell, 1998). These episodic events are central to the type of narrative research which Creswell called the personal experience story. The use of personal experience stories follows Creswell's et al (2007) admonishment to select methodologies that answer research questions.

These episodic experiences (i.e., the sessions themselves) were examined not by looking at the data gathered from an emotionally charged initial reaction, but rather, by looking at the data over a substantial amount of time (Campbell, 2011). Experiences that transform narratives often result from subtle, underlying changes in episodic experiences (Campbell). Therefore, the researcher collaborated with the participants to uncover the deep meanings reported in the narratives of episodic experiences (Flick, 2000).

To find these deep meanings, is imperative the researcher goes beyond asking questions pertaining only to factual details of the experience (Cresswell, 1998). The researcher must probe for salient, underlying themes, inherent in the event, the

environment, or any of the dynamics that were present within the experience that accounted for therapeutic change (Campbell, 2011). Chase, Denzin, and Lincoln (2005) explained that narrative methodology can be used to elucidate the researcher's development of paradigmatic reasoning (i.e., how the author collaborates with the participant to interpret the Inner Healing experience). Following their suggestions, the researcher conducting this study utilized the lens of integration of faith and psychology to guide the study.

The Researcher's Role

Stanley and Temple (2008) explained that narrative method "encourages thinking in a creative way about the structure and content of the stories and the moral claims made in these, and it situates readers within the levels of interpretation involved" (p. 277). The primary researcher in narrative studies immerses himself in an analytic, multi-dimensional relationship (Yussen & Ozcan, 1997). Similarly, in this study, the researcher narrated (a) the personal episodic experience of the participant while in the Inner Healing session, (b) the new meanings that emerge from that Inner Healing episode for the participants, (c) the effect of the new meanings on the participants' personal and professional lived-life experience, (d) the participants' new life story that comes from experiencing epiphanies, and (e) the metastory of Inner Healing.

Researcher as Narrator

In narrative research, scholars Atkinson and Delamont (2006a) found that the primary researcher acts as narrator and narrated. That is, they narrate both participants' stories and also their experiences of interacting with the data. Atkinson and Delamont explained:

> Autobiographical accounts are no more authentic than other modes of representation: a narrative of a personal experience is not a clear route into 'the truth', either about the reported events, or of the teller's private experience. . . . 'experience' is constructed through the various forms of narrative. (p. 166)

Atkinson and Delamont also found that this requires an additional need for transparent engagement in which the researcher is accountable to data, to participants as co-researchers, and to readers for knowledge claims. Their work illustrated vibrancy in the narrative method emanating from engagement between (a) participants, (b) researcher, and (c) readers of the study as expectancy for epiphanies, new understanding and new meaning emerges from the relationships in the study (Atkinson & Delamont).

The primary researcher facilitates this three-way relationship by creating a deep trust within that community that allows space for restorying to emerge. This space seems similar to the holding environment that Bowlby (1988) described as a safe environment. As the researcher interacts with the participant's narrative, he helps to hold the old story in what Birsch described (2002) as an envelope of empathetic caring. Birsch also explained that the empathetic researcher realizes that dialogue is the currency of qualitative inquiry; therefore, it is important to create an environment in which participants' stories can emerge in an engaging space free from judgment and pre-analysis.

Creswell (2009) explained that, by creating this space, the researcher establishes conditions conducive to empathetic responses. Campbell (2011) continued by explaining that in the dimensions of this empathetic space, conflict is suspended, allowing the participant to access meaning, and see new paradigms. These responses disclose underlying and causal themes. For example, in this study, during the unstructured interview, the researcher will attempt to create a narrative space that allows participants

the freedom to contextualize their personal experience historically. It is important to note that it is not the role of the researcher to produce change in the participant though this dialogue; however, if in the course of the research change occurs, it is the role of the researcher to report that change in the participant's narrative.

Researcher as Data Collection Facilitator

The researcher collected data from the stories of the participants through recordings, face-to-face interviews, Skype interviews, and a focus group. These data sources were used to identify salient themes that emerged from participant stories. In addition to identification, the researcher organized themes before presentation to participants as member checks for validity (Rallis, Rossman & Gajada, 2007).

The primary researcher facilitated the focus group. He began the process of interpreting the larger meaning of participant stories by contextualizing episodic stories before he convened the focus group; then, the group acted as the vehicle to elicit greater contextual meaning. In addition to gaining greater meaning, the focus group was used to (a) triangulate the data for validity, (b) identify intersections between salient themes and relevant research, and (c) sharpen the focus of the theoretical lens of integration of faith and psychology.

In the results reporting, the researcher embodied the participant for the reader in two different contexts. First, participants were presented to the reader through the perspective of clients attempting to make meaning of Inner Healing inside of sessions as painful memories were being reconstituted. Second, participants were presented through the perspective of clients trying to make meaning of Inner Healing outside sessions, after painful memories had been accessed and reframed. In the first context, participants were

presented inside the emotionally charged content of painful memory. In the second context, participants were presented outside the short-term, emotional effects of the session, as those who had integrated the experience, then given opportunity to create new narratives.

Procedures

Multiple Methods

Morse (2002), addressing the Seventh Qualitative Health Research Conference, argued for researchers to "broaden their methodological toolboxes, placing less emphasis on the interview because it narrows the contribution of qualitative inquiry, suggesting not only multiple methods of data collection, but also multiple forms of data" (p. 116). Marshall and Rossman (2006) advocated using multiple methods based on "the strengths and limitations of each method . . . and if the method will work with the questions and in the setting for a given study" (p. 131). Considering the research of these scholars, four primary methods of data collection will be utilized in this study to capture depth and breadth of narratives (a) archival recordings, (b) face-to-face interviews, (c) Skype interviews, and (d) a focus group. This will be accomplished, while following Brod, Tesler and Christensen's (2009) findings, which emphasized accurately reflecting the participants' voice.

Further, to follow Morse's (2002) admonition to "consider phenomenon comprehensively, in all of their complexity" (p. 116), the researcher utilized guidelines established by Lutz and Iannaccone (1969) to logically link individual data collection methods to individual research questions. Specifically, the four methods of data collection used in this study will be linked to the four research questions. Archival tapes,

individual face-to-face interviews, Skype interviews, and a focus group groups will be utilized to collect the data to the point of saturation.

The procedures section contains (a) descriptions of the four data collection tools, (b) supporting research to validate the choice of those tools, and (c) explanations of the research design for each of the four tools. In the data collection section, implementation of the four data collection tools was described in greater detail. In appendices B - D, the reader will find scripts for implementation of the four data collection tools.

Mining metaphor to describe data collection tools. Kvale (1996) described interviewers as "miners" seeking to unearth some knowledge buried within the subject of the interview (p. 3). Borrowing from Kvale's metaphor, this researcher utilized an expanded gold mining metaphor to elucidate the multiple data collection methods used in this study. First, geological tools such as satellite mapping were used to identify veins of gold in large expanses; similarly, the use of archival tapes will be used to identify possible salient themes in Inner Healing sessions. Second, rudimentary tools such as picks and shovels are used for in-depth extraction of pockets of gold from the veins; similarly, the use of in-depth interviews will be used for extracting pockets of rich data from the participants' personal narratives. Third, assaying tools such as fire are used for validating the purity of the sample; similarly, the use of Skype interviews were used for member checks, validating the purity of data gathered from the interview. Fourth, mass excavation tools such as bulldozers or hydraulic jets are used for broad-breadth extraction of gold; similarly, the focus group was used to extract broad-breadth data from the personal experiences of the participants over time. Just as each gold mining method has a specific quality to access gold to yield the valuable gold, each data collection tool has a

specific quality to access information to yield rich data that will help answer specific research questions.

Archival recordings. For the past 12 years, Lehman has filmed and archived group sessions in order to study Inner Healing with greater depth and breadth. Appropriate professional releases have been secured by Lehman to utilize audio-visual recordings of group members receiving interventions for personal growth, training, and follow-up. Some of these archival recordings have also been utilized for training internationally as recordings have been translated into many languages, and are currently sold at conferences and online (Lehman, personal correspondence, May, 2013).

Supporting research. Charlesworth and Fink (2001) found that archival data provides a multi-layered resource to explore experiences across micro and macro levels of analysis. Using the findings of Charlesworth and Fink as an example, this study used archival recordings to explore personal episodic experiences and effects of these experiences over time. Writing about qualitative research, DiCicco-Bloom and Crabtree (2006) explained, "Qualitative data analysis ideally occurs concurrently with data collection so that investigators can generate an emerging understanding about research questions, which in turn informs both the sampling and the questions being asked" (p. 317). In the ethnographic tradition of observation, the researcher both observed and joined in the experience (Becker, 1999; Poggie, Merton, Fiske & Kendal, 1956).

Making meaning of experiences comes through integration of implicit emotional centers and logical centers (Seigel, 2003). The neurological phenomenon of memory priming (see Schacter, 1992) dictates that in order to get the accuracy of the episode, which includes the integration of both memory systems, participants need to view the

recordings prior to the interviews. Squire (1992) made the case that explicit memory is fast, accessible to recollection and "available to multiple response systems" (p. 214). Squire also differentiated explicit memory from implicit memory, explaining that implicit memory retrieval is nonconscious and it provides "limited access to response systems not involved in the original learning" (p. 214). Squire concluded that in order to successfully retrieve implicit memory, the processing requirements for retrieval need to be similar to the original encoding.

Design. Two archival recordings from each of the participants were utilized as a starting point to gather data. The first recording was from one of the oldest recorded sessions available. The second recording was from one of the most recent recorded sessions available. These recordings were used to explore areas within personal episodic stories that may contain rich data. To build upon Squire's (1992) work on memory retrieval, archival tapes were utilized so that both the participant and the researcher could immerse themselves in the experience by observing the session prior to interviews. Following Squire's work, the researcher viewed the recording and made notes to inform inquiry before conducting the interview.

Face-to-face interviews. After viewing the archival recording from the first participant's earliest Inner Healing session available, the researcher met with that participant to conduct a two-part, structured and semi-structured interview. The script for the face-to-face interview can be found in Appendix B. The researcher repeated the process of watching the archival recording and then conducted the two-part interview with each participant until the researcher had interviewed all five participants. After the researcher had conducted the first round of interviews with all five participants, the

researcher conducted the second round of interviews with each participant; however, this time the researcher utilized an archival recording from the participants' most recent Inner Healing session available.

The interview was a starting point to gather data on the second research question, which was about identifying salient themes. However, as with all four of the data gathering tools, there was some overlap as other research questions began to be answered. For example, as participants watched the recorded session, they began to describe the meaning they made of that experience; they also began to explain the effects of the Inner Healing experience. As participants began to tell their stories, there were transitions leading to other research questions. This is the nature of the structured and semi-structured interview (Marshall & Roseman, 2006).

Supporting research. The objective of episodic interviewing is to facilitate and encourage the sharing of anecdotes that may be particularly important and rich, with detailed information about daily experiences of the participants (Walter et al., 2010). DiCicco-Bloom and Crabtree (2006) described the interview as "a personal and intimate encounter in which open, direct, verbal questions are used to elicit detailed narratives" (p. 116). Spradley (1979) and others (Ruben & Ruben 2005; DiCicco-Bloom & Crabree) have identified the stages of rapport between the interviewer and the interviewee, as apprehension, exploration, co-operation and participation. To capture the personal episodic experience, Flick (2006) advocated using a narrative interviewing method of data collection that elicits descriptions of particular features or processes in the interviewee's daily life. Considering Flick's advice, the researcher used empathy and

unconditional positive regard (see Rogers, 1980) to develop a trust that facilitated co-operation and participation (DiCicco-Bloom & Crabtree).

Design. Each face-to-face interview consisted of two phases. The first phase of the interview was structured. The second phase of the interview was semi-structured.

Structured interview phase. In the structured part of the interview, the researcher asked scripted questions without leads, allowing the participant to speak freely (Warren, & Karner, 2005). This was done to gain understanding of the personal experience through the participants' perspectives, exploring themes together. The script for the structured interview can be found in Appendix B.

Semi-structured interview phase. When the scripted portion of the interview was completed, the unstructured portion of the interview began as the primary researcher and the participant viewed the archival tape conjointly. "No interview can be considered truly unstructured" (DiCicco-Bloom & Crabtree, p. 318); however, in the semi-structured portion of the interview, data was gathered in the ethnographic tradition of observation with the aid of an archival video to prime memory and generate discussion (Becker, 1999; Poggie, Merton, Fiske, & Kendall, 1956). Questions were as non-directive as possible, encouraging the participants to openly share their feelings (DiCiccaco-Bloom, & Crabtree, 2006).

Skype interviews. After all 10 of the individual interviews were completed, the researcher conducted one individual 15-minute Skype interview with each participant. See appendix C for script. The Skype interviews were conducted as individual member checks to validate preliminary analysis on the salient themes identified in (a) the participants' narrative stories of Inner Healing episodes, (b) reported effects of sessions

on the personal experience of the participant, and (c) reported effects of sessions on the professional experience of the participants. In the online Skype interview the researcher reviewed the data gathered in the face-to-face interviews with the participant and follow-up with questions about the effects of those sessions on participants' lived-life experience both personally and professionally.

Supporting research. Stewart and Williams (2005) found the challenges inherent in face-to-face data collection formats invite exploration of alternative formats, such as internet-mediated groups. Consistent with these findings, Nicholas, et al. (2010) have found that "virtual space allows for neutral ground and equal footing" (p. 109). The perceived anonymity afforded by online formats was reported by Nicholas, et.al. (2010) to create a nonthreatening and comfortable environment .

Perhaps most importantly, the validating purpose of the Skype interview were to (a) insure that the researcher accurately captured the meaning of the participant's story and (b) mitigate a primary problem of validation in qualitative research, which is deciding what is to be validated (Bryman & Burgess, 1999) To address Bryman and Burgess' critical concerns on decisions as to what is to be validated, Skype interviews will be utilized to provide an important transition, bringing themes identified in individual sessions to a group setting for validation. Finally, speaking of practical concerns, Burton (2002) found that with professional, elite participants who have complicated schedules, online interviews are desirable. Burton also noted that substantial costs are eliminated with online formats because travel is not required.

Design. In the Skype interview, preliminary data analysis progressed as the researcher mined participants' stories to a greater degree. The researcher used the Skype

interview as preliminary analysis for the first research question regarding therapeutic themes and second research question regarding change over time. In addition to analysis, in the Skype interview data was gathered to help the researcher answer the third research question. This was facilitated by inquiring into the effects of the Inner Healing experience on the personal and professional life of the participant. Finally, researcher closed the Skype interview, and prepared for the focus group by requesting the participant to consider the fourth research question on intersections between faith and relevant psychological research.

Focus group. This study included a 90-minute, two-part focus group, which was audio recorded. See appendix D for script. The purpose of the focus group was to solicit the collaboration of elite participants to, first, act as member checks to validate the data, and second, act as co-researchers to answer the forth research question dealing with intersections between faith and psychology. As the mass excavation equipment is utilized to mine gold from large expanses, the focus group was utilized to mine greater breadth from Inner Healing metanarratives. It is the intent of the researcher to use the synergistic quality of the focus group to aid in the process of restoring and finding intersections between faith and relevant psychological research.

Supporting research. Morgan (1993) posited that individual interviews gain greater depth of data, but group interviews have greater breadth of data. Three elements of a focus group were earlier defined by Morgan (1969) as (a) a research method devoted to data collection, (b) an interaction in group discussion as the source of data, and (c) an acknowledgement of the researcher's active role in creating group discussion. Nicholas et al (2010) explained that group dynamics may foster topic exploration because of the

differing degrees in which individuals "uniquely process and articulate their perspectives" (p. 107). Lambert and Loiselle (2008) explained that focus groups have been valued for their ability to address inherent power imbalances that can emerge in other forms of research such as interviews. Therefore, Lambert and Loiselle advocated the use of focus groups in combination with individual interviews to gather data that cannot be elicited from interviews.

Participants as member checks. It has been shown that focus groups limit the influence of potential power differentials because control over the meeting is mitigated, in part, by the group as they collectively pose ideas, questions, and challenges (Gibbs, 1997; Heary & Hennessy, 2002; Hill, 2006; Kitzinger, 1995; Montoya-Weiss, Massey, & Clapper, 1998). The focus group is used to level moderator authority and control (Montoya-Weiss, Massey, & Clapper, 1998), to eliminate potential participant intimidation (Gibbs, 1997), and to offer opportunity for the participants to pose ideas, questions and challenges (Hill, 2006). Focus groups inherently create strength in numbers, thus leveling moderator authority and potential participant intimidation (Gibbs, 1997; Hill, 2006). Finally, Lambert and Loiselle (2008) advocate combining interviews and focus groups in order to ameliorate interview bias, and to enhance data richness, stating:

> Although interviewers may wish to adopt a rather neutral role, they may inadvertently demonstrate a preference for a particular perspective and, in the process, bias the findings. . . . The primary goal of this method is to use the interaction data resulting from discussion among participants (e.g. questioning one another, commenting on each other's experiences) to increase the depth of inquiry and unveil aspects of the phenomenon assumed to be otherwise less accessible. (p. 229)

Participants as co-researchers. Barbour (2005) explained that focus groups are not a substitute for interviews; however, Morgan (1988) pointed out focus groups are not only useful when it comes to investigating what participants think, but also at uncovering why participants think as they do. This is because of the quality of focus groups to dispel power differentials created in face-to-face interviews. Morgan further explained focus groups, through group interaction and cohesiveness, empower participants, and, thus, sometimes solicit information that has been withheld. It is worth noting that several researchers (e.g., Charlesworth & Rodwell, 1997; Gibbs, 1997; Kitzinger, 1995) also found that, through sharing, affirmation, and reciprocal support, participants may situate themselves as co-constructors of the research. As such, the researcher believes the focus group may yield data regarding the new narratives that have emerged for the participants.

Design. To guide broad discussion in the first part of the focus group, the researcher wrote the themes that were identified in the face-to-face interviews and then verified in the Skype interviews on poster sized sticky-notes. These themes were placed on a wall in front of the group for discussion. As the researcher moderated the focus group, an example of the dialogue that guided inquiry was as follows:

> We're going to transition to the second research question and that [pertains to] narrative change how has your narrative changed and how has your life changed as a result of receiving Inner Healing. What are the therapeutic themes in . . . sessions? This is something that we can , , , comment on. . . . If anyone sees something striking, like, No [researcher], you're really off, or, I've got something to add to that, that's great.

The second part of the focus group was utilized to gather data to answer research question number four: What intersections do the themes that emerge from participant narratives have with relevant literature? According to Barbour (2005), "Focus groups are an inherently flexible method and any attempt to produce a watertight template for their

use can only serve to diminish research creativity and innovation" (p. 748). Therefore, in the second phase the researcher provided a loose structure, presenting open-ended statements and questions that initiated discussion and fostered creativity in the focus group. The following is an example used to guide inquiry:

> Here are the therapeutic themes . . . capacity building, memory reconstitution, impartation, removal of maladaptive defenses. . . . I ask that you give us some insight into where these have intersections with psychology.

DiCicco & Crabtree (2006) advised that data from focus groups should also include observer descriptions of group dynamics and "analysis should integrate the interaction dynamics within each group" (p. 315). In order to accurately reflect the stories of the participants in the context of peer sharing, affirmation and reciprocal support, the researcher will followed Charlesworth and Rodwell's (1997) recommendation to use focus groups to collect data.

Data Sources

The data sources were generated from a group of mental health professionals who have practiced and studied Inner Healing extensively. These individuals will be the participants for the (a) archival tapes, (b) face-to-face interviews, (c) Skype interviews, and (d) a focus group. These data collection tools were utilized to answer the four research questions in this study.

Participant population. In narrative research, the purpose is to gain understanding of a phenomenon through personal narratives. Since episodic personal experience stories are explored in depth, a small number of participants is recommended (Creswell, et. al. 2007). Some experts believe that the optimal number of participants from which to gather in-depth, rich data are five (Campbell, 2011). Selection of

participants is contingent upon the depth and wealth of their personal experiences with the particular phenomenon under study. This study utilized key participants from a small group of professional mental health providers called the Lehman Mentoring Group.

Explanation of Lehman Mentoring Group. The five participants in this study were selected from the Lehman Mentoring Group. Over the past 12 years, the Lehman Mentoring Group typically consists of seven members. Each of the group members who have agreed to participate in this study has experience in traditional clinical settings and another 10 years experience practicing faith-based interventions. According to Lehman (personal correspondence, July 1, 2012), this group may be one of the most experienced communities in the world that has integrated Inner Healing interventions with evidenced-based psychological interventions communities. This made group members suitable candidates for participation due to the depth of their stories. Additionally, Lehman Mentoring group members are suitable candidates, because they are all trained mental health care professionals with accreditation. Hence, group members were potential elite candidates and acted as co-researchers and provided impute regarding theoretic overviews. Finally, since the group members include medical doctors, professional counselors, psychologists, and missionaries, they brought a multi-dimensional perspective to the study of Inner Healing.

***Group membership*.** The Group for Professional Mental Health Providers was designed and implemented by Lehman for the purpose of mentoring professionals in the theory and practice of Inner Healing. Group members, over time, have ranged in age from 28 to 63, representing a diverse field including; psychiatrists, psychologists, social workers, counselors, pastoral counselors, and international missionaries. Over the years,

group membership has been predominately female consisting of about sixty percent female.

The group has been in existence for over 13 years, and, Lehman reported (personal correspondence, June, 21, 2012) that current group members have over 100 years of combined experience in professional, clinical settings and another 50 years of combined experience implementing Inner Healing interventions. Due to this unprecedented amount of integrative experience in settings that are both secular and faith-based, the Lehman mentoring group may be considered one of most experienced communities that has studied Inner Healing using systematic methodologies.

Immanuel Approach. Inner Healing interventions utilized by Lehman historically were based upon TPM (Smith, 2000), but, since 2006, Lehman has developed and utilized interventions that fall outside of Smith's (2005) guidelines. The most significant divergence from TPM is that of perceiving the presence of Jesus as a starting point in the session in order to build joy and capacity, by initiating a secure base of attachment (Friesen, et. al 2000). According to Smith any such deviation, excludes the naming of interventions Theophostic. Due to this deviation and others, the model utilized in the group has been named The Immanuel Approach by Lehman.

Description of group sessions. The Lehman Mentoring Group meets once a month. Each session is divided into two 90-minute blocks, with 15-minute follow-up discussions. Each block is assigned to an individual group member, who can choose how to utilize their time. Individuals have used their time in a range of ways including (a) case consultation, (b) individuals bringing in clients for counseling, (c) discussion and didactic teaching by group members who have gained knowledge in a particular area of their

respective field, and (d) individual counseling based upon, but not limited to, an Inner Healing framework.

Selection of participants. At the time of the study all the participants in the Lehman Mentoring Group were invited to participate in the study. After group members responded to the invitation, participants were selected based upon interest, experience, and professional diversity. Once selected, participants were given project description, risks and benefits explanation, a debriefing statement, and a description of safeguards for storage of data. It was explained to the participants the benefits of the study, emphasizing how access to the participants' stories will advance the scant body of research regarding Inner Healing. Since all of the participants came from established professional communities, there was appropriate accommodation for psychological support services within their respective networks.

Five participants were selected and agreed to participate. Four were female and one was male. One Psychiatrist, one Social Worker, one International Missionary, one Psychologist, and one Pastoral Counselor made up the group. The researcher wanted to have representatives from different mental health care fields; therefore, selection was influenced by professional diversity. The median age of the participants is 48.6.

Data Collection

Data collection protocol. Data was collected from each of the five elite participants. Narratives were explored using the four previously explained data sources (a) archival tapes, (b) face-to-face interviews, (c) Skype interviews, and (d) a focus group. The primary and perhaps the most important source of data were the Archival tapes.

Archival recordings. A total of 10 Lehman Mentoring Group archival audio-visual recordings were utilized in this study. For each of the five participants, two 90-minute audio-visual recordings of individual Inner Healing sessions were utilized. Copies were obtained by participants for personal use. One recording was used to gather data from a session recorded at the earliest possible session available within the participant's membership in the group, and one was used to gather data from the most recent session available.

Researcher's viewing of recordings. The researcher began data collection by viewing an archival recording five days or less before the interview. The researcher did not view another archival recording until he had conducted the face-to-face interview that corresponded to that particular session. While viewing the archival recordings, notes were taken to be used as initial data points for conceptualizing the participant's story. The notes were reviewed by the researcher prior to the face-to-face interviews, and were available during the interview for the researcher to review, or to add field notes in the margins at critical junctures. These notes were also utilized to ask questions for clarification.

Participants' viewing of recordings. Before the interviews, participants were asked to watch the selected recordings. The rational for the participant watching the archival session before the interview instead of watching the recording, and re-experiencing the session while the interview is happening, was to have the emotions and the implicit memories primed before the interview (see Schacter, 1992, for discussion on priming and multiple memory systems).

Considering Schacter's (1992) research on memory priming, in order to capture the full story from the participant, it was seen as advantageous for the participant to enter the interview consciously aware of and having integrated the emotions and memories at the time of the Inner Healing session into explicit memory systems. If the participants did not view the recoding prior to the interview, the data would have constituted information from an emotionally charged neuronal network. While that emotionally charged data may have been valid and perhaps important regarding the efficacy of the session, it would not have reflected the true story of the participants with regards to making meaning of the experience. The recorded session, however, was an excellent resource in that it was used as an instrument to detect resonance while the participants watched the session, demonstrating which memory places were resolved and which memory places contained elements or whole networks of unprocessed, painful memories. For these reasons, the participant were instructed to watch the recording not more than three days before, and not less than one day before the face-to-face interviews.

Face-to-face interviews. The researcher conducted a total of 10 individual face-to-face interviews, (see Appendix B for script). The researcher met with each of the five participants twice for interviews that each had two phases. An Archival recording was utilized to prime memory recall from the session, and to review the Inner Healing episode with the primary researcher present. This was done so that (a) the participants could explain their story of the Inner Healing session to the researcher in detail, (b) the researcher could gain understanding into the participants' story, and (c) the researcher could accurately capture the meanings made by the participant of the experience.

In this phase of the data collection, both the participant and the researcher had equal freedom to stop the recording, and reflect on the thoughts and events contained in the session. This exchange was participatory, meaning that the participant acted as a co-researcher in the experience of exploring their own story.

First face-to-face interviews. For each of the participants, a first-round, 90-minute, two phase face-to-face interview was conducted. In this first round, the interview was conducted to collect data that captured the meanings that each of five participants made of their earliest Inner Healing experiences. The researcher reviewed the archival recording first, and then conducted the face-to-face interview before proceeding to the next participant.

Phase one. In the structured interview phase, the researcher asked three questions before watching the DVD together with the participant. Below are the three questions that were asked in the structured segment of the interview:

- Can you give me an overview of what happened in this session?
- How, if at all, has this session affected your life and your healing journey?
- How, if at all, has this session affected your practice?

Phase two. After the structured interview, the primary researcher started the playback of the archival recording. The audiovisual playback was used in order to enhance reflection and conceptualization of the story (Dawes, 1999). The use of audiovisual playback also aided in deeply mining the personal episodic experience for casual implicit meaning within the individual's story. The structured interview phase followed what Bernard and Goodyear (1992) recommended as steps in conducting recall sessions. Review of the archived interview created a dialectical exchange between the

participant and the researcher, which created a record for transcription. The transcription was used for the study of emergent and salient themes in the participant's story. The transcript of the interview will be kept using confidentiality guidelines, in a password protected computer. Printed transcripts were kept in a locked file cabinet in the researcher's private, locked office.

At appropriate points while watching the recording, (during pauses or transitions) Both the researcher and the participant had the opportunity to stop the recording to speak about the feelings, perceptions, and insights that were occurring within the session. Likewise, at appropriate points while watching the recording, both the researcher and the participants had the opportunity to stop the recording to speak about the feelings, perceptions, and insights that are occurring as the recording is being viewed. At certain points within the story, the researcher as well as the participant had the opportunity to go back and review the tape to get more of the story as themes emerged and personal epiphanies arose.

During the unstructured phase of the interview, a holding environment was created, rather than a didactic stance, so that the participants would feel free to explore their story in the holding space. The purpose of the open-ended unstructured interview is to enter deeply into the participants' story, and mine the depth of their experience. Thus, there are no questions to be read verbatim as in a script. The open-ended interview is designed for the researcher to enter into a dialectical engagement with the participant. If the open-ended questioning in part II of the interview was scripted and read verbatim, the research would have replicated a simple turning on and turning off of the recording (Campbell, 2011).

Second face-to-face interviews. The primary researcher met with the participants individually for a second time, and repeated the steps completed in the first face-to-face interview; however, this time, a different and more recent archival recording was used (see Appendix B for script). This archive had been recorded within the past year, or will be the most recent recording available during the individuals' participation in the Lehman Mentoring Group.

Phase one. The same questions were asked as in the first face-to-face interview.

Phase two. The same open-ended unstructured format was utilized as in the first face-to-face interview.

Skype interviews. The primary researcher conducted one 15-minute online Skype interview with the each participant after both of the individual face-to-face interviews with all five participants were concluded (see Appendix C for script). The Skype interviews were conducted after the researcher had completed transcriptions of the interviews, and had completed preliminary analysis of the data. To begin the process of validation in the Skype interview, the researcher named the themes he identified in that individual participant's narrative. The researcher consulted with each participant as a co-researcher concerning their perceptions of the findings. This consultation acted as a member-check for preliminary validation. The researcher closed the interview by instructing participants to prepare before the focus group convenes by considering intersections between Inner Healing and relevant psychological research.

Focus group. In this study, one two-phase, 90-minute focus group was conducted. The focus group was convened after all five of the Skype interviews were concluded (see Appendix D for script). In the first phase, the focus group was utilized to

(a) validate the data taken from the individual face-to-face interviews and the individual Skype interviews by presenting it to the participants in a group format for triangulation, and (b) continue to collect data regarding the first three research questions pertaining to therapeutic themes, change in narratives, and effects on personal and professional lives. The second part of the focus was utilized to explore intersections between faith and relevant psychological research. The focus group was audio recorded and selected portions were transcribed that made a contribution to further data analysis.

Phase one. After the Skype interview was conducted, the researcher analyzed the data with triangulation in mind, looking for specific themes that provided insight into answering the first three research questions. This will be information brought to the focus group. After all five of the Skype interviews had been conducted, the researcher analyzed the data from individual Skype interviews to identify predominant salient themes. These themes were compiled, and used as a starting point for discussion in the focus group.

Before the focus group convened, the researcher provided the participants a rubric that contained cells for the (a) predominant themes, (b) definition of that predominant theme, and (c) example quotes from the interviews that illustrate the theme. The researcher also provided the participants with a pad of five-by- seven post-it notes and a Sharpie marker. The participants were instructed to use the note pad to write down any comments that they wished to share with the group.

The researcher presented the themes that were identified as common in the Skype interviews by writing them down with a marker on poster-sized post-it notes, and then placed the posters on a white wall in front of the group. The researcher started the group discussion by asking participants to comment on the data that had been presented.

Participants were asked to use the large post-it notes so that, when discussion ensued, they could write, and then post their comments on the posters for group discussion. Discussion began with the exploration of themes.

Phase two. Through the use of focus group modality, the researcher and the participant co-researchers organized the data by applying a framework of psychological theory as an overview. In the second part of the focus group, the researcher solicited responses from participants on their insights on intersections between faith and psychology.

Focus group summary. The primary purpose of the focus group was to clarify salient themes and changes in meaning over time within participant stories. In addition, the intent of the focus group was to identify integrations between faith and relevant psychological research. The researcher utilized the participants as (a) co-researchers, (b) expert consultants for triangulation, and (c) professionals in evidenced-based psychological theory to aid in the identification of intersections of faith and science.

When considering participant responses concerning intersections between faith and science, the theory must conform to the data; the data cannot be bent to emerge from the theory (Campbell, 2011). Moreover, the narrative cannot be forced to fit a preconceived conclusion. New meaning will begin to emerge from participant stories if they are examined under the contextual overview of relevant psychological theory (Campbell, 2011).

Recording and transcription of collected data. According to Glesne (2011), collection of data should be made primarily with the consideration of issues of trust and anonymity. Glesne further argued that data gathered from gatekeepers, those possessing

extraordinary personal, private experience and knowledge, must be gathered with the express consent of the participants. To further build on the work that Glesne put forth, within the framework of engendering trust as gatekeepers in the Inner Healing community, the researcher collected data from the participants' narratives with the utmost regard for confidentiality. Creswell (2004) expanded the discussion on this matter, making the case that both privacy and trust aid in the development of a discursive space.

All of the face-to face interviews were recorded on a digital audio hand-held recorder with an additional recorder as a backup. Afterword, the recording was transcribed by the researcher. These transcriptions were analyzed in conjunction with the field notes taken during the interviews. Additionally, these data sources were utilized as data points for discussion in the Skype interviews. All of the Skype interviews will be audio recorded and were transcribed.

The focus group was audio recorded and selected portions that made a contribution to further data analysis were transcribed. After the transcription was printed, the template was used by the primary researcher to continue to refine salient common themes for the purpose of restorying (Whelan, 1999). Further, the data from the transcription was used to continue to identify intersections with relevant literature. The focus group recording was transcribed for the purpose of analyzing the data that emerged concerning the new narratives (Whelan, 1999) for participants and the metanarrative of Inner Healing.

Data Analysis

DiCicco-Bloom and Crabtree (2006) explained the relationship between analysis and collection as concurrent processes, stating, "Qualitative data analysis ideally occurs

concurrently with data collection so that the investigators can generate an emerging understanding about research questions, which in turn informs both the sampling and the questions being asked" (p. 317). These researchers found that analysis of data begins with the process of contextualizing the data and offering meaning to the initial narrative accounts. This happens as the researcher hears the account, and as he or she begins to dialogue and participate in the process. Huber and Whelan (1999) maintained that restorying begins when the researcher organizes the data of the story into a theoretical framework. One purpose of this study was to answer the question: Are there any intersections between Inner Healing and psychology?

Verification methods

Quantitative techniques for assuring scientific rigor in quantitative methodologies such as random sampling, generalizability and statistical programs for reliability and validity are not adaptable within qualitative research without significant design compromise (Padgett, 1988). Padget explained the concept of trustworthiness as the studies accurate ability to reflect the view of the participants in a fair, consistent and accurate manner is, therefore, central to qualitative research. In the case of narrative research, where the researcher is actively involved in a multilayered context of the emerging story, it is imperative to maintain an active collaboration with the participants, utilizing member checks in order to tell an accurate story (Pinnegar & Daynes, 2006).

Central to conducting qualitative research is the researcher as research instrument (Denzin & Lincoln, 2000, p. 368; Marshall & Rossman, 1995, pp. 59-65). Since the narration of participants' stories may be interwoven with the researcher gaining insight into their lives, the concept of researcher as an instrument is critical. The researchers in

narrative methodology, ultimately, must be aware of their personal reactivity, must be willing to acknowledge how that reactivity creates bias, and must be willing to state that reactivity plainly in the story. For this reason, narrative research presents challenging verification methods, because the researcher must act as a research instrument (Denzin & Lincoln, 2005), and must also collaborate with participants as co-researchers.

The researcher in this study entered into a team of established elite participants who are gatekeepers to the field of psychologically-integrated Inner Healing. All were motivated to have an accurate depiction of their story. Therefore the primary researcher in this study ensured rigor by facilitating a collaboration that simply – let the stories be told.

Without awareness of researcher bias and reactivity, the participant's story will not unfold because they will limit answers to short protective phrases that mirror the maturity level of the researcher. A protective and guarded stance will be transferred into the process not unlike the quality and depth of the therapeutic alliance in therapeutic relationships (Denzin & Linclon, 2005). In this particular study, due to the unique nature of interviewing elite participants, who are extremely adept at pointing out reactive triggering, it was imperative that the researcher built a relationship in which honest discourse ensures validity. This was the mark of trustworthiness (see Rallis, Rossman & Gajda, 2007, for discussion of trustworthiness) in this study.

Management of Ethical Considerations

This inquiry relied heavily on the researcher as instrument. As Lincoln and Guba (1985) posited, the human instrument conducting a study may threaten objective validity. The primary researcher had been a member in the group for six years prior to the study.

Prior to membership in the group, the primary researcher did not know Lehman or any members of the group. Therefore, the immersion of the researcher into the Mentoring Group influenced the scope of this study through the relationship that had been established.

The primary researcher understood that, while the immersion into a group of participants may have created ethical concerns, it also created a trusting relationship in which elite professionals might not have otherwise shared intimate details of their Inner Healing experiences. Trust is essential to narrative methodology; moreover, it is essential in building a relationship in which participants are willing to become co-researchers in exploring their own narratives (Creswell, 2007). The primary researcher considered the complexity of this relationship, particularly as it pertains to the professional integrity of participants who were willing to engage with the emotionally charged and controversial topic of Inner Healing.

The group consensually determined through preliminary discussion that the trusting relationship facilitates the freedom for the participants to disagree with the primary researcher. In the course of group interactions, the participants have demonstrated a consistent ability to contradict, confront, and correct the researcher. This relationship facilitated the ability of the participants to say "No" to the primary researcher's questions. The relationship also facilitated the ability for the participants to correct the primary researcher's analysis of data. Therefore, since ethical safeguards had been put in place, the problems associated with immersion into the group were mitigated. Finally, the researcher purposes to gather and analyze the deep, rich data that is essential

for the furtherance of the body of knowledge of Inner Healing without corruption or undue bias.

Bracketing

Bracketing is a process for mitigating one's biases by transparently holding one's belief's about a subject in the open (Ahern, 1999). Addressing the problems of bias in qualitative research and the need for bracketing, Rolls and Relf (2006) stated, "In all research, but particularly in research where qualitative methods are used, there are questions about how the construction of knowledge arising from the researcher's assumptions and experiences can be made explicit and understood" (p. 228). Ahern defined bracketing as "an interactive, reflexive journey that entails perpetration, action, evaluation, and systematic feedback about the effectiveness of the process" (p. 408). Nevertheless, Crotty (1998) argued:

> At every point in our research – in our observing, our interpreting, our reporting, and everything else we do as researchers – we inject a host of assumptions. These are assumptions about our human knowledge and assumptions about realities encountered in our human world. Such assumptions shape for us the meaning of research questions, the purposiveness of research methodologies, and the interpretability of research findings. (p. 42)

Regarding this process, van Mannen (1990) stated that bracketing, "suspended one's various beliefs" (p. 175). However, Ahern, (1999) argued that it is difficult "to set aside things about which are not aware" (p. 408).

Since the primary researcher had immersed himself into the Lehman group, there was a need for this researcher to rigorously bracket his own beliefs and assumptions about Inner Healing, placing them at a distance, so that the narratives of the participants could speak for themselves. The researcher was close to the work of the Lehman group. Due to this involvement, it was incumbent upon the researcher to engage the data with a

two-part bracketing methodology. Fischer (2009) advocates both the "identifying and setting aside of the researcher's assumptions" (p. 583). Fischer (2009) also advocates a second type of engagement in which the researcher enacts a "hermeneutic revisiting of data and of one's evolving comprehension of it in light of a revisited understanding of any aspect of the topic" (p. 583).

Therefore, the researcher followed the two-part bracketing methodology Tattersall, (2007) advised by; (a) identifying his own background and interest in the phenomenon in this qualitative research, and (b) presenting a reflexive disclosure of new insights and understanding of the phenomenon as the research progresses. The first part of the bracketing methodology was a delineation of beliefs and assumptions regarding the phenomenon. These beliefs and assumptions were identified by using the tool of mind mapping. Regarding mind mapping, Tattersall (2007) stated:

> In analyzing pure text, such as in traditionally transcribed qualitative interviews, the brain may be too restricted, not being allowed to make connections or think freely: therefore this does not allow true 'bracketing' of preconceived ideas of the research team, essential in phenomenological analysis. (p. 32)

The following are beliefs and suppositions about the phenomenon in this study that were brought to conscious awareness through the mind mapping process:

- I am a Christian who believes that a relational interactive connection with Jesus is a provision provided in the covenant of the New Testament.
- I have used Inner Healing interventions in clinical settings and clients have reported amelioration and cessation of debilitating symptoms.
- I have established a collegial relationship with Lehman Group members and have participated in group sessions in which members of the group have received Inner Healing interventions.

- I assume that any willing individual can receive a corrective emotional experience and subsequent healing from an attuning, interactive relationship with Jesus.

The second part of the bracketing methodology, which provided for a reflexive revisiting of the data, was a compilation of the data found in the field notes. The field notes were hand-written, working documents of (a) face-to-face interviews, (b) Skype interviews, and (c) the focus group. These notes served as a working journal of the new insights that were found as the researcher was interacting with the data.

Management of security

The DVD/VHS were watched only by the primary researcher, and were kept in a locked, secure file. The audio recording was transcribed by the researcher and stored in a locked, secure file with other physical materials. The researcher gained written permission to transcribe all recordings for the purpose of studying the personal experience so that, when the subsequent personal interview is held, the researcher was familiar with the story. All transcripts were stored in password-protected computers.

Researcher Disclosure of Worldview Paradigms

The shaping of my worldview (Moreland & Craig, 2003) took place at the genesis of the neo-charismatic movement in 1980 when the rift between traditional religious organizations and what has been commonly called the third wave of the Holy Spirit created a dissonance I sought to resolve. My participation in the discussion to integrate these seemingly opposite stances formed a pragmatic and participatory worldview as discuss by Morgan (2007). Therefore, ontologically, I appreciate postmodern assumptions of truth which make space available for the inclusion and creation of

conflicting realities. My axiological (see Holmes, 1977) stance values the investigation and possible resolution of dichotomies between seemingly irreconcilable positions (e.g., faith and science). I am drawn to ways of viewing phenomenon by looking at the construction of meaning through words and the power of words to create reality. Hence, I seek to participate in methodologies (i.e., qualitative, narrative) that involve personal stories, which speak of change based upon experiences.

Epistemologically, my views are nonreductionist, as I do not reduce spiritual experiences to expressions of mental processes. As a critical realist, I view some, but not all, of the things we perceive as accurate representations of the external and, therefore, measurable; however, I also choose methodologies which begin to describe perceptions attributed to secondary qualities that do not produce measurable, objective facts about things. In that framework, spiritual realities and the world exist independently of experience. However, my commitment to the integration of dichotomies, particularly the historical dichotomy between faith and psychology, inform and frame my rhetorical position, and thus, my writing is as an involved investigator seeking to achieve verisimilitude as discuss by Richardson (1994).

Summary

This qualitative study used narrative methodology and multiple data collection methods to examine Inner Healing. Five elite participants from the professional Inner Healing community narrated their experience in therapeutic sessions beginning at earliest sessions and ending at recent sessions. The meanings participants made of their stories were examined under the theoretical lens of integration of faith and science. From these meanings, the researcher believes greater understanding of the phenomenon of Inner

Healing has emerged. Specifically, meanings that the participants made of their Inner Healing experiences answered the following research questions regarding (a) therapeutic themes, (b) narrative and life change, (c) practice change, and (d) integration of faith and psychology.

CHAPTER III

RESULTS

The purpose of this qualitative narrative study was to explore the Inner Healing experiences of five mental health care professionals over the time they were members of the Lehman Mentoring Group. This time ranged from Barbara's eight-year membership to Ryan's three-year membership. The mean was six years and two months. The purpose of the exploration, in turn, was to understand the meanings that the participants made of their Inner Healing experiences, and then identify the predominant themes that emerged in the stories of the participants (Atkinson, A., & Delamont, S. 2006a). The themes, categories, and subcategories that emerged from participant stories fell into broad headings that reflected the questions asked in the structured portion of the face-to-face interviews and in the focus group.

The interview questions and focus group were designed to answer the four research questions. The predominant meta-themes that were identified fell into three headings, a) Therapeutic Change in Session, (b) Narrative and Life Change, and (c) Change in Practice.

After a thorough analysis of the meta-themes, and all of the themes, categories and subcategories that fell under the meta-themes, two common threads were revealed.

These two threads were found to be interwoven throughout the data gathered from participants' narrative stories. The first thread was Joy and the second thread was relationship.

The intent of this chapter is to offer a description of the data gathered from the five participants. First, the chapter begins with a brief overview of the data collection process utilized to gather data form archival tapes, individual interviews, and the focus group. The second section, following the data collection method overview, offers a reporting of results from each participant. The third section makes up the final section of result presenting. It is a presentation of the meta-themes, themes, categories, and subcategories and concludes with a description of the two threads, which were found to be salient unifying agents, within participant narratives.

Brief Overview of the Data Collection Process

The data gathered from the participants included 10 archival recordings of sessions in which the participants received Inner Healing interventions while in the Lehman Group. The data also included 10 individual face-to-face qualitative interviews, five individual Skype qualitative interviews, and one qualitative focus group interview. Each of the five participants was interviewed twice using a face-to-face format augmented by two different archival tapes to frame the interviews. The Skype interviews or member checks were done following the two interviews that were conducted. They were transcribed and analyzed. The focus group included all five participants was done following the Skype interviews and provided a member checking element.

Archival Sessions

Before the face-to-face interviews were conducted, I watched the archival recordings for the purpose of conceptualizing the participants' sessions. There were two recordings for each participant. The first was from one of the earliest recordings available and the second was from the most recent available. During this pre-interview viewing, portions of the session were transcribed to note pertinent statements by both the facilitator and the participant. Any emotional cues that the participant was not expressing in words but manifesting in the session were also noted. These manifestations included, but were not limited to, crying, laughing, facial expressions, eye movements, etc. These documents were labeled pre-interview notes.

The pre-interview notes were double-spaced with two and one-half inch margins on the right side. These documents were utilized during the face-to-face interviews for reminders of salient points to be examined and for field notes to be written in the right margin. A total of 98 pages of information were generated for the 10 pre-interview archival tape viewing. It is noted that two of the participants brought notes with them into the face-to-face interviews.

Face-to-Face Interviews

All of the face-to-face interviews were audio recorded, transcribed and then analyzed for emergent themes, categories, and subcategories. The first step was transcription of the audio recording. These 10 transcription documents, which included two for each participant, were labeled with the participant pseudonym followed by Tape Interview One and Tape Interview Two identifiers. The second step was the data analysis process. Salient statements that were made by the participant, the facilitator of archival

sessions and the researcher for coding purposes were highlighted. After coding, I named the identified themes in my hand-written notes in the right-hand margins. Additionally, notes were taken and written in the margins. All transcripts were studied by reading and rereading numerous times. The transcriptions of the 10 individual face-to-face interviews yielded over 200 pages of information collectively.

The themes that emerged fell into the following three meta-themes: (a) Therapeutic Change, (b) Narrative and Life Change, and (c) Practice Change. The primary researcher produced three rubric documents that reflected these headings. These were preliminary analysis documents that delineated and organized the common themes, categories, and subcategories, that were identified in collective participant stories. In the Therapeutic Change rubric, three themes and eight subcategories were identified. In the Narrative and Life Change rubric, 13 themes and 27 subcategories were identified. In the Practice Change rubric 11 themes and 15 subcategories were identified. The rubric contained not only these separations, but also definitions of the themes, and example quotes from which the theme was identified. The researcher named these documents, (a) Rubrics of Therapeutic Themes, (b) Rubric of Narrative and Life Change Themes, and (c) Rubric of Practice Change Themes. These rubrics contained 12 pages of information. These rubrics were used extensively by presenting preliminary data analysis by the primary researcher to the participants for verification purposes in the Skype interviews.

Skype Interviews

The Skype interviews provided analysis verification as a vigorous member checking methodology. Thus, the purpose of the Skype interview was to validate the primary analysis of the data derived from the face-to-face interviews. Another purpose of

the Skype interview was to ensure that the themes presented to the focus group for discussion were valid.

Pre-Skype document. Before the Skype interview, a document was produced for each one of the participants. The document listed predominant themes, and salient sample quotes identified in the individuals' stories. I utilized this document during the Skype interview. These five documents were named with the participants' selected pseudonym followed by Pre-Skype Themes # 1, (e.g., Patricia's Pre-Skype Themes #1, Ryan's Pre-Skype Themes #2). These transcription documents yielded a total of 21 pages of information.

Skype document. The pre-Skype document and the rubric document were utilized while conducting the interview. Quoted examples that exemplified themes from that individual participant were discussed. Participants were invited to act as co-researchers to narrow the focus and to help with the naming of the themes. On several occasions participants were asked to comment on themes that were not identified in their story. These were the themes in which the participants, as elites in the fields, may have unusual insight. Overall, in keeping with the narrative tradition (Atkinson & Delamont, 2006a), the participant acted as a co-researcher.

All of the Skype interviews were recorded and transcribed. The Skype interview transcriptions yielded a total of 47 pages of data. The Skype generated data were read and reread several times. Salient themes and corrections were highlighted making notes in the right margin for points of verification. After receiving input from the participants in the Skype interviews, further data analysis necessitated additions and deletions to the rubrics before presentation to the focus group.

Focus Group

The focus group was convened to gather data in a group setting amongst the elite professional participants. The synergistic quality of the group was utilized to have the participants act as co-researchers during the focus group. Two specific goals of the focus group were to: (a) validate and triangulate the data that emerged from the face-to-face and Skype interviews and (b) collect data regarding intersections between Inner Healing and relevant psychological research. The entire focus group was recorded and transcribed. The focus group yielded 23 pages of transcribed data. The transcribed data were analyzed and changes were made to all the rubrics that reflected focus group input. Additionally, in the second phase of the focus group, data emerged from that led to the construction of a rubric displaying the intersections between Inner Healing and relevant psychological literature.

Before the focus group convened, the data within the three rubrics that had been checked by the participants in the Skype interviews were analyzed. After revisions were made, I copied the new data that emerged onto poster-sized, 26-inch by 32-inch Post-it® notes with Sharpie® markers. The information on the posters was color coded and organized by the three headings, (a) Therapeutic Themes, (b) Narrative and Life Change Themes, and (c) Practice Change Themes. Under each heading, the themes, categories, and subcategories were delineated. This data required three, poster-sized, 26-inch by 32-inch Post-it® notes for each heading.

One poster-sized, 26-inch by 32-inch Post-it® notes sheet was also developed to aid the focus group in identifying intersections between Inner Healing and relevant psychological research. As a starting point, nine theories that participants' had mentioned

while describing Inner Healing experiences were listed. Packets of five-inch by seven-inch post-it-notes and markers were purchased for each participant. The participants utilized these aids in both phases of the focus group by writing down pertinent comments and then intermittently, at the participants' discretion, sticking them on the large posters for points of discussion. In the focus group, the participants produced a total of 21 five by seven post-it-notes.

As the participants entered the room they were greeted by the primary researcher and then handed a pad of five by seven post-it-notes and a sharpie marker. The atmosphere was jovial, evidenced by banter as participants traded for the color of the marker they deemed most desirable. The sole purple marker was in most demand. Patricia, the medical doctor procured the purple. Ryan, the youngest, got the brown.

Next the participants seated themselves around the room in a semi-circle facing the primary researcher. A microphone was placed in the middle of the room so that all the conversations could be recorded. The focus group script (see appendix D) was read to the participants. Shortly thereafter the researcher placed the large posters on the wall and proceeded to conduct the focus group.

Participant Narratives

Participants

There were five participants in this narrative-case study. Four were female and one was male. All of the participants were members of the Lehman Mentoring Group for mental health care professionals. The participants are considered elites, as they all possess special insight due to their experience. The group has over 100 years combined

experience in traditional clinical settings and over 25 years working in Inner Healing modalities. The following are the five participants in the study:

- **Barbara,** who is a Caucasian, 57-year-old psychologist.
- **Patricia,** who is an African-American 42-year-old female psychiatrist.
- **Rebecca,** who is a Caucasian, 59-year-old social worker.
- **Magdalena,** who is a Caucasian 52-year-old pastoral counselor.
- **Ryan,** who is a Caucasian 33-year-old missionary, and licensed as a professional counselor.

Organization of Individual Participant Narrative Reviews

Each participant is introduced to the reader. First, a description of her or his personal and professional life as it was reported is offered. Only information that is pertinent for the reader to understand the participant's story in the context of their Inner Healing experience is provided. The participant is embodied for the reader; however, the primary consideration has been confidentiality. Therefore, personal information has been camouflaged.

Barbara, Patricia, Rebecca, Magdalena, and Ryan are introduced to the reader in the chronological order of their Inner Healing experiences. In the theoretic lens format (Marshall & Rossman, 2006) utilized in this narrative study, stories were examined over time, and, in particular, under the lens of how the participants integrated faith and psychology (Thompson, 2010). Over the eight-year period during which the group trained experientially, the Inner Healing model utilized in the group evolved from the Theophostic model to the Immanuel model.

For example, Barbara has been in the group the longest, and her first session is the oldest archival recording in the study. Therefore, she is introduced first. Her first session reflects the Theophostic model. Ryan has been in the group the shortest, and his first session is the most resent of all first sessions in the study. Therefore, he is introduced last. His session reflects the Immanuel model. Through this presentation, the reader is able to observe the change in the individual, the group, and the metanarrative of Inner Healing. The presentation of each participant is organized as follows:

Exploration of First Inner Healing Experience. In this section, an early Inner Healing session is utilized as a starting point of exploration. An overview of the session is offered to help the reader conceptualize the particular nuances of the session, such as the changes in the Inner Healing model. These changes are noted so the reader can capture the participant experience by viewing it through the theoretic lens of integration of faith and psychology (See Marshall & Rossman, 2006, for discussion of theoretic lens format). The intent of the overview is to neither provide analysis nor draw conclusions, but, rather, to recapitulate what has been reported.

First archival session: Selected portions. Next, selected portions of verbatim, in-session transcriptions is offered. The reader is invited into the participants' Inner Healing session by reading in-session conversations. The researcher has attempted to offer only salient portions of the session with the hope the reader is able to identify with the participants' story by reading pertinent conversations within the session.

First research interview: Selected portions. After experiencing the participants' Inner Healing experience by reading salient portions of their in-session narrative, the reader will then be invited to experience the two-phase research interview conducted by

the researcher by reading salient portions of the interview transcription. The reader is given deeper insight into the participant's experience through reporting of the first of the interviews, which was a two-step, structured and semi-structured interview.

Structured. The first phase of the research interview began with a structured interview. In the structured interview, three questions were asked to generate data that would answer the three research questions about the first archival session that both researcher and participant reviewed prior to the research interview:

1. Can you give me an overview of what happened in the session?
2. How, if at all has this session affected your life and healing journey?
3. How, if at all, has this session affected your practice?

Sometimes, the researcher also asked follow-up questions for clarification purposes as outlined in the research proposal and discuss in Chapter II.

Semi-structured. Next, the research interview moved into the semi-structured phase. The first or early archival recording was utilized in the semi-structured interview. After the structured phase of the interview concluded, the researcher and the participant watched the recording together in the semi-structured phase. While viewing the recording, both the participant and the researcher were given the liberty to choose points of discussion. Aten and Hernandez (2005) suggested qualitative research because it draws upon multiple methods to explore the meaning participants make of experiences. In this section, new insight may emerge for the reader as the participant reports the multiple meanings they derived from their experience.

Exploration of Second Inner Healing Experience. In this section, a later Inner Healing archived session is utilized to explore the most recent recorded participant

experiences available. Additionally, changes in participant experiences over time is noted. The research interview is a review of the most recent session available that has been archival recorded. The same process that was utilized in exploring the first Inner Healing experience is utilized in exploring the second Inner Healing experience. The presentation for each participant is organized as outlined here.

Second archival session: Selected portions. Selected portions of verbatim, the second in-session transcriptions is offered.

Second research interview: Selected portions. The reader is invited into the second two-phase research interview conducted by the researcher.

Structured: The same protocol and the same questions that were utilized in the first session is utilized in the second.

Semi-Structured: The same protocol and the same questions that were utilized in the first interview was utilized in the second research interview.

Summary. A summary of both explorations is offered at the end of each profile. The outlined process for reviewing the archival sessions and research interviews is repeated for all five participants.

Cautionary Comments

The material that is presented in this chapter may be different than any literature the reader has previously encountered. The founder of the Theophostic model, Smith (2000, p. 1) included a warning because of the emotional effects of his Inner Healing literature on his editor and on his various readers. Likewise, the participants in this study and the facilitator all reported an experience of reactive triggering when they began to

study the literature surrounding Inner Healing. Additionally, they reported their clients experienced similar difficulties when they began their healing journeys.

Toomy and Ecker (2009) discussed the difference between therapies which counteract, override, and suppress implicit memory responses, as opposed to therapies which transform implicit memory responses. The processes inherent in Inner Healing begin in the right-hemisphere of the brain as emotional experiences, whereas the processes inherent in traditional cognitive therapies utilize the left-hemisphere to make rational explanations of experiences (Toomy and Ecker).

The reader is exposed to the participant reporting implicit memories being reconsolidated through what they reported as an encounter with God. Often, the participant has not integrated that experience; therefore, it is common for the narrative to seem irrational. Linear processes may seem blurry. While reading, it is very common for implicit memories within the reader to become reactivated, fomenting strong emotional responses.

The researcher asks the reader to stay engaged in this multi-level experience, mindful of the previously stated warning. Sometimes the different levels reflected in the reporting of, (a) conversations between the participant and the facilitator, (b) conversations between the participant and group members, (c) conversations between the participant and the Jesus they perceive, (d) conversations between the participant and spiritual entities, (e) conversations between the participant and people in the memories (f) descriptions of visceral imagery they see, and (g) descriptions of the struggle to integrate experiences logically. Further, participant experiences are not limited to these delineations. For example, as cited in Ryan's first archival session, he reported:

> My mind is jumping to the transfiguration. I don't know what I am supposed to do here, show me [Jesus] what to do here. It is kind of freeing to not know what I am supposed to do. [Ryan] reports Jesus saying to him] None of those guys [disciples] knew what was coming either, but they followed me anyways.

From this excerpt we can see that within 15 seconds, Ryan simultaneously reported: (a) His internal visceral experience, (b) His internal logical thought processes. (c) His internal dialogue as he speaks to Jesus. (d) His emotional response to the experience. (e) His perception of Jesus' speaking back to him.

These factors may make the material disturbing for the reader. The reader may dismiss the participant. Nevertheless, the researcher asks the reader to suspend judgment, and continue. Since these are narrative case studies, it will take longer than in other research results reporting for the stories to unfold. The participants all reported that the events in the session made logical sense, but at the time of session, many had not integrated the experience logically. The reader is advised to read this material prayerfully. Additionally, the reader might find it helpful to re-familiarize themselves with principles of spiritual authority in the literature review section on Deliverance Inner Healers.

Finally, it should be noted that all of the Inner Healing sessions were facilitated by Dr. Karl Lehman, M.D. I have decided to refer to Lehman in the narratives as the facilitator. This was done in order to deemphasize the work of Lehman and place the focus on participant stories.

Participant Narrative Profiles

Barbara

Barbara is a 58-year-old Caucasian female. She is married, has two children and one grandchild. Barbara was born and raised in the Southwest, but, for most of the past 15 years has lived in a Midwestern city. She has recently relocated to a large city in the

East. Barbara enjoys working out and pursuing several outdoor activities. She especially enjoys spending time with her children's families**.**

Barbara is a Ph.D. psychologist. She began her career working as a clinician and teaching at the college level. For the past 25 years, however, her focus has been on private practice. Barbara is currently transitioning back to training and teaching. Lehman stated that Barbara has the ability to make bridges between traditional psychological approaches and Inner Healing as well as make bridges between denominational lines within Christianity. She travels extensively in her work.

Exploration of First Inner Healing Experience. The exploration of Barbara's first Inner Healing experience began by reviewing one of the earliest archived sessions, recorded at the formation of the Lehman Mentoring Group. An advanced Theophostic method was utilized in the session. For example, the facilitator helped Barbara to connect with the child state that carried painful memories, and then coached her in that child state to interact with Jesus. This Theophostic technique fostered the development of a key ingredient in the Immanuel method: coaching the client to interact with Jesus at the start, and thereafter, at every opportunity within the session.

Barbara's presenting problem was a general feeling of being unsafe. She accessed a childhood memory that contained the emotions of not feeling safe while with her father. However, she was not able to stay connected to the memory long enough to reconsolidate the memory. Therefore, the remainder of the session was utilized by trying to eliminate defenses (i.e., clutter, Smith, 2000, p. 37) enacted as a defenses. Anger, vows, and other patterns were addressed. At the end of the session, Barbara offered forgiveness to those that hurt her.

The researcher observed Barbara crying for long periods of time throughout the session. Five times she expressed how hard and how painful for her it was to continue. Her smile was downturned. Her shoulders were slouched and she appeared worn and exhausted toward the end. Finally, after she offered prayers of forgiveness, she smiled and said faintly, “It was a breakthrough.”

First archival session: Selected content. This section offers selected verbatim content from Barbara’s earliest recorded Inner Healing session. Salient segments of the session are presented so that the reader may conceptualize Barbara’s in-session experience.

After the facilitator opened in prayer, Barbara began by saying, “I think it is some of my “Dad stuff.” I long for a safe place.”

Utilizing Theophostic techniques, the facilitator tried to enhance painful emotions by restating portions of what Barbara reported. Then he prayed, “Lord, would you go with Barbara to this ache, this longing for this safe place for her dad to hold her, and make things safe?”

Barbara said next, “I am mad at him.” The facilitator asked, “What feels true about why you are mad at him?” Barbara replied, “I know, but I can’t find words for it . . . . I could go to an adult place and get some really good words for it!”

Next, the facilitator tried to help the little girl in Barbara’s memory find words for her emotions. The facilitator intervened, “I want to help you get words for what feels true about why, why you can’t trust dad . . . . [He offered] “I can’t trust him because he will disappoint me”?”

Barbara answered in a childish tone of voice:

> He is mean . . . . When he and my mom got a divorce [when I was] 13, he wanted me to live with him, and I was not interested. I think he just wanted me to do the work . . . . I feel like I have to not let him do that to me.

The facilitator asked, "How does that make you feel? Can you go to the pain underneath the anger?"

Barbara replied, "[I] don't want to let go of the anger. He thinks that everything he does is right."

Utilizing a Theophostic technique, the facilitator enhanced Barbara's painful emotions of anger:

> You can use your smart Barbara brain and look for the answers, but that hasn't worked. Or you can open your heart up, and stay in that waiting place. You are afraid that nothing will happen, and it will just be hurt. He won't come. He won't help. Nothing will happen. We are gambling because, if we do this and nothing will come, you will really feel shitty. What would you ask Him [Jesus] to do?

Barbara responded, "Jesus, please help me! I don't want to figure it out." The facilitator tried to help her little girl part get words: "I won't be big enough to know it is Jesus." Barbara said:

> This won't work, and I will still feel bad. I will have all the answers for all your questions, but I won't get healed. It might get a little better, but it won't get done.
>
> It won't stop hurting . . . . It won't get any better . . . . No matter how hard I try, it won't stop hurting . . . . I just keep thinking, nothing is going to happen . . . . I will just waste time.

The facilitator intervened, by offering possible words for the little girl, saying, "You [Jesus] will never close the deal!" The facilitator continued, "So I want to ask the little girl, if you are willing to open your heart to ask the Lord, "Please come. Please help me in this place. Please don't disappoint me." Barbara began to shake her head no. The facilitator intervened, encouraging the little girl in the painful memory. He said, "Stay with it, Barbara." Then the facilitator stirred up the painful emotions in the memory. He

gave Barbara her words, “I am so scared that I am going to open up this place, and it is going to hurt so bad that I am not going to be able to take it.”

Barbara said, “You just won’t come.”

The facilitator continued, using the words Barbara had already spoken:

> You just won’t come! – That little girl in there – “Why doesn’t He come?” Feel that confusion . . . . So this little girl – the waiting, the hurt – He doesn’t come. The way it ends is that you just shut it down, and just get tired.

Barbara responded, “I just shut it down and go back to my life.”

The facilitator repeated the words that Barbara reported throughout the session in order to get words for the whole thematic memory package of “He never comes, no matter what.” He told Barbara to correct him when he did not get things right, and when he misconnected things. The facilitator again addressed the little girl part of Barbara that she described in her memory.

> You try to be good. You wait. You cry. And eventually you wear yourself out, and you are better off just going to sleep. Lord, what do you want Barbara to know about all this, “It never stops, he never comes?”

At this point, 43 minutes had elapsed in the session. Barbara reported that the place the facilitator described seemed accurate, “That feels right. I know that place really well. I just sort of give up, quit crying and it all fades away . . . . I feel like I have been there a lot of times.” Next, she grew silent, and began to describe a childhood memory of waiting to go to the circus, but not getting to go:

> I am remembering when I was supposed to go to the circus, and we didn’t get to go. I remember just laying on the bed crying. I think maybe he came in and talked to me about it, but I was just really upset.
>
> There is this vague picture of me just really crying hard on the bed and what came to me is [the thought], it just didn’t matter how upset I was, or how long I cried. It just didn’t matter . . . . Whatever he [dad] said was more important . . . . I don’t

> know if it was a good reason, or if he just changed his mind, which was his pattern . . . . It didn't matter what I thought.

Barbara began sobbing intensely, and blurted out, "Nobody will change anything if I want it just because I hurt. It won't matter. I can tell you lots of other times when that happened."

Barbara calmed herself, and ceased reporting as one re-experiencing the memory, in this case, the circus memory. Instead, she began to report as one looking at the memory from a distance. When Barbara created this distance, the facilitator utilized the same Theophostic techniques to reactivate the memory to the previous level Barbara had just experienced. This strategy was not successful; the facilitator, therefore, switched to the strategy of removing defenses enacted against accessing painful memories. He prayed for guidance, asking Jesus for anything that would help to come forward.

Barbara reported, "I don't know. It is a waste of time. I have an awful feeling in my stomach . . . . It might be demonic, I don't understand it . . . . There was no spiritual protection in my house." The facilitator explained to Barbara:

> It has been a long time since I have told a demon what to do in the opening prayers and it didn't do what I told it to do. But if there is some little part that . . . has made an agreement, that somehow this demon helps with the pain or does something valuable . . . a little girl place that somehow thinks it helps and lets it stay. If it blocks some of the pain or makes the pain go away. Or it helps block the memory or something. So I just want to ask, if there is any part of Barbara's mind that knows anything about letting this stay, anything here that has permission.
>
> Pay attention to anything that comes forward.

Barbara responded:

> Well, there are kind of two things that come forward. One is the switching from the desperate place to the fuck-you place. I will make these feelings go away. There is something in that saying, "Okay, I will just do it myself. I'll be okay no matter what you do."

> The other is still trying to use my feelings to control the world . . . . There is still something about that. I want to be able to make that work. Also, that thing about I want to be in control when I hurt this bad.

The facilitator said:

> So I want to hear what this little girl thinks and feels about this vow. If you let go, that means, "Lord, I need you and this scares the shit out of me because you just like dad, and I will go crazy, blow up. I want the little girl to look at – "

Barbara interrupted, "It will keep hurting." The facilitator inquired, "It will keep hurting for too long?" Then the facilitator prayed, "Lord, Jesus, what do you want this little girl to know about, "fuck you, I will do it myself. It is not safe to let go of this vow"?" Barbara reported what came to her, "I will find a way to be okay without you."

The facilitator asked Barbara how he might best help her renounce the vows:

> Do you want to pray internally, or do you want to pray out loud with me? "So, Lord Jesus, I understand why I made these vows: it was hurting so bad and I had no other way out. But, Lord, I ask you know how to be a part of your plan, and I surrender to you now these vows. I give back using these vows: "I won't need you; I won't use you; and I won't depend on you to make it better". . . . I give these back to you. And I give back to you everything I got from them and everything I got from the enemy from making these vows. I give back using these vows to stop the pain to protect myself." Anything else we need to name?

The facilitator then moved to the second piece Barbara named, which was using emotions to control things. He suggested a prayer: "Lord, I confess using my feelings to try to control things, to get what I want, to control people, to manipulate things."

Barbara prayed this prayer with the facilitator, and then added: "I ask for your forgiveness, and I ask you to give me your heart and mind. I cover myself with your blood, and I ask you to cleanse me from this pattern."After Barbara prayed prayers of forgiveness, she said, "I have just surrendered all my tools. This is going to be worse." However, the facilitator told Barbara to try to go back to the little girl waiting to go to the

circus memory to see how that little girl is feeling after the prayer. Barbara responded, "She doesn't feel as bad as it did a while ago. I don't know why."

First research interview: Selected portions. The research interview is a two-phase, structured and semi-structured interview. In the structured interview, three scripted questions are presented to the participant. In the semi-structured portion, the researcher and the participant view the archival recording conjointly while offering comments on the experience. Selected portions of this interview offered to the reader.

Structured. Barbara entered the researcher's office, sat down and made herself comfortable. After a short informal greeting, the researcher reviewed the appropriate documents (e.g., informed consent, scripted readings, appendix information), and read the face-to-face interview script (see appendix B). Barbara appeared comfortable and ready to start. The researcher asked the first interview question:" Can you give me an overview of what happened in the session?"

Barbara replied:

> Well, I watched it [the recording] a long time ago, and then I watched it again. I started off talking about my dad, and how I did not feel safe . . . the big theme was that I really wanted him to hear me, and when something was bad . . . he would come and make it better. And yet he was just so unable to attune to me, and he was so focused on his internal states, that whatever reaction I got from him was all about where he was.

The researcher repeated Barbara's last words, "Where he was?"

Barbara clarified:

> So I might be upset, but he wanted to be playful. Or I might be playful, but he might be serious. I might be scared, but he would be mad because I wasn't on board. So he just wasn't safe. So the session went through how I wanted him to do it, but he didn't, and then it shifted to wanting to heal that. But no matter how hard I tried, it just wouldn't help.

Barbara then explained feeling stuck, and feeling disappointed at a point in the session:

> No matter how hard I tried with Jesus, it just wouldn't get anywhere. And then taking the challenge to stay in the painful place long enough, and then hoping again, and that was kind of my psychological, hope something would happen. I wanted something to happen, and it wouldn't happen, and then I would just shut down and be disappointed. I would just kind of shut it all out, and in that session would I stay in that really painful place, and hope again that Jesus would come again and do something.

Barbara explained how she wanted the session to be over:

> As I have done sessions over time, it would be a lot of the same pattern, and usually something small would happen . . . . I could always tell you Jesus did something, but . . . it was always just a piece, and I was looking for "done." And so that was painful. Whether that was realistic or not, my [inner] child particularly just wanted it done!

The researcher went on to the next research question. He asked, "How, if at all, has this session affected your life and your healing journey?"

Barbara replied:

> It is a series of sessions about my dad particularly . . . . I am much less angry with him than I used to be . . . . I have a picture of . . . when he was here over thanksgiving, and I really didn't do very well. We got into a pretty good . . . well, not very helpful discussion about . . . trying to say that my mom was responsible . . . that they got a divorce, and all the woundedness that my brother had . . . from when he was nine years old without him . . . . I wasn't going to give it to him. I said that it was both of your faults, and that is the way it is in every marriage . . . . And I said that is the way it was. You weren't the best husband back then.
>
> And we kind of just didn't talk about it anymore, and it just kind of went away.

The researcher repeated Barbara's words, "It just kind of went away?"

Barbara replied:

> Yeah . . . I got past it. There is a place of settledness that it is not about me. The pain is not about me anymore. I am disappointed, and I am sad, but the healing . . . is that it does not hook into me: "I am not ok. I am not worth it. I am not important." Those things . . . do not feel true . . . . It really feels like it is about him . . . . It is still disappointing.

Barbara then told of how she came to make a vow:

> My first husband ran out on me, well, he was having relations with other girls while I was pregnant with our daughter. And my picture is when he was leaving, that little girl would have grabbed onto him by the leg and hung on as he dragged me through the door. And as he was dragging me out the door, I would have been clinging to his leg saying, "Don't go. Don't go."
>
> And that is the place where I said, "I will never, I don't want to ever be in this place again. I don't ever want to have anybody do that to me again."

Barbara next described the effect the vow had on her relationship with her husband:

> Somewhere along the line . . . I became very aware, that in my relationship with [husband], I am not going to need you or love you or be committed yet. I'm not going anywhere. I am not going to leave you. I am not going to divorce you, but I am not going to need you as much as you need me. You are going to have to need me more because I am not going to need you.

Then, Barbara described how releasing the vow has changed her relationship with her husband:

> Before I didn't even realize that there was that much more to have because I had the vow, "I am not going to feel the pain of somebody leaving me like that." I get to have him now in a way that I didn't have him before. His presence here means so much more than it did then . . . . But the healing of that wound, I did not know how disconnected I was from the man that I had lived with for over 20 years. I did not know how much love I could really have for him. I only loved him with a piece of my heart.

The researcher asked the third and final structured research question: How, if at all, has this session affected your practice?

Barbara replied:

> One thing is, I always knew – now I have done this for 30 years and only 10 years ago have I started doing Theophostic – if I had a man, older . . . than me, business suit type guy, authority figure come in, I had a hard time keeping my position of a therapist rather than just wanting him to be happy with whatever I did. And I knew that that was all dad transference stuff.
>
> I don't even experience that anymore. That does not even happen anymore . . . . I remember . . . I had a guy who was probably making about two million a year . . . that type of guy. He just didn't intimidate me at all.

The researcher asked, “Again, so how, if at all, has this session affected your practice?”

Barbara replied:

> I think the thing that has changed for me is that the technique has become so natural that it is just very fluid. It is not something that you have to think about or march through. It is so integrated, and I like that. It is effortless.
>
> Jesus has let me know that he has my back. He has let me know that he is going to bring the game to me . . . . Now people are calling me out of the blue. I got a call from a [star] who was into pornography.

Semi-structured. The researcher asked Barbara if she was ready to watch the archival recording together. She consented and the researcher began the archival recording. Shortly after starting to view the recording, the researcher asked Barbara to explain what was happening within her at the time the facilitator began in prayer. Barbara explained:

> Most of the time before the opening prayer starts, I will be crying. My sense is that something is getting stirred up in there. It feels like somewhere there is a spot that I am being directed to. It feels like I am going down the tunnel and there is the spot . . . I don’t pay attention to what the therapist is saying. I know what he is saying. I know all the words. So I am not listening to every . . . part that he is saying. I am just sort of listening to me.

The researcher asked, “When you say the prayers, as a therapist in your sessions, do you say the same words?”

Barbara replied, “I say it much shorter, and it is a lot of the Jesus do all of the stuff that you need to do!” (Barbara and the researcher laughed.) Barbara continued:

> I believe that God follows the intent of our heart, and he is going to execute with whatever is happening . . . . And so I have more grace about not having to cover every single base . . . . I have watched people, and clearly they will have a vow that I don’t feel. And I watch somebody else working with them, and they go through why they have that vow, and then the Lord speaks with them, why they don’t need to have the vow, whatever that story is, and then they start crying, and

the facilitator is getting ready to pray for them. Then they get ready to renounce the vow, and it has already been dealt with.

The researcher asked Barbara about the phenomenon of childhood parts Barbara was reporting:

> Can you expound on the idea of little girl or childhood parts? Because . . . [it] came real natural. There was not a real definite shift formally, like, "Now I want to talk to your childhood part." Are you thinking right here that it is a different ego state? What do you perceive it meaning a childhood part?

Barbara replied:

> I am not 100 percent clear on that. I am not sure anyone is, but it feels like it is not a dissociative, DID thing, because you just kind of always know, but you are just not connected to it all the time. For me, my experience has been . . . my word patterns are childlike. Like, I have had myself say, "I am ascared of something."

The researcher said, "I noticed on the tape, one time, your face, and it looked really angry and like a child." Barbara replied:

> Okay, I will give you a good example. If I get really triggered with my husband, and I am in a fight, triggered in my child, I have not any part of me that wants to use any skill set that I have to resolve this problem. I don't want to work with you, and I want to leave the room, like I am not going to talk about this anymore. But there is a place in me that desperately wants you to come, and follow me, and find me, and make it all better.
>
> I remember talking to [husband] one time and saying to him, "You are too, supposed to come after me, and follow me." And I have listened to that come out of my mouth, and hearing myself say that, and if I would have heard one of my clients say that, I would have been, "Are you kidding me? You are supposed to have a relationship with your spouse as an adult."
>
> It is kind of like a feeling state that kind of resides somewhere that you can get triggered into, and probably your pre-frontal cortex is disconnecting and . . . of those lower levels, you know how [Jim] Wilder talks about the five levels. We are probably functioning at about a three, two.

Barbara watched for another 20 minutes, and said:

> It seems like the most significant [thing] about this section is the profound transference between my dad and Jesus. Dad didn't come, and I did all this

> waiting, and I'll do exactly the same thing with Jesus, and I am not interested [in doing that].
>
> Eventually I do choose to do it, but I am not interested in doing it anymore [at that point in the recording] because, if Jesus doesn't come, you are really screwed.

The researcher asked Barbara to elucidate the dynamic of transferring the attributes of her father onto Jesus." Barbara responded:

> It is also interesting that I have the same transference with my husband . . . . Somewhere in there, I discovered that I had all the pain. I had it with my boyfriend and my first husband (tells story of first husband dragging her out the front door). And all of this other stuff is that I have made a decision that, whatever place I had given them where it really, really mattered, it was like nobody will ever have that place in my heart again. I will never care about anybody like that again. And I went into my marriage not conscious that I had made that vow. I was constantly keeping the upper hand somewhere in a number of ways.

The researcher asked, "How important do you think it was that the facilitator spoke to that little girl?" Barbara replied:

> I think that it was very important because I could have talked about it from my adult reporting it, but I don't think it would have done much good . . . . Almost all my sessions start off with the facilitator talking to my little girl pretty fast. And it will come in and out, just like it has here. Yeah, he talks to her a lot and he is with her a lot . . . . I think that has been a significant part of my healing . . . his [Facilitators] attunement to my mess, which is not what I got from my dad.

The researcher asked, "He was attuning to the little girl. Is there a time when he shifted it to turning to Jesus for attunement?" Barbara replied, "A little."

Exploration of Second Inner Healing Experience. The exploration of the second Inner Healing experience began by examining a second archival Inner Healing session that was conducted seven years after the first reviewed session. In this session, the facilitator did not utilize Theophostic techniques exclusively. Instead, emergent Immanuel techniques were integrated. For example, the facilitator coached Barbara to ask Jesus what He wanted her to know about the emotion, or the memory. The researcher

observed the facilitator seeking to foster an interactive connection with Jesus throughout the session.

In the second session, Barbara presented the same problem as she presented in her first session: a general feeling of not being safe. She used almost the same words to describe the source of this feeling as she used in the first session: "You will not listen to what scares me. He is scary." Unlike the first session, Barbara neither displayed apprehension at the beginning to proceed, nor expressed a desire to discontinue while in session. Instead, she transitioned between four childhood memories in a seamless narrative exemplified by less toxic emotional content. Whereas in the first session, Barbara frequently cried with despair, in this session she was joyful. She accessed memories joking how silly the adults behaved, entered deeply into the memories with crying, characterized by sadness instead of panic, and then exited them with new insight, sometimes laughing at the irony.

Second archival session: Selected portions. This section offers selected verbatim content from the most recent archival session available to Barbara. In this Inner Healing session, salient segments are offered so that the reader may conceptualize Barbara's experience over time. Barbara began the session explaining to the facilitator how her husband's sports car driving had triggered her. She said:

> I was really triggered by his driving even though I know it is irrational because he really knows how to drive . . . . The driving brings up the lie that, "You will not listen to what scares me, and I can't seem to yell loud enough to get him to get that I'm really scared."

Barbara smiled as she described several situations with her husband in which she felt frightened:

> It has come up in the past with scuba diving, when he was supposed to be my buddy. And I had a lot of fear around scuba diving. . . "If you are going to be my buddy, you can't be 20 feet over there, facing something else." (laughter)
>
> And also bike riding, when we ride bikes together. His skill level at all those things is much better than mine. Like when he comes up to the stop sign, and he is clipped in. He can just stand there. But I am like, "I could get run over or fall over here."
>
> And motorcycle riding goes in there, too. But we don't usually argue over that because you can't talk. (Both Barbara and the facilitator laugh) He's up there, and I'm back here, and we both have helmets on – can't talk!

Barbara said, "It all comes back to the thought, "You're not listening. You don't care. How can I yell, or waive my arms loud enough to get you to stop and listen?""

The facilitator said, "I can feel that little girl place, that kid place. I will just make an invitation for that little girl to come forward while I am praying." The facilitator then prayed the opening prayer, lifting up Barbara to the Lord.

After the prayer, Barbara reported, "Well, I am pretty sure it has something to do with my dad 'cause he didn't listen very well. I have one picture that comes to my mind." Barbara paused, took a breath, smiled and said:

> My dad, he liked to drive fast and in an open stretch of road, he wanted to make time. We would be driving back and forth from my grandmother's house when it was all two-lane roads. His thing was passing everybody. This is an aside, but he didn't like to stop for us to go to the bathroom because, if we did, then everybody that we had passed would pass us back. And then we would have to do it again (much laughter from the whole group).
>
> But he had gotten a lot of speeding tickets, and apparently, if he got one more, they were going to take his license away . . . . I remember, he made my mother practice changing drivers while the car is going down the road so that, if a cop started coming after him, they could switch, and she would get his ticket . . . . So if they got radar'd [sic], they could switch drivers so that the guy [policeman] could not see who was driving. So she is going to go over the top, and he is going under the bottom while somebody is trying to keep the steering wheel . . . . My mother is protesting, but he is bullying her.

Barbara entered into the memory more deeply, describing it from the vantage point of being in the car. She said:

> I remember sitting in the back seat. I remember you could stand up in the back of the car. I could stand up, and look over the seat, and see what was going on. Of course there were no seat belts in those days . . . . I think that I was 10. But he did that kind of stuff.

The facilitator intervened with prayer:

> So Lord, what about that? We lift that up to you. We ask that you would just bring up whatever you want Barbara to see. And Lord, you know that little girl in her heart, that child place. We ask that you would call that forward.

Barbara reported, "I just feel like it is true that he [her dad] was scary, that he did scary things."

Then facilitator offered a strategy to access Barbara's child part that felt scared. After she agreed, he coached Barbara, by asking her to make eye contact with him as he communicated directly with the little girl place from which the memory proceeded. To help Barbara enter more deeply into the memory, as one re-experiencing it, the facilitator said:

> Just to try different things: That eye contact thing. (Barbara opens her eyes very wide like a frightened child, taking in all stimuli.) That little girl in there, if there is something that you particularly know about, I want to hear about it. Because he won't listen to how scared I am.

Barbara responded in a weepy childlike voice, "He'd be mad."

The facilitator spoke to the little girl place in Barbara: "If you tried to stop him, he would be mad."

Barbara replied:

> I remember: This is not about being safe, but it's about not being listened to.
>
> When we were driving, one time, my dad stopped at the equivalent to the McDonalds back then, and my dad just threw the bag of garbage out of the

> window, which is really what everybody did back then before Lady Bird Johnson came along (much laughter) . . . . We had just been starting to learn in school that that wasn't such a good idea . . . . I would tell him, "We really shouldn't do that," and he got really mad.

The facilitator said, "There is something that really feels bad about dad doing something wrong. We could talk to the Lord about that one, too . . . . "Lord what about that?"

Barbara reported a picture in which the Lord showed her the maturity level of her father:

> I just got the picture . . . about this little kid driving the car. It was like having this little kid drive the car, except his body was big so he could push the pedal. (Barbara cried for a moment.) That's what a little kid would do. He [father] had some pretty good wrecks too.

The facilitator asked, "Anything else, Lord?"

Barbara reported another image that came to her:

> I wasn't there, but his job was hatching baby chickens, and he was taking a panel truck with baby chickens. There were a hundred in a box, and he flipped the truck over . . . he didn't go to the hospital or anything, but there were baby chickens everywhere because, I think, he rolled the truck over several times and they were flying out the back. I don't know how many times he rolled it over. He wasn't wearing a seatbelt or anything.

With tears in her eyes, Barbara said, "It was just true. He wouldn't listen!"

The facilitator replied, ". . . he wrecked several times says that your judgment wasn't far off."

Barbara entered more deeply into a memory she reactivated earlier in the session, and began to report as one re-experiencing the memory:

> I am remembering you used [sic] to be able to stand up and look out over the front window . . . . You used [used] to be able to ride up in the back window ledge. I remember sleeping up there. But I would watch when he was passing people (Barbara switched to looking terrified, and began to cry.) . . . it would always feel too close. They were coming right at you, and you were in the wrong lane, and

> then he would just, swoosh, go back in . . . . I was afraid he would not make it back in.

The facilitator intervened by providing the attunement for Barbara that had not been available at the time of the experience. He said, "So right there, that little girl, let's look at this because, back there, we could not look at it; there was no space for it – because dad would get angry. So what would happen if you didn't make it back in there?"

Barbara responded, "We would all die because he was going really, really fast."

The Facilitator intervened by offering an explanation for the origin of Barbara's fears. He said:

> That is true, Barbara, isn't it? If you hit someone head on, and you both were going 75 miles an hour, you would all die, wouldn't you? That matches the intensity [of the fear surrounding husband's driving irrational fear], doesn't it?

After stirring up the terrifying emotions the memory produced, the facilitator said, "Let's just talk to the Lord about that."

Barbara said:

> Can I share something first, what my dad did the last time? We are driving on a four-lane road, and the car driving in the left hand lane is driving too slow for my dad. My dad is always in the left hand lane. So he was going to pass him on the right, but there was a truck, and, all of a sudden, he just accelerates, and . . . out of the blue, he jerks out to the left, and passes them all . . . . It made no sense at all because all he had to do was wait. I just sat there with my mouth shut because, at that point (laughing) you don't want to distract him.
>
> Later on I was driving, same trip; there was some farm implement tractor only going 20. He got scared that someone was going to rear-end us on a 65 [miles per hour] highway . . . . He was yelling, "You need to get around this car because somebody is going to come and hit us, you need to, etc." But I said there was a car coming, and he said, "You can make it." That was just a couple years ago.

The facilitator intervened:

> So here is my thought with that little girl: It would be neat if you could talk to Jesus, and let him heal some of that old pain . . . . So there you are in the back seat of the car, and you are seeing the car coming, closing speed of 140, and you know somewhere down deep, if he doesn't make it, you are all going to die. You did a pretty good job of not feeling it, but somewhere, down deep, you know that's the deal. You are all going to die here.
>
> The facilitator prayed:
>
> So Lord Jesus, we know that you are here, beside this little girl. We just ask that you would be with her, and anything you want to show her, or say to her, or let her know, or anything you want to do with these memories of being so frightened.
>
> Barbara smiled, laughed, and reported a change in perception:
>
> This is so funny. I have been convinced for years that he [Barbara's dad] just must of had a million angels. Around my [Barbara] adolescent years – I mean, the drinking the smoking the driving my own car – not remembering even how I got home. And He [Jesus] just said, "I [Barbara] was doing the same thing [as her Father]."
>
> I don't know how many times I was with people who were drinking and smoking. I was driving in totally dangerous situations, could have fallen off of cliffs. Whatever He did that kept me safe, He was doing the same thing for my dad.

The facilitator asked Barbara, "How does it feel for that little girl to know that those angels have been on duty for all your life?"

Barbara replied, "It feels better. It's almost like He knew that I could not make it on my own, without Him . . . . He did not leave me unattended."

The facilitator said:

> Here is my thought: I see that that little girl, you still have some pain, and fears. Just tell Jesus straight out, "Jesus I am scared. I am going to die." I just want you to say that to the Lord if that is accurate.
>
> Barbara replied, "I think that He did something right there."

The facilitator said, "Okay, then let's just ask the Lord if there is anything else He wants us to know before we close."

Barbara responded, “Yeah, He protected my dad when he rolled over the van, and He protected several people from him, too.”

Second research interview: Selected portions. In the second research interview, the researcher utilized the most recent archival session available as a starting point for exploration. Like the first research interview, the second research interview is a two-phase, structured and semi-structured interview. As in the structured portion of the first research interview, three scripted questions are presented to the participant. In the semi-structured portion, the researcher and the participant viewed the archival recording conjointly. As they viewed the recording, they offered comments on the experience just as they did in the first interview.

Structured. The researcher conducted this interview in Barbara’s office. After a short informal conversation, the researcher read the face-to-face interview script. The researcher asked the first interview question,” Can you give me an overview of what happened in the session?” Barbara responded:

> What I remember . . . was the trigger that I was working on: “[husband] driving badly.” Of course, that was the truth. He was driving badly . . . . I thought he was going to run over everything, and when I finally said, “Stop, slow down,” he was not paying attention. When we finally got back to the apartment, I was like, if I have to live like this, I cannot move . . . . If I have to go through this every time we go somewhere, I can’t live here. And the triggers were: The driving is scary, but you are not listening to me. The fact that I am scared does not matter.

The researcher asked the second research question. “How, if at all, has this session changed your life and your healing journey?”

> The big picture was that it really doesn’t matter what I feel when I am scared or when I am in pain. It really doesn’t matter. I can’t get your attention. The driving thing was just a classic thing with my dad. I could have been in the back seat and about to pee in my pants and he wouldn’t stop at the gas station . . . . It was kind of like, what I need, what I want, it doesn’t matter because it is just not important.

At this point in the interview, to illustrate the change that had taken place in her life, Barbara described an upcoming event that historically would have caused her panic, but now, after the session, did not cause panic. She said:

> So it is like this new experience. . . .I have to get everything ready to go to Hawaii to teach a seminar in several weeks and it's like, oh shit, Lord, I am not going to be able to do that. But now [after the session], I said, if you open the door, I am just going to do it. He is showing me that He is going to take care of it. It is just going to work out.
>
> I don't have to open the doors, and, if they close God is really good at running that show. I don't have to stress so much. If he wants me in Hawaii, I will end up in Hawaii. And if not, I won't, and it is fine.
>
> And that is much bigger . . . . It is bigger than the details of driving in the car. That was just a symptom of a much bigger thing . . . . It is better when He [Jesus] drives.

The researcher asked the third research question, "How, if at all, has this session affected your practice?

Barbara responded:

> I think, as a therapist, when my client gets really mad at me, like if I were to forget their birthday. They get really mad, and start yelling at me about how terrible I am, and how could I call myself a decent therapist. And they start venting all this stuff that really belongs to mother . . . I just sit and listen first, attune, and affirm. "You are right. I really did forget your birthday. That was wrong. I apologize. That was wrong." That is healing; that is what Jesus did … to me. He did the opposite thing.

The researcher restated Barbara's words, seeking clarification, "Jesus did the opposite?"

Barbara said, "Yeah, He could just stay with me. He did a lot what my therapist [the facilitator] did but, once again, only it was upgraded because it was perfect."

Semi-structured. After the structured portion of the interview concluded, the researcher asked Barbara if he could start the archival recording. Barbara said she was

ready. The researcher and Barbara began viewing the recording together. At 25 minutes into the recording, Barbara and the researcher watched the facilitator implement the "direct-eye" contact technique with her. The facilitator looked deeply into her eyes, and invited the child, who remembered the terror, to talk to him. The researcher then asked Barbara:

> This is what I want to know about: this idea of using the direct-eye contact to speak to little girl place. [The facilitator] is almost singling out a specific child ego state that he wants to talk to who knows about that memory. I think that that is a therapeutic factor, getting into the right door . . . . And when he says those words, "Can I speak – ""

Barbara interrupted, and said, "I cry."

The researcher wanted to gain a greater understanding of the interchange between the facilitator and Barbara's child part; therefore, the researcher asked Barbara to further explain her internal experience when the facilitator said, "I want to talk to that person who knows about," and "There is a place that knows about that memory."

Barbara replied, "I think that that is a very important intervention."

The researcher pointed to the computer screen which was displaying Barbara's face and said that Barbara's eyes "looked like a little girl."

Barbara added, "It looks like I am peeking out."

The researcher said, "Yeah, they kind of turn down."

Barbara exclaimed, "My dad's driving still scares me to this day!"

After another 15 minutes of watching the recording, the researcher and Barbara observed Barbara becoming, on the recording, less emotional and more coherent as she spoke to the facilitator. After a brief discussion, the researcher asked Barbara to explain how she made meaning of the shifting she experienced between her child and adult states. Barbara offered the brief explanation, "So I found the story from my child and now I am

telling it from my adult." Barbara continued to explain, "Making eye contact with child parts. That is a way to bring them out."

The researcher remarked that, at that point, Barbara's eyes, "looked scared," and added, "Your eyes go through all this wide range of expression in this session."

Barbara replied, "And he [the facilitator] is looking right at me!"

The researcher pointed out that, in the recording, shortly after a time of emotional intensity, characterized by crying, Barbara started to explain to the facilitator what she thought was happening. The researcher inquired whether Barbara was attempting, at that point, to take a time-out from the session.

Barbara responded, "I think a piece of the wound is that he was dangerous. I think part of the theme is: he [dad] is unpredictable; you can't correct him; you can't talk to him. He explodes so he is scary."

Barbara continued to watch the recording and commented on the explanation the facilitator was providing to her regarding child part dynamics. She looked at the computer screen and said loudly, "[Facilitator] that is enough!" She turned to the researcher and said, "I know he [the facilitator] is trying to help, but it is distracting. I got it." Then, still observing the recording, she added, "There is the adult again."

The researcher reflected Barbara's observation, "You shifted states pretty quickly." He then continued to observe and said:

> The facilitator said, "We will talk to the Lord about the memory picture." He, as an adult, will help bring it to the Lord, get words for it, and get the feelings articulated so that the little girl has the ability to bring it to the Lord . . . . Does the facilitator act as a third person, bringing your needs to the Lord?

Barbara replied, "Ya, kinda."

Summary. In both sessions Barbara worked on ameliorating a general emotion characterized by "not feeling safe." She openly stated, "These are from my dad. He is not safe." Her statements such as, "I will not be taken care of;" "Nobody will come and help me;" "It doesn't matter what I do;" and "Nobody will come;" are examples of pervasive thoughts she reported.

In the first session archival session, the facilitator tried to reactivate unprocessed childhood memories that contained these beliefs. However, since Barbara was not able to stay connected to these memories, the facilitator switched strategies. He and Barbara spent the remainder of the session trying to removing the defenses Barbara had adopted to guard against feeling painful emotions. At the end of the session, Barbara offered prayers of forgiveness toward those who had hurt her. Afterward, she reported that something had shifted in her perception of her father.

In the second session, the facilitator worked to establish an interactive connection between Barbara and Jesus. He did this by asking permission to speak to Barbara's childhood state that carried the painful memory. Once the facilitator attuned to that childhood state, he asked the "little girl" if she would be willing to speak directly to Jesus. Barbara reported that Jesus provided the little girl with contradictory, juxtapositional experiences that let her know He had been caring for her even when she felt alone and frightened. In the interview portion of the exploration of Barbara's experience, Barbara reported several concrete data points as evidence of changes that occurred as a result of Inner Healing interventions.

Patricia

Patricia is a 42-year-old African-American woman born in Texas and raised in a large, extended family that placed value on Christian traditions. Patricia embraces these traditions, and places primary importance on family. She considers her nieces and nephews her "kids." Patricia likes the vibrancy of city life, and lives in a high-rise in the middle of an affluent neighborhood.

After graduating from medical school, Patricia moved to a large city for residency, and has stayed to continue her practice. Patricia is board-certified in pediatric, adolescent and adult psychiatry. She seeks to integrate faith and science in her practice. For the past 15 years, Patricia has worked in hospital settings supervising teams of mental health care professionals. Patricia also maintains an office where her primary focus is psychotherapy.

Patricia has attended the Lehman Mentoring Group from its inception. She has been a missionary to Africa, and has started a non-profit mission's organization. Patricia attends a large non-denominational, multi-cultural church.

Exploration of First Inner Healing Experience. This 90-minute Inner Healing session was the second-earliest recorded archival session of all the participants. The Theophostic model can be seen as the primary model utilized. However, elements of the Immanuel model can be seen to emerge. For example, the facilitator defers to Jesus at critical junctures in the session.

Patricia came to the session without naming a presenting problem. She reported a deep sense of dread when thinking of the session, and defended against the facilitator's suggestion of going to traumatic memories by being aloof and distant. After the opening

prayer, Patricia reported feeling overwhelming emotions of fear and panic as she accessed early memories of being ripped away from house to house as soon as she established a connection with caregivers. Patricia said, "I am always waiting for the other shoe to drop." After accessing that thematic memory package and entering into the painful memory, Patricia reported experiencing a faint sense of the attuning presence of Jesus. She said He gave her insightful visions that built capacity to access trauma.

However, before these memories could be accessed, many defenses had to be eliminated. For example, the dynamic of agreeing to accept feelings of hopelessness and despair in order to ameliorate pain was elucidated, and then dissembled. Subsequently, Patricia said she was able to perceive Jesus vaguely. Patricia reported that Jesus gave her two opposing visions. She switched attention between these visions. One was of God's great plan for her life, and one was of loosing attachment with significant caregivers. Both positive and negative emotions seemed to be evoked simultaneously.

Physical evidence of switching between these opposing visions was observed. Rapid eye movements, as well as the incongruence of crying while smiling were seen. This session produced three major outcomes: first, a maladaptive system of defenses was illuminated and slowly dissembled; second, Jesus began to provide the requirements for future reconsolidation of traumatic memories; third, Jesus instilled hope by implanting a vision of His great plan for her life. Jesus did this by reconsolidating (see Pedreira, 2004, et al., for discussion) Patricia's dread of "shoe to drop" memory in an ironic manner when he gave Patricia the capacity to reactivate the memory and then provided a novel and contradictory perception of that thematic memory package (see Pedreira, 2004, et al., for discussion of contradictory experiences).

First archival session: Selected portions. This section offers selected verbatim content from Patricia's earliest recorded Inner Healing session. Salient segments of the session are presented so that the reader may conceptualize Patricia's in-session experience.

At the start the session, Patricia appeared avoidant and aloof. She laughed, and shook her head from side to side as a smile covered the left side of her face. She said, "You can try "whatever" because I really don't have anything to talk about, nothing interesting." Continuing, her smile faded as she explained, "My life is filled with overwhelming day-to-day responsibilities. I don't know if I am going to be able to deal with it." She continued, "I wake up in the morning with a deep sense of dread, and I live in a numb zone." The thought of doing this session brought Patricia despair. She explained:

> There is something that feels sad, but there is not really anything about it. It seems like I really don't have a lot of joy, at least not like the kind you read about in the Bible . . . . I just have never felt happy or expressive.

The facilitator commented, "You have such a great smile, I don't always get to see it," and then suggested opening in prayer to see if a trigger could be found.

Patricia responded, "You don't have to ask, just go ahead."

After the opening prayer, Patricia began to access strong feelings of sadness. The facilitator prayed: "Lord, reveal to Patricia what those feelings are all about."

Shortly thereafter, Patricia held both hands up to cover her face and began to cry. She reported deep panic and despair as she accessed memories of an infant being ripped away from her grandmother's house, back and forth from different households, from grandmother's, to aunts', and then back to a mother and father she didn't know. She

explained that she was feeling deep attachment pain and loss. “It is just, in my family, there was just all this unpredictability. You might get yelled at . . . . I am always waiting for the other shoe to drop, and it is a big shoe.” Weeping, Patricia blurted out, “Good things are not going to last. Something would be mocking me when they got taken away.”

The facilitator intervened, suggesting Patricia bring this thought to the Lord: “Would it be okay say, Lord, where is this coming from?”

Patricia said, “God, what do you want me to know about growing up? . . . There is just such a weird thing about this!” Patricia reported that Jesus began to speak to her about His great plan for her. She reported He said, “I want you to think about standing out.” Patricia explained the vision that He gave to her as a young child. It is a vision of greatness. In this vision, Patricia is very important. She characterizes her personality as “big” and her calling “big.” She is in front of thousands of people teaching. Patricia expressed her grief to the Lord: “I have lost so much time.” She reported that Jesus told her, “Even I had to learn to walk.” Patricia responded, “I will be rejected, what if they don’t smile? . . . I will look stupid.”

Patricia reported that she got a picture of a little kid walking around on the tops of adults’ feet while holding the adults’ hands. She explained, “Jesus is showing me that as a little kid, I had to move around from mom’s to grandma’s to aunt’s [households] as one with adult’s feet, but, at that time, I did not have the adult’s feet.” Patricia’s eyes began to switch back and forth. She looked away with fright in her eyes, and expressed the thoughts that came to her: “I’m always expecting the train wreck . . . . Good things never last. You don’t deserve it . . . . I don’t want all that responsibility . . . . Jesus is showing

me, I am a little body in big people's shoes." Patricia turned to the facilitator and said, "I can never get to the bottom of the dread thing."

The facilitator utilized the Theophostic technique of "stirring up the darkness" as he restated to Patricia her dread and the train wreck memories, bringing the beliefs embedded in those painful emotions to the forefront of Patricia's consciousness. Afterwards, he intervened with prayer, "Lord, show us the next step."

As soon as that prayer was offered, Patricia reported:

> I see a spirit hanging over my bed . . . . I need to cooperate with this thing.What would it be like if I would be all that I could be, if I were out there? The Lord is showing me the pain of being in big shoes with a small body. The part of me that really drags is the demonic dread that has attached to me. The dread thing protects me so I don't have to be bigger; expectations are too high. I check out automatically. Isn't that funky? I know that place, something is just splitting away.

The facilitator intervened with an explanation, "Underneath the sedation provided by the dread thing, there is a sense of fear and panic. Hence the question: What would it be like, [what would] happen if you let go of the numbing emotion? Panic would ensue!"

Patricia responded, "I have a vision of being a leader, but I really don't know if I want to be out there. I'd have to be superwoman."

The facilitator intervened, "What would happen if I had to get rid of this dread cloud thing, this demonic thing over my bedroom, my whole life, this whole vision of being bigger?"

Patricia said, "I would fail. I would blow up, be a fraud . . . . My head feels heavy. I am separating out kind of automatically. I just want to crumple . . . . Something is splitting away."

The 90-minute session concluded, and the facilitator offered the closing prayer. In the 10-minute follow-up discussion, Patricia was able to recap the session with both the facilitator and the group. She appeared to be coherent and emotionally stable.

First research interview: Selected portions. The research interview is a two-phase, structured and semi-structured interview. In the structured interview, three scripted questions were presented to the participant. In the semi-structured portion the researcher and the participant viewed the archival recording conjointly while commenting on the experience.

In the structured part of the interview, Patricia explained in further detail her attachment to spiritual forces, her thoughts regarding Christian therapy, and how her understanding of attachment helps her practice. In the semi-structured part, she offered an explanation of how she felt shifting between the vision God had for her and the vision of the memory that produces painful separation anxiety. Patricia also gave an explanation of what it feels like to hear Jesus. Finally, Patricia described an ironic vision concerning the earlier-mentioned "shoe dropping" in which Jesus provides attunement, and shows Patricia that He really does understand.

Structured. After greeting Patricia and reviewing the appropriate documents (e.g., informed consent, scripted readings, and appendix information), the researcher asked the first question in the structured interview: "Please give me an overview of what happened in the session?"

Patricia responded, "There was some kind of demonic interference on this one, and I don't think I was really ready to let that go."

The researcher said, “I was thinking just how easily that seems to roll off your tongue.”

Patricia said:

> I shouldn’t say interference as much as, and it does roll off easily now, it didn’t in the beginning, but I just kind of recognize that there are places and choices to not do the right thing. You know, to be in sin, basically, so then you have a spot for the enemy to take up ground, and then you either want to get rid of it, or you don’t.

The researcher asked the second question in the structured interview: “How, if at all, has this session affected your life and your healing journey?”

Patricia responded:

> This session was a lot different than when I first started. When I first started, I thought that this was bullshit.
>
> I was desperate to try something that would eliminate this despair. I got into this because nothing else worked in regular therapy; so I wasn’t coming here thinking that this was great. I think that, if I had not have been so desperate, I would not have done this. I thought that Christian therapists were just kind of whacky, out there and messy, and I did not want anything to do with that.

The researcher asked the third question in the structured interview protocol: “Okay, how, if at all, has this session affected your practice?”

Patricia replied:

> I think that I have a good sense of attachment and loss. I don’t think that I would have thought that this was a big deal when I started doing this work that it would be a big deal to go from my mom to my grandparents to my mom again within the first year and a half of my life . . . . I think, in my professional life, I am really aware of that. I work with a lot of these [Child Protective Services] wards, and so they are always getting bounced around, and even if it’s just getting taken away from a parent, even if they are abusive, there is still a bond. So that’s a trauma to just take the kid away.
>
> So I try to put that into the discussions with people who are making decisions. I think that’s good, and also the whole idea that you need more than just regular therapy and regular medicine. Try to encourage people, if they do have spiritual

> beliefs, to try to use those recourses. I think, over the course of the years, I have gotten a little less afraid to say crazy things to people. Do you know what I mean?
>
> The researcher expressed his understanding of miss-attunement pain to Patricia.
>
> Patricia continued:
>
> You shouldn't say this about God, and you shouldn't bring this up . . . really, if people have a faith, you can ask them, and I think if it is Christianity, you can go a little bit further. But it is a little bit scary. You know, one of the things that I have noticed recently, and that has changed, and that is kind of pushing the boarders. I have started thinking about doing Inner Healing – Immanuel or whatever you want to call it. And when I tell people about it, it does feel kind of scary and crazy . . . who is going to believe that you can connect with God, and get this healing. So it feels really weird to say it, but the more I've been saying it to people, the more it sounds less odd.
>
> So one lady called in, and said what kind of therapy do you do, and I kind of said, [to myself] "just go ahead and tell her." So I did, and said, "Is this anything that you are interested in?" And she said, "Yes, this is what I am looking for."[Patricia explained] I think that God brings things around once you are ready. So the more you say things, the less crazy it sounds.

Semi-structured. The researcher asked Patricia if she was ready to watch the archival recording together, and she consented. Five minutes into the recording the researcher said, "After the opening prayer, it seems like there are a lot of things happening. Is there anything happening [internally] at this point?"

> Patricia responded:
>
> I really don't remember (long pause) looking at that, it is so bizarre. There are a lot of nervous ticks and habits. I seem very cold as I am watching this. Oh my God . . . . I am looking kind of dissociated right now. I am looking at my face, and I am showing a lot of signs of dissociation. I'm just not there. I can feel that.
>
> The researcher pointed his finger toward the computer screen, pointing at Patricia's eyes, and said, "You feel that right now?"
>
> Patricia replied:
>
> Even right now, I look at my eyes and face, but it is not matching up with (long pause) . . . my eyes are kind of dazed right now . . . and I am shutting down, and I

> am sometimes silly. I am trying to quiet everything down . . . . I told him [facilitator] this: that I want him to quiet down because when he talks, that gives me a way out.
>
> Whatever the pain is, or whatever I am trying not to feel, it just keeps getting bigger and bigger because he just keeps pointing it out. And I think it wants an expression. There is a part of it that doesn't want to express it. But I think that there is another part that needs to express that. And somewhere the scales just tipped . . . I had to just let it out.
>
> I tend to do a lot of switching . . . of emotional states. So sometimes I have all this feeling, and then it goes away. Like I can't find it, like it went away, the mental state.

The researcher asked, "What thoughts were flashing through your mind at that point"?

Patricia responded, "That I was going to have to cry, which was not a good thing because I did feel like I was hearing from Jesus about the whole crying, and it is not futile."

Inquiring of Patricia's understanding of the phenomenon of experiencing the presence of Jesus, the researcher asked, "So you were hearing from Jesus?"

Patricia responded:

> He was saying crying is not futile, and, like they were saying in a Sunday school class like crying is really a prayer and God know what that means. So I did feel like Jesus was talking to me. So once he starts talking to you, you know it's kind of hard to go back.

Tracking with Patricia's thoughts, the researcher responded, "I think so."

Then Patricia continued:

> I'm always was a little bit surprised, like, "Oh, I guess you are answering me, you're really here, and, oh you really do care about this, and you are trying to help me." Because my thing is, no one is going to show up, and I am going to have to do it on my own. No one cares. I can't really count on you. So it is a bit surprising that He shows up, and brings something that is beneficial. It kind of goes against all my childhood lies . . . . "He won't show up and He doesn't care."

The researcher inquired further of Patricia's understanding of perceiving the presence of Jesus. He encouraged Patricia, and asked, "You have done a great job, but I am digging deeper. How does he surprise you?"

Patricia continued:

> He says some things that I did not think that He would say to me. Or maybe it is what I think that he would say to me. But somehow it resonates different in my spirit. It would be different if someone were to say it on the outside. It is different than when He says it.
>
> And the one thing that I like about Jesus is that he knows my personality, like he knows that I am kind of a smart ass. I am a smart ass. So sometimes he is a smart ass to me. He knows how to talk different. When He talks to me, He talks to me like He knows me. So it feels more intimate. It is a deeper answer, something that is not just going on in your head. We have all heard that Jesus loves you, but when He says it, it does not seem trite or superficial. It seems like it's not just in your head.

The researcher asked to further understand the meaning Patricia made of the experience. He asked, "Where is it?"

Patricia continued:

> I think it is in your heart. It is your spirit. Something else in me gets it, like a deeper space, a deeper, I don't know. It bypasses something, but it definitely is not in my brain. There is like fullness to it. It is not superficial or trite.
>
> Sometimes He talks to you like a kid, depending upon what state you are in. So if I am more in an adult state, He talks to me like an adult. And if I am in a child state, it is more basic. I think that He treats little kids different than he does as adults.

After this interchange with the researcher, Patricia turned her head away and back toward the video screen, and she continued to view herself. After a few minutes, she said, "I am so ready for it [the archived Inner Healing session] to be done. I am so sick of this session I am usually ready to end about five minutes into it."

Exploration of Second Inner Healing Experience. The second session was conducted six years after the first. While viewing the archival recording, clear indications of the emergence of the Immanuel Approach were observed. For example, to foster a relational connection characterized by contingent responses, the facilitator intervened by coaching Patricia to bring every thought, image and sensation to Jesus for explanation.

Before the opening prayer, Patricia described a previous session in which she accessed a painful memory that elucidated an attachment to spiritual forces. She reported that it was revealed to her that the agreement she had made with spiritual entities to mitigate painful emotions also mitigated positive emotions. Additionally, she reflected that this dynamic hindered her ability to perceive Jesus' presence.

In this session, Patricia came to understand the relationship between the distrust of authority caused by early attachment breaches with her caregivers and her distrust of Jesus. A breakthrough came in the session when a guardian lie was exposed. After eliminating this blocking belief, Patricia chose to enter a memory containing early attachment pain. Once Patricia entered into the memory that contained the pain, she was able to perceive Jesus' presence, and then He provided a corresponding corrective emotional experience.

Second archival session: Selected portions. In the second archival session, selected portions of Patricia's in-session narrative are offered. At the beginning of the session, Patricia sat down and told the facilitator, "I am really sad, but I don't know why I am sad." As in the first session, she expressed dread at the onset. She said, "If good things happen, I will be alone, and this will be worse." Before the opening prayer, Patricia told the story of accessing memories from a previous session:

> I came home from a Catholic elementary school in which I had just been enrolled. I felt alone and afraid since I was the only African-American, and one of the only non-Catholics in the new school. I huddled behind a door, and began to pray the rosary asking for God to be with me. I could only perceive a faint sense of the Lord.
>
> Jesus showed me that I allow demonic forces to join and enhance the negative emotions of dread and despair. Over time, it acted automatic.

The facilitator discussed with Patricia the possibility of covert agreements between Patricia's internal child ego states and spiritual forces that work to mitigate attachment pain by enhancing feelings of dread. He posed a hypothetical question, "What are you afraid will happen if they are gone?"

The facilitator and Patricia then discussed a strategy for (a) staying connected with the emotions surrounding the events in the memory, (b) finding out what that little child who went through the memory believes about the memory, (c) exploring the beliefs that are irrational regarding the memory, and (d) discerning the agreements that were made resultant of the irrational cognitions.

Patricia said, "The thought is: I will be alone, and nobody will love me."

Strategizing, the facilitator said that this thought may be "memory-anchored" and suggested opening in prayer. In the opening prayer, the facilitator asked Jesus to help Patricia perceive his presence. After the prayer Patricia said that Jesus showed her in a vision:

> The little demonic forces were pretending to be helping her, but the big demonic forces were squashing her, like with, a board, but Jesus was over the big ones and the board, protecting her. . . .The demons purpose was to mute things, both the unpleasant and the joy that comes from the Lord.

Before he and Patricia discussed what the little child felt about cooperating with the demonic, the facilitator coached Patricia to enter deeply into the memory, as if she

were re-experiencing the memory. Together, they explored why she, as the little girl, might feel the need to make agreements. The facilitator empathized, describing how painful it can be to go through the embarrassment and shame of abreacting. Patricia continued processing:

> Pride is kind of the hook. I think that I am really afraid and what will I have to go through in order to get healing. It feels like there were a lot of tricks when I was a little girl; when I was being bounced around from grandma to other relatives and mom and whatever. She [the little girl] is dealing with going to tremendous attachment pains that might not be worth going though.

The facilitator empathized with Patricia's pain again:

> It's like saying, we are going to save your life, but we are going to have to amputate your leg, and we don't have any anesthetics. So here is a rag to bite on, and look the other way. Maybe that is one of those where you say, just let me die.
>
> If we can focus on the guardian lie fears, any clarity that we can get of what we are afraid of, it helps to speak directly [to Jesus], even if we don't perceive Him, about those fears, and ask for His truth, and ask Him, "What am I going to have to do?" That seems to help.

Patricia entered deeply into the memory and re-experienced an overwhelmed child state. The facilitator worked to help the little girl find the words that accurately described her emotions. He then coached her to speak these words directly to Jesus. While crying, Patricia told Jesus in, a whispering voice, how she was feeling. She paused and said:

> I feel like He understands me, like He knows what it is like to suffer. He knows how big that is to me . . . like he experienced pain and suffering, like a person. It's like He's bleeding (Patricia paused and looked at the facilitator), but He won't fall asleep on me though, like His friends did . . . . It feels like He is telling the truth, and to be trusted. But I am still scared.

The facilitator asked Patricia to name her feelings of being deceived and tricked by authority figures, since Patricia had reported that she believed her confusion and disorganization stemmed from being transferred from home to home as a child.

After collaborating with the facilitator to make an agreement of trusting Jesus to be with her in the pain, the facilitator suggested to Patricia to go back to the place where Jesus just had just spoken to her, and ask Him, "What else do you want me to know about that place of pain?"

Patricia did this, and then covered her eyes and cried violently for five minutes. Next, she popped her head up, smiled, and said, "Jesus told me, "One of the lies is that the pain will really kill you." It was a lie. Pain will not kill me." She chuckled and said, "It feels like a relief."

The facilitator coached Patricia to once again go back to the place where Jesus just spoke.

Patricia prayed, "What else do you want me to know about that place of pain?" After the prayer, Patricia reported:

> I feel a little bit of delightfulness, and Jesus is holding all these little kids in the light, and there is darkness all around, and if I could feel anything, it would be: somewhere there is delight and joy. I don't feel strongly connected to it, but it brings joy. But that seems fine.
>
> All the little kids are climbing around on His lap, and when I thought that the kids started climbing around on Him, I feel like the kids got closer . . . they were sitting on Him, and, man, it just feels like there are more experiences. I have to feel joy first. I need more time or experience.
>
> The kids were all playing, and then they got hungry, and then they wanted Him to feed them. And then there were a bunch of Jesuses [sic] to feed all them and give them something to drink. And they [the children] were all saying, "Feed me, feed me, feed me." . . . they all want attention, and they all want to have Jesus give it to them personally. (Patricia smiled a huge smile.) It is kind of funny.
>
> The facilitator asked, "Does that feel real?"

Patricia responded, "I think so." And then Patricia told the facilitator how she wanted to close the session:

> I think what we want to do is to spend the last few minutes to pray for me, and to bless my spirit. What it feels like is that a lot of things have come up, and somehow it feels like I need some encouragement. Sometimes I think there is a part of me that just wants to quit, and be a homeless person. They have a certain amount of freedom. You can't fire them. They don't have to have insurance.

Second research interview: Selected portions. The second research interview was conducted in Patricia's office. This two-phase structured and semi-structured interview took 90 minutes to complete. The researcher read the pre-interview script, and chatted for five minutes to establish a tone for the second interview.

Structured. After the short conversation, the researcher asked Patricia to provide him with an overview of what happened in the session. For the next five minutes, Patricia explained how Jesus started the process of altering her relational templates. At the end of the five minutes Patricia summarized, "Jesus is securing the attachment . . . . So part of it, I think is Him securing the attachment with Him."

The researcher moved to the second question. He asked, "How, if at all, has this session affected your life and your healing journey?"

Patricia said:

> I think that it is easier to take risks . . . . It is a lot easier to connect with Him, and let Him be there, and figure things out . . . . But I think that it is deeper.
>
> I think that I have the capacity to work at a deeper level, to tolerate more despair than I was able to in the beginning, and to let people be with me when I am in despair because, in the beginning, I would generally rather be with myself if I was really sad . . . . I think, now, that is not the case.

The researcher asked Patricia the third research question, "How, if at all has this session affected your practice?"

Patricia responded:

> Globally, these sessions have helped me be more present and more empathetic with people, and in some cases, more patient in getting where they are coming

> from, where they get stuck in these little places . . . being aware . . . that even though people might present as grown-ups, you are not really dealing with a grown-up.

Semi-structured. The researcher transitioned to the semi-structured portion of the interview. As the researcher and Patricia began to watch the archival recording , the researcher observed Patricia reporting her experience of sitting on Jesus' lap This occurred at about 30 minutes into the recording. He asked Patricia if this was what she was referring to when she described a transformative experience that changed her attachment patterns.

Patricia responded:

> I think probably [I have] a real insecure, ambivalent attachment, and so I think, well, I know that I bring that [overview relational template] to Jesus. I think that He is not really going to be there. He is not really going to show up."

The researcher asked Patricia to explain how she went from thinking Jesus would not show up to perceiving His presence. He said, "At some point you did this shift. How do you think He did that with you?"

Patricia replied:

> I don't know! How does He do that? People can say that, but somehow there is this illustration of being in the garden. Like for this one [session] I didn't want to cry, I didn't want to be sad or humiliated. And so to bring [out] that I have been sad. . . I have been humiliated, so that attunement. You know what I mean?

The researcher replied, "I didn't until a minute ago. But did Jesus show you a picture of Him in the Garden of Gethsemane?"

Patricia responded, "Yeah, so I think that the attunement . . . I really get it. Patricia said that Jesus conveyed the thought to her, "I [Jesus] am not just B.S.ing you. You just don't have to have it kind of in your head that I understand you. I will show you that I know how you feel."

The researcher asked Patricia if she had a picture of Jesus in the moment. He said, "And then you had a picture of . . . – "

Patricia interjected:

> Yeah, I did . . . . And the whole thing that you [Jesus] are not going to leave me . . . is the image of Jesus showing me that the disciples fell asleep. "But I [Jesus] am not going to fall asleep." I was worried that He was not going to be there. So by showing me the garden, He showed me that He knew what it was like to be alone, and sad, and that He was not going to be like the disciples and fall asleep on me. So that was a big thing, and a big part of attachment . . . . That was very intimate, very personal.

The researcher asked Patricia to describe the picture of Jesus and the children in more detail.

Patricia responded:

> The picture is Jesus in a rocking chair holding this baby, and maybe it is a nursery room. But there is a circle of light, and He is in the light. There is darkness around the children. The darkness is in all the corners, but there is a spotlight in the middle.
>
> I assume that they are all me. I don't know why there are so many. It seems kind of weird. But I have a feeling they are all me. And then all the kids were hungry. They all wanted to be fed by Jesus. I am sure that means something.

Summary. In the first session, Patricia said she was reluctant to endure the pain she thought would be required to experience healing. Nevertheless, tired of feeling numb, she said she would try. When the facilitator suggested to open in prayer, and to see if a trigger could be found, Patricia said with resignation, "Just go ahead." The majority of the session was spent trying to identify the source of Patricia's dread. A significant belief was identified that Patricia had adopted, which was, "I will never go to the pain because it will kill me." Once this irrational belief was changed, Patricia was able to perceive a faint sense of God's presence in her painful memories.

In the second session, Patricia reported a vivid experience in which several small children became intimately connected with Jesus. Patricia reported that she thought all of those children were representations of internal child states that lacked nurturing. She said:

> I assume that they are all me. I don't know why there are so many. It seems kind of weird. But I have a feeling they are all me. And then all the kids were hungry. They all wanted to be fed by Jesus.

Once these parts were able to express themselves to Jesus, Patricia reported she was given a corrective experience that secured her attachment to Jesus.

Rebecca

Rebecca is a 64-year-old Caucasian female. She has children and grandchildren. Rebecca lives in the suburbs outside of a large Midwestern city. She enjoys going into the city to experience the arts and enjoys entertaining at her home. She is very active in her grandchildren's lives and loves cooperating in the extended family plan in caring for them.

For the past 28 years, Rebecca has worked as a licensed clinical social worker. She is certified in art and play therapy. She utilizes these therapies to help both children and adults process trauma through research-based, non-verbal modalities. Rebecca recently returned to a major university to do post-graduate work to discover cutting-edge ways to help her clients find healing. She has been in the Lehman Group for over 10 years, and utilizes elements of Inner Healing in her practice.

Rebecca is a Christian who practices Roman Catholic traditions. One of her stated goals is to facilitate the reconciliation process between peoples of different Christian denominations. Others in the group have said that Rebecca has a gift to bridge different denominations by seeing intersections.

Exploration of First Inner Healing Experience. The session was recorded at the early stages in the formation of the Lehman Group. At this time there was a shift evident in the group away from the Theophostic technique of trying to reactivate unresolved memories utilizing painful emotional cues (i.e., stirring up the darkness. Smith, 2000. pp. 66-68). Reflecting this shift, the facilitator practiced relying on Jesus to provide Rebecca with capacity to bring memories forward. For example, the facilitator began by speaking to Rebecca and then intervening with prayer saying:

> How about if we do the opening prayer, and you just kind of focus on the target and then we will just go with whatever is coming forward. And it is our job to pray, and it is your job to just pay attention to what is coming forward. "Lord we would ask that you reveal to us any specific issues that you wish to address. We ask that you direct any thought, image, physical sensation or emotion that comes to us."

At the start of the session, Rebecca presented the problem of feeling shamed, ignored and invalidated at her recent birthday party. Rebecca built capacity, early in the session, to reactivate painful childhood memories by receiving attunement from Jesus. The common theme in all the reactivated memories was a feeling of being excluded and taken advantage of by her mother. Rebecca called this theme, "The Cinderella Thing." Rebecca explained that she was the oldest sibling and was given responsibilities that surpassed her recourses. She reported this dynamic left her feeling a sense of shame.

In the middle of the session, Rebecca accessed several childhood birthday memories in which she said she felt painfully and intentionally ignored. She focused on a childhood memory of a six-year-old birthday party which contained the emotional content that represented the Cinderella Thing. Rebecca received vivid, surreal imagery containing abstractions of how she felt during her birthday.

The session ended with both the facilitator and Rebecca perplexed as to the meaning of the vision. The facilitator commented, "It all seemed to be going well until we came to that six-year- old, hiding in the closet in your birthday memory." Although the session ended with Rebecca reporting that the feelings associated with, "The Cinderella Thing" were gone, she did not understand why. She reported to the researcher as he walked into her office to conduct the first interview that the understanding came over seven years later.

First archival session: Selected portions. This section offers selected verbatim content from Rebecca's earliest recorded Inner Healing session. Salient segments of the session are presented so that the reader may conceptualize Rebecca's in-session experience. After the opening prayer by the facilitator, Rebecca said:

> The Lord brought to my mind that if I hold my hand out, He [Jesus] will hold my hand. It's like surgery even though it is painful; it is something that will be better afterward. And it is something that I need to deal with. He will help me.

Rebecca continued and said that during, the prayer, the facilitator said, she felt, **"**Shame from back in childhood for feeling all the responsibility without being loved, and things trigger it." Then Rebecca explained the trigger that was brought forward:

> One of the triggers was last Wednesday. It was my birthday. It was the Cinderella type of thing. My daughters gave me gifts. My husband got me a gift. But it was still kind of a forgotten type of thing.

Rebecca explained the triggering in more detail:

> In every one of their [daughter's, husband's] birthdays I did something special, made them a cake, got them something they wanted. But with me, it was nothing. I felt disappointed . . . they could have gone anywhere to get a cake and stuck a candle on it, but nothing. It triggered this thought: I do everything, and I get nothing!

The facilitator intervened by utilizing the emotional cues Rebecca had expressed to reactivate implicit memories, making them labile and modifiable. He said:

> Right there, focus on that. It sounds like you were expecting that, this is how our family does it. But it didn't happen, and you were hurt. Is that right? So right there, I'm the one who makes it happen. But when it's my turn?"

Rebecca responded:

> Now I am feeling the shame for feeling that way. Why is that so important? It is silly. Aren't you mature enough? . . . Now I am hearing my mother's voice, "Offer it up to the Lord. Offer it up!" That was a way that my mother could prefer others to me and then tell me to, "Offer it up!"

The facilitator said, "So just stick with that experience, that invalidating from your mother."

Rebecca said:

> What comes to me is a memory of my third birthday. I was sitting in the kitchen and my mother was combing my hair. And there were balloons and tables outside. And I don't know if this came from my mother, but I think it did, the words, "I hope someone comes." I was afraid of that, and it was intense.

The facilitator said, "Feel that: Maybe nobody will come. I hope somebody comes . . . . So Lord, what do you want Rebecca to know about that? . . . Just pay attention and describe out loud what comes."

Rebecca reported, "The memory is frozen. My mom is just standing there with the comb over my head."

The facilitator intervened with prayer, "Lord, what is standing in the way of this memory playing more fully?" Then he said, "Just report what comes to you: thought, emotion, physical sensation."

Rebecca: said, “Well, I still have this tenseness in my stomach.”

The facilitator intervened with prayer, “Focus on this tenseness. Lord, what is this tenseness in the stomach?”

Immediately Rebecca said, “Dread.”

The facilitator said, “Okay, feel the dread, and try to pay attention to the words that best describe what you are afraid will happen.”

Rebecca said, “Nobody will come. Nobody loves me . . . . and my mother’s face. There is kind of a thing, a demonic thing in there . . . It’s hard for me to describe it fully. It is her, but there is something behind it.”

The facilitator intervened with prayer:

> Lord Jesus, we ask that you would designate all demonic spirits that you wish to reveal at this point . . . . We command all demonic spirits at this point to reveal exactly what He has required you to reveal.

Rebecca interrupted, “Oh! Hatred, Hatred from this demonic being toward me! [It] wanted to kill me!”

The facilitator intervened and prayed, “So look right at that. Lord, what do you want Rebecca to know about that?”

Rebecca said, “That I was afraid of my mother, so afraid. Afraid to the point where I thought I would die, I guess.”

The facilitator said, “Feel that: “Maybe nobody will come. I hope somebody comes” . . . . So Lord, what do you want Rebecca to know about that?

For the next 20 minutes Rebecca reported that she was given revelation into the beliefs that originated from, The Cinderella Thing, dynamic. Rebecca said that these beliefs contained the thoughts of: “I am worthless; No one would be interested in me;

and, I am no good." She reported that she was given insight into a historical relational template concerning her mother's hatred of her. Rebecca reported that, she ended up in a sibling rivalry position with her mother, and her mother would always win because she was bigger and smarter than her. Rebecca said:

> It came to me that it is still in her now, and [that] my grandmother who loved me . . . saved me. The thought that I wasn't afraid of anyone else in my life the way I was of my mother. I thought that was normal parenting.

The facilitator intervened and prayed:

> I am just wondering if there is a little girl in there somewhere that still carries some kind of pain. So, Lord, if there are any child parts in there that still carry emotion or memory, especially, Lord, this thing in the stomach, the clenched, the dread, especially with the pain in the stomach.

Rebecca said, "Okay, got a memory of a bad grade on a report card and I went to hide in the closet." Rebecca explained that she hid in the closet because of the shame she felt for getting a bad grade. She said her mother graduated from an Ivy League school at 19 years old, and she [her mother] would not let Rebecca be the smart one. After explaining, she continued with the closet memory:

> I have a picture of me in this broom closet and the Lord is standing in the closet behind me, and He is holding me. He is saying, "You are so smart." I just visualize Him being with me, hugging me . . . . The thing in the stomach is going away . . . . He is reaching into my stomach where the dread thing is, and He is removing it.

For the next 10 minutes of the session Rebecca reported several affirming things that she reported Jesus had said to her. Rebecca also reported a vision in her imagination. She described this vision, saying, "I see a long dark hallway."

The facilitator asked, "Do you have any direction on what you are supposed to do?"

Rebecca responded:

I am supposed to go down it. There is like an inky darkness at the end that is palpable . . . . I am like walking through it and it is like a heavy mist, only it is a black, wet darkness.

The facilitator prayed, "So what is this about Lord?"

Rebecca said:

I have a feeling that if I go there it is kind of like spelunking, which I dread. Where you go down into this place and you never get out . . . . I will die in there and never come out.

The facilitator prayed, "What is that about Lord?"

Rebecca said:

I feel like I have this whole army of the Lord's soldiers around me. He seems to be opening the door. But I don't want to necessarily go in there . . . . "So, Lord, what do you want me to know?" It is so vague. I hear my mother screaming. I don't even feel like I am a part of that memory, but I am just observing. I can almost see myself as little and I am peering around the door, that door at the end of the hall, dark.

It's not a hall. But it is round, like this tube, soft, misty black.

The facilitator intervened, "Just internally keep giving the Lord permission to show you what He wants you to see."

Rebecca said, "It is stopping."

The facilitator prayed, "So Lord what is stopping Rebecca from going forward?"

Rebecca said:

I see this demonic thing. Here is the door and it is kind of like at an angle. (Rebecca points at something.) It is very clear. I have never seen anything like this. It is red and thin and focused on the intersection. Not the door, but the curve behind the door.

The facilitator intervened with prayer in a calm voice, “So Lord, we ask you designate what you want this demonic spirit to reveal. We command this demonic spirit to reveal exactly what you want it to reveal.”

Rebecca reported some confusing imagery she was experiencing. She said, “The thought of bananas. The demonic thing is laughing behind this thing of bananas!”

The facilitator reiterated the opening prayer commands that enforced parameters for spiritual entities.

Rebecca said, “I see a smashing of these bananas and spirits leaving . . . . I want this to be easier.” (Rebecca and facilitator look at each other and laugh.)

The facilitator prayed, “I ask you Lord if there is any part of Rebecca’s mind that does not want to go forward, that is afraid of what might happen if you go forward, please grant her your grace.”

Rebecca said, “I see that there is a light beginning. It was all dark before but now I see a light . . . . Now I see this little thing and she said, “What if I trip and I fall in there and I can’t get up?””

The facilitator prayed, “So Lord Jesus, what about that? We ask grace to go forward.”

Rebecca smiled, laughed and said:

> That verse, “Angels will not let you hit your foot against a rock.” Like there is an angel there. I am just seeing into that space, it is kind of curved and it is almost like a body part, you know like a cone type of thing and it was soft and it is emanating light. I don’t know.
>
> The only thing I am thinking is something about that being my core. I have a picture of an angel reaching out, reaching forward, and offering me his hand. It seems to be an angel. I don’t know why.

The facilitator asked, “Do you have a sense of what you are supposed to do?”

Rebecca said, “Walk with him. I have little short legs. I am small. The angel is very slow and patient. He is not pulling me. (Rebecca laughs) I am not seeing anything but really blinding light.”

The facilitator asked, “What is the feeling of the blinding light?”

Rebecca responded, “It is not scary”

The facilitator prayed, “So what do you want Rebecca to know?”

Rebecca said:

> From the moment of your conception, I was with you and this is different than any other [session] I have had (starts to laugh again). It is not bad, just a bright, bright light, with like some little bit of blue.
>
> The facilitator intervened, “It seems like the Lord is doing good so just stay with it.”

Rebecca said, “It is funny, that inky black darkness, the quality of the air. It has changed. Instead of that air filled with soot, each particle of air is illumined by light.”

The facilitator said, “So just stay with it. I’m okay hearing this.”

Rebecca laughed loudly, and said, “But is very weird. It is not like anybody else’s [healing session].”

The facilitator laughed, and said, “Well, there have been hundreds of thousands of people in the last 2000 years of church history that have had mystical experiences. Maybe you get to be one.”

Rebecca laughed loudly and said: “I don’t feel mystical.”

The facilitator said, “If you are willing to stay with it Rebecca, I would like to see what happens.”

Rebecca said:

> I reach up, and there are these white roses falling down. Oh Lord, you are so good. I am catching all these white, white roses. "Thank you for your willingness to come with me." That's what the Lord said to me . . . . I see the roses cleansing me from the soot that got on me walking through that black stuff . . . . You can always come here. Don't let things get you so caught up in daily living that you can't be here again.
>
> This is really embarrassing. Why is He doing this? I am embarrassed to tell you this, but He is giving me a diamond ring.

The facilitator said, "The thought comes to me, what happened to that little girl who felt worthless?"

Rebecca said, "She is laughing. She is uncurled."

The facilitator intervened with prayer, "So, Lord, we ask you to take care of this little girl wherever she is."

Rebecca interrupted with laughter and said, "I don't know where I am."

The facilitator said, "The thought that comes to me is that we kind of left the normal world at the closet. What about the little girl that got the tongue lashing?"

Rebecca said:

> I just see this little girl . . . resting her head on Jesus' shoulder. He is protecting her from all this stuff . . . . I am protected. The memory is not gone, but I feel protected in the memory. The little girl who had the thought . . . . What if nobody comes, Jesus said, [to Rebecca] "We will have fun. We will dance."

Immediately after the session, the facilitator explained that sometimes he has observed clients use imagery as a way to avoid doing the hard work of memory reconsolidation:

> Sometimes we will get the understandable, nice memory, textbook edition . . . . But sometimes I will see a session like yours that is not as easy to interpret. The key is the fruit . . . . Sometimes I will get this beautiful mystical imagery, but we go around and around and we will find parts that do not want to go to the memory. I am glad we got this on tape for you to ponder.

> This is one that, as you watch the tape in a month from now, it will be valuable, but if you watch it and see that it was a very creative effort to avoid you from going to memories from your mom trying to kill you . . . it is time to go to these [memories].

After the facilitator closed in prayer, there was a short group follow-up for questions, answers and feedback. The facilitator and three of the participants reported concerns about what happened in the session. One of them asked Rebecca if she felt like the Cinderella thing was still there. Rebecca said that she did not understand the session, or the reason why, but she did not feel the emotions associated with the Cinderella thing anymore. The facilitator said that he will keep the recording in the, weird section, of the archival recordings. Nobody expressed understanding the pictures that Rebecca received; nevertheless, she reported feeling much better.

First research interview: Selected portions. As I entered Rebecca's office space, she met me at the door beaming. She rushed over and said, "I get it! I finally get it. It was a birthday memory!"

The researcher replied, "I know, I watched the recording."

Rebecca said, "No, you don't get it. It was the birth-day memory."

The researcher said, "I know, I know, I watched it. It was about your birthdays."

Rebecca replied, this time more emphatically, "It was a – birth – day – memory!"

Structured. The structured interview consisted of three scripted questions. After a short informal greeting, the researcher said, "Could you give me an overview of what happened in this session?"

Rebecca responded:

> It was kind of the Lord explaining to me, even showing me my birth . . . . The session was . . . the Lord showing me how I didn't want to be born. I had the cord

wrapped around my neck twice, was hesitating to be born, and how the Lord kind of leered me out with his love, and how important that was. Even when I went through a 10 year period of my atheism, He was still there. I was still going to find the truth.

It was kind of an affirmation from the Lord; and how he healed that little girl who had a terrible report card. I had done terribly in school as a little girl, up to college, going from C's and D's to straight A's because I was putting myself through school. When I was home, I was under this tremendous oppression. But when I left home, suddenly I was getting straight A's in college and on the Dean's list.

The researcher asked, "So how, if at all has this session affected your life and healing journey?"

Rebecca answered:

I think that I see all that has happened to me. I was very impacted, obviously, as far as my growing up, as far as negative as it was, as far as developing part of my personality that wants to know truth that is always searching.

I have become aware that [my husband] was my mom well, parts of him. Nobody could be as bad as she really was. I mean she really was. As a matter of fact, my nephew came in about a month ago and we were discussing my mom . . . and he said, "She could die right here tomorrow and I [nephew] would not have one single regret. I wouldn't even think about it because I would be so happy." I mean, she is a flaming borderline.

The researcher asked, "So how, if at all, has this session affected your practice?"

Rebecca answered:

I used to have tremendous self-pity, poor me, it is not fair. But if you can't move beyond that, you are not going to make much progress and you are going to make sure the world around you enforces that.

My ability to see that in others, and not get upset about it . . . . I am able to lure them into seeing themselves as Jesus sees them . . . . Whenever you feel love from God, that is healing and it allows you to empathize with others.

Semi-structured. In the Semi-structured interview the researcher and the participant watched the archival tape together. Each reserved the right to comment on pertinent sections. After the last structured interview question, the researcher asked

Rebecca if she was ready to watch the archival recording together. At three minutes into the tape, Rebecca said:

> I am seeing who my mother is . . . . But in [ten years ago], I was focused on my own emotions, on my own memory. Part of it, looking back, it is evident to me that my mother was working out of her own three-year-old [child] memory. Not only what He is showing me here, but also what He has been showing my family . . . . You see when you have been raised by someone, it is hard to see them as a three-year-old, but that is what the Lord is showing me.

Rebecca watched more of the recording. After 40 minutes, she exclaimed, "There it is! There is the birth memory!"

The researcher asked, "You were not telling the facilitator at this time?"

Rebecca responded, "No! I only saw it last week as I was reviewing the tape. . . .Obviously, when you are in a birth canal, it would be dark. I did not want to go out. There was trepidation there."

The researcher asked, "What do you think made it change to light?"

Rebecca replied, "It is a birth canal. When you go down a birth canal, eventually there will be light.

Exploration of Second Inner Healing Experience. This session was conducted seven years and five months after the first session. By this time, Rebecca had become familiar with the technique that emerged in the Immanuel Approach of starting with an appreciation memory, transitioning to perceiving the presence of Jesus, and then making deliberate attempts to interact with Jesus. Therefore, the facilitator did not at the onset build a sense of appreciation that was independent of the perception of Jesus' presence. Instead, the facilitator blended the initial appreciation exercise with a second, transitional step of connecting with Jesus.

In the session, Rebecca reported that Jesus built capacity during the opening prayer. She reported that He told her, "I am, I always was there to take care of you". As a result, Rebecca said she was reminded of a client, who, rather than being disgusted with her, delighted in her. Next, Rebecca reactivated a seven-year-old childhood memory that contained an image of her mother screaming at her. When Rebecca perceived Jesus in that memory, He provided insights into the correlation between her mother's screaming and her husband's screaming.

While re-experiencing the memory with the perception of Jesus in it, Rebecca was shown that even though, in her words, her mother was, "very intelligent," she had the emotional maturity of a child. Further, her husband often acted out of a similar dynamic. Rebecca reported that Jesus revealed that her disorganized mental state stemmed from her beliefs surrounding the contradiction between her mother's intelligence and her mother's maturity, and that her feelings of disgust originated from this contradiction in her mother. Rebecca also reported that Jesus revealed to her a plan for protection when her husband screams in the future, and a plan to bring healing to her family and her clients.

Second archival session: Selected portions. This section offers selected verbatim content from the most recent archival session available. Rebecca sat down next to the facilitator and began to describe her presenting problem:

> It begins with disgust centering around feeling sorry for [my husband]. I realize that he is emotionally very young, and I am trying to keep that in mind with him and my clients.
>
> Intellectual states do not match up with young emotional states . . . . clients who have emotional states that are two years old, but are intellectual giants . . . . This disgusts me! The left-brain is 50 but the emotional, right-brain state is two. This disgusts me, and I just want to walk away and I would like to get rid of that [problem].

The facilitator discussed a strategy and then opened in prayer:

> My thought is to establish positive connection, and if you are able to do that and perceive Him, we will ask Him about the whole package. This is my thought, Lord, and if He says great, we will go with that, but if not we will follow Him.
>
> We start by agreeing with Rebecca that you would bring forward and remind her of a time when you were with her in a special way, and, Lord in the context of that positive memory that you would reestablish that living and interactive connection; and in the context of that living memory, that would be the foundation of our prayer time today.

Rebecca said:

> The Lord is showing me one of my clients. She is not disgusted with me . . . . When I am with her, I am thinking all the time about personal insight into her. I am supportive of her. I am patient. . . .This lady does not scream or yell. I get uncomfortable physically if someone screams or yells. . . I go into myself and then I let that person kind of flail around by themselves, and I clinch my stomach muscles.

The facilitator intervened and prayed, "A very clear physical reaction, not ambiguous. So what about that Lord? . . . Focus on the Lord [Rebecca] and then ask him."

After Rebecca asked, a memory of when she was seven-years old was reactivated. In the memory, she had decided to run away from home. She packed a lunch, piled some boxes in front of her bedroom door and climbed out of her window. She walked a block from her home and settled down in a familiar park bench to eat her lunch. Within minutes, her grandmother and mother came driving down the block in a big Ford car, screaming out of the window for Rebecca to get in the car. Rebecca described the scene:

> Instead of compassion, all I got was berated [by mother]. Not one time was I asked, What's the matter honey? Not one time was I asked, Why? She [mother] said, "If you want to go live with someone else, go ahead and find someone that will take you." The screaming just felt horrible.

The facilitator said: "So my thought is to ask Jesus into that whole bringing-her home-from- the-park scene."

Rebecca asked Jesus to help her to see Him in this scene, waited a minute, and said:

> Jesus is showing me that mom was only three. What mom needed was someone to come and hug her, and tell her that they loved her. But I was only seven, so I could not do that.
>
> Rebecca reported that that Jesus commissioned her to pray for her family. She said:
>
> I am the person who is to pray for them. I have been given more discernment than them. I have been put in the position to be with others that have also been given this gift…
>
> I am the person who is praying people into the positions that they are in now . . . and for my Mother, who still needs prayer and help now, because she is at the end of her life. [My husband] and my mother are the same… there are so many similarities. He has finally put me into this position. It has gone from that old vision to my family now.
>
> Jesus has told me that to go toward [my husband], but it is hard to go toward someone who is screaming.

The facilitator prayed, "What about that Lord? It is hard for Rebecca to go forward."

> Rebecca said:
>
> I get a picture of Lucy in the Narnia cordial thing. She had a bottle of that [cordial] that healed. The diamond bottle is prayer and His response to me. I get a thought of Paul's epistles where he says to keep the traditions of prayer. Just as the cordial had a miraculous response, the next time [Husband] screams, then turn to Jesus immediately and scream, Jesus help me, He will be there.
>
> The facilitator said, "Not the 100, 500, 700 years waiting, prophetic thing?"
>
> Rebecca said, "No, I am getting the right now."

The facilitator said, "I keep wanting to take the wheel, have a lot of ideas, but Jesus has the rank."

Rebecca said:

> The whole disgust thing, sometimes it just happens when I don't see it. So sometimes, I can't see it coming.
>
> The Lord is giving me something about my mother. It was not all about her screaming. My response to [my husband] was not all because my response to mom's screaming. That had something to do with it, but actually it was my mom being so smart, but still being only three. That is the thing that makes me disgusted. It was confusing to me.
>
> She had the nerve to tell me, "You are having a tantrum and acting three."
>
> The Lord has told me to not teach my husband, I am just to be a channel to love him with the Lord's love. He will pour his love through me. I can't do it.

The facilitator intervened:

> Turn to Jesus. Are you still perceiving the Lord? . . . So when you are with your mother back in the seven-year-old memory, and she is screaming at you, she is doing the whole thing, "If you can get a better mother, go get her." Can you perceive Jesus there?

Rebecca said:

> When I was back in that seven-year-old, He made me strong. He is going to give me the same impenetrability, which is kind of like what I am going to get when I take a sip of that cordial, which is, "Help Jesus! Jesus, Help Me!" . . . . There is kind of like a metal core cylinder going over my spirit. He is showing it to me now. He is showing it to me in the memory.
>
> He wanted me to see that the healing of [my husband] is the Healing of my mother and the healing of my mother is the healing of [my husband]. And that is what he wants to do. He wants to use me to heal them, and he is going to use the core thing to protect me. As soon as Jesus appeared on the scene, I did not feel the pain in my stomach.

After Rebecca reported that Jesus appeared on the scene and provided an experience which made the pain in her stomach go away, the facilitator intervened one last time. The facilitator suggested that Rebecca transfer what she experienced in the seven-year-old memory to the present problem with her husband. He said:

> The last thing I want to do is to have you think about [your husband] screaming at you and we will do the Immanuel thing and see if we can ask Jesus to help you when you see him screaming at you.

Rebecca reported, "He showed me what I would have been, will be able to do if I had this tool that I have now."

Second research interview: Selected portions. The second research interview utilized the same protocol as was utilized in the first research interview. However, in the second research interview an archival recording from Rebecca's most resent Inner Healing experience was reviewed.

Structured. This interview was conducted at Rebecca's office. After the researcher entered the room the interview began. The researcher asked the first structured question, "Before we watch the tape, could you please give me an overview of what happened in the session?"

Rebecca responded:

> I was disgusted with [my husband] because he was acting like a three-year-old, moaning or complaining about this or that, his leg. This was ongoing for the last 25 years when he was having different physical issues. I knew that it had a psychological component, but I would get disgusted because he just sounded like a little baby. That made me disgusted.
>
> [The situation] needed something that I needed to know about. I was to use the cordial to kind of drop on that situation and I would get immediate results from that situation. Jesus would always be there.

The researcher asked, "How, if at all has this session affected your life and your healing journey?"

Rebecca responded:

> It is a very clear conversation with Jesus about how I was supposed to be toward [my husband]. I was supposed to pray for him and just love him. The Lord is helping me to see that three-year-old.

Rebecca explained the cruelty she experienced when she had to return home after climbing out her window to run away:

> What came to me, my mother actually made me try to stand on a ladder and climb back into the window. The fact that she tried to do that and be cruel to me . . . . That just came back to me now. That is what she really did.
>
> I understand that [my husband] was not trying to attack me like my mother [was] For [my husband] he was much younger . . . just wanted mommy. He was just a lot younger, stuck a lot younger . . . . There is a tremendous difference.
>
> I was not really my mother's daughter. I was her sister. She did not look at me as in any way being a child. She looked at me as being the same league as her sister. She was attacking as someone [who is] jealous of her sister.
>
> With my mother it was the fight against something. I don't think that she thought it out. She was just reacting. She perceived it [as] an attack at her core.

The researcher asked for clarification by restating the question. He said, "So that has effected your life then?"

> Rebecca replied:
>
> There are many blessings that came out of Inner Healing . . . . Just healing the places of trauma allowed me to have my confidence increased as far as just spending time with the Lord, rather than, Oh, I got to read these bible verses, I have got to sing these songs. I've got to say "Our Fathers." I got to do this and do that. I really do not do that anymore.
>
> It is just free to be me. [And to] understand that God loves who I am and that I can have confidence that God guides me. I really have confidence that I can trust Him even in scary times. That does not mean that you are not going to go through sorrow, sadness and hardship. But He will be there and He is going to direct and guide me. He is very aware. There are no co-incidences. No accidents so to speak.
>
> The researcher asked, "How, if at all, has this session affected your practice?"
>
> Rebecca responded:
>
> I have a lot more confidence in everything I do. And I am better able to absorb the Holy Spirit during the session.

> I don't hear in the sense that some people do. It is kind of absorbing, and it just comes out what I should say, or how I should lead people, the questions that I should ask. I don't give advice so much anymore. But I encourage people to follow the path that they have found themselves during the session.
>
> It is much clearer and definitive than it was prior to getting Inner Healing for myself. I started in [13 years ago], and I just kind of followed the script. And that was not unhelpful; it was helpful. Now, it is more like I can get it from my heart. That is what I am seeing.
>
> One thing is, now, I really rely on the Lord to bring to me the people that He wants to bring to me. Maybe they are going to come two or three sessions, or maybe two or three years, depending on how the relationship builds or what is the matter with them. But hum, I do not worry about that any more. He brings to me the people that He wants me to see. Now that part of the practice, I have just kind of let that go.
>
> And [I ask] the Holy Spirit for guidance. If I ask in my heart, "Okay, what do I do now? Or, what am I going to do?" He always comes through.
>
> In not so many words . . . the feeling of what might be hindering them [my clients] comes to me. Or, that little girl made a vow, and she does not want to give up, that kind of thing.
>
> My practice is not a business proposition anymore and that is tied to my spiritual life and God directly. They are all part and parcel.

Semi-structured. After the structured interview was over, the researcher said, "Can we start the recording?" The researcher began to play the recording and after 20 minutes he said, "Jesus is jumping between your mom and your husband, your mom and your husband."

Rebecca interjected:

> With the whole disgust thing, my response to [my husband], was kind of created, not so much with my mom being disgusted with me . . . . But the majority of it . . . in seeing her being so extremely intelligent . . . all these academic accolades, but still . . . acting out of the three-year-old much of the time. That three year old taking up so much . . . emotional space, because she has never addressed that or healed that.

The researcher asked Rebecca about her reporting, in the video that the Lord was showing her insights. The researcher said, "The Lord is showing you a picture of mom's screaming and then showing you [your husband's] screaming and then connecting the dots."

Rebecca replied, "Jesus was showing me that I could not do it. He was going to do it."

The researcher asked, "So after the session, did you have any occasion to be with some people who triggered you with screaming?"

Rebecca replied:

> After the session, I got triggered, and was not able to ask for the cordial. Other times, I asked, and it helped. I know that God has plans for us that probably could not take shape if [husband] were to be with us still.

The researcher said. "It seems like a lot of the things in this session were kind of preparing you, in a way for [husband's] death."

Rebecca responded:

> It was – it was. What I did not understand was, in [husband's] death there was some kind of transaction that was preparing me for my relationship with my mother to take her as far as the Lord would have her to go, to give her the grace to go before she dies. I believe my father is next. I do not know.

Summary. The researcher observed the facilitator become less directive in the second session both in the opening prayer and in the session dialogue. For example, before the first session opening prayer, the facilitator said:

> How about if we do the opening prayer and you just kind of focus on the target, and then we will just go with whatever is coming forward . . . . It is our job to pray, and it is your job to just pay attention to what is coming forward. "Lord we would ask that you reveal to us any specific issues that you wish to address. We ask that you direct any thought, image, physical sensation or emotion that comes to us."

In the second session opening prayer, however, he said:

> We start by agreeing with Rebecca that you would bring forward and remind her of a time when you were with her in a special way, and, Lord in the context of that positive memory, that you would reestablish that living and interactive connection, and, in the context of that living memory, that would be the foundation of our prayer time today.

Throughout the first session, the facilitator used emotional cues in the present to reactivate painful memories. For example, he said:

> Feel that: "Maybe nobody will come. I hope somebody comes." So, Lord, what do you want Rebecca to know about that? . . . Okay, feel the dread, and try to pay attention to the words that best describe what you are afraid will happen.

In the second session, the facilitator deferred to Jesus more frequently for direction. For example, he presented a simple strategy to Rebecca when she was feeling painful emotions: "So my thought is to ask Jesus into that whole bringing-her-home-from-the-park scene."

Both of Rebecca's sessions targeted changing maladaptive relational schemas learned from interactions with her mother. In the first session, several birthday memories that contained toxic emotional content were reactivated. At the time of the session, she did not understand that the imagery she experienced at the end of the session was representative of the day she was born, her original birthday. This understanding was not revealed until10 years later when she viewed the archival recording in preparation for our upcoming interview.

In the second session, Rebecca gained understanding of how she used the same relational template she had adopted with her mother as an overview to interact with her husband. Rebecca reported that Jesus provided her with two important tools to dismantle the schema. First, Jesus told Rebecca to call upon His name in prayer. Second, Jesus told

Rebecca He would provide a protective covering for her heart. Through the use of these tools, Rebecca was able to begin to dissemble a disorganized attachment pattern, and prepare herself for difficult events in the future, which included the death of her husband.

Magdalena

Magdalena is a 52 year-old Caucasian female. She is married, has two children and four grandchildren. Magdalena was born and raised in the West, but, for the past 30 years has lived in the Midwest. Magdalena enjoys spending time with her extended family and becomes full of joy when discussing her grandchildren.

Magdalena is a pastoral counselor who conducts her practice from a mainstream denominational church; however, the scope of her practice is international, as clients travel to meet with her. Lehman states that Magdalena's practice centers on the complex cases. Lehman states that Magdalena is highly effective with complex cases. Magdalena also conducts seminars and leads training for lay pastors.

Exploration of First Inner Healing Experience. This session was the first in which the relational elements of the Immanuel model were integrated into the Theophostic model. For example, the facilitator coached Magdalena to reactivate two memories in which she had previously reported a faint awareness of Jesus, and then to make deliberate attempts to develop a relational connection to Jesus by (a) asking Jesus specifically for a deeper perception of His presence, and (b) asking Him if there was anything else He wanted to reveal to her in these memories. This was the first time the facilitator was recorded as having coached any of the participants to initiate and interactive relational dialogue with Jesus. In this session the reader may notice a change

in the interventions by the facilitator and a greater deference to Jesus than in sessions in which the Theophostic model was utilized exclusively.

In this session, Magdalena reactivated two memories she had accessed in past sessions in which the Theophostic model was utilized. In the first memory, Jesus gave her insight into relational dynamics with her sister. In the second memory, Magdalena reported, that once she perceived a faint perception of Jesus, she decided to try to spend time with Him. She said, "I lingered with Jesus." While lingering further with Jesus, she reported that He revealed to her layer after layer of insight into both her "true heart," and her parents' "true hearts". Magdalena said that, in both memories, Jesus surprised her by providing contradictory experiences she could not have imagined. She reported that the session gave her capacity to (a) repent of a bad attitude, (b) forgive her parents, and (c) re-establish a close relationship with her sister.

First archival session: Selected portions. The facilitator stated at the onset of the session a change in approach: "The plan . . . is to start with memories that had already been processed through Theophostic . . . then try Immanuel-based interventions, with the goal of facilitating additional connection with Jesus." He explained that the plan was to start with memories in which Magdalena did not have a recollection of Jesus, or one that was very faint and then simply pray, Lord, help me to perceive your presence more clearly, or, Lord, what is standing in the way?

Magdalena said:

> To jump right into the place that the healing occurred [in past Theophostic sessions], the Lord showed me a bunch of places where I needed to forgive, which I did. Then He took me to a memory where my sister and I almost got molested by a teenage babysitter. A neighbor boy was babysitting us . . . In this place, the thing that came to me was that God created my sister and me with very different temperaments. My trigger was I am shamed and I am bad. The words that came to

> me were that you were innocent and you were a child, but you are not a child anymore.
>
> The other thing that came to me is that I pretty much 100 percent would have been molested had it not have been for my sister . . . because this guy wanted to explore our bodies . . . . He was doing the whole guilt thing, and I am kind of feeling sad for him, and my sister is just kind of over there going, No, No! And she listened to him a little bit longer, and then she said, "Come on Magdalena, we are going to bed."
>
> The thing that ministered to me was that Jesus spirit was in the room, and that spirit prompted my sister to say, "Let's go to bed." He showed me that some of the stuff in her was abusive to me, but He also showed me that it was not toxic all the time, but she actually looked out after me. The expression He used was that "she took care of your cap and your mittens for you."
>
> I did not really see Jesus. I just sensed all these impressions. I sensed He was there.
>
> The facilitator intervened:
>
> This is a beautiful place to do our experiment. To go back to that place, and the simple question would be, Lord, is there more you have for me here? . . . So as much as you can, try to go back into that place inside the memory, and experience the Lord's presence as it was, there and then, we just ask Him for more light . . . . and we will see what happens.

After the opening prayer, Magdalena began to explain the details of the babysitter's pleadings to coax Magdalena into allowing him to molest her. The facilitator asked her to go back to the memory: "Can you check and see if Jesus is in the room?"

Magdalena said, "There was almost a kind of knowing that He was there. But I had not really located Him physically in that memory. Right now, as I am thinking about it, it seems like He was behind [the babysitter]."

The facilitator said, "Magdalena I just encourage you to own that prayer: Lord, Jesus, help me to perceive your presence."

Magdalena repeated, "Lord Jesus, help me to perceive your presence even more clearly if there is more for me to see."

The facilitator intervened with prayer:

> Yes, we hold that question up: Lord, is there more you have for Magdalena? Is there more clarity or closeness or intensity of perceiving your presence? We want to learn. We ask for your instruction, Lord Jesus. And I guess that is implied there. If you have more for Magdalena, and there is anything in the way hindering her, I ask that you would reveal anything that is in the way.

Magdalena said:

> I am not sure if this is my imagination, or this is Him showing me more clarity, but it seems like He is intently focused on us two girls. And it seems like He is very much aware of what this babysitter is doing, but He is not looking at him. And it almost seems like, and again I can't tell if it is my imagination –

The facilitator interrupted:

> Well, this is part of the experiment. Let's just try it. Ask Him for more, and to remove anything in the way. And you just report whatever comes, and then we try to discern together afterwards to see if it makes sense.

Magdalena said:

> This is the next thought that is coming to me: that He very intentionally shifts His attention to my sister, and it is almost on cue. She says, "Come on Magdalena, we are going to bed" . . . . And it feels like there is just a real understanding for, you know, my adult mind knows that I was really pretty gullible, and I think there was a little bit of residual shame or guilt that I didn't get before.
>
> It feels like He is just looking at me and He is understanding. He just understands and He is not unhappy.

The facilitator intervened, "If you can just focus on the guilt or shame, if you can try to feel it, and, at the same time, you perceive his response, and report what is happening."

Magdalena said:

> I really didn't go into this when I was describing the whole scenario, but I had on a little night gown, and he is wanting to explore our bodies . . . I lifted my night gown up so that he could see my chest, but I did not want to take my panties off. As I am looking at that, there is a twinge of guilt . . . . But I am not feeling any condemnation from Jesus.

The facilitator intervened, “So look right at Jesus [and say] . . . I feel stupid, or I feel guilty or shameful about lifting up my nightgown. And then just look right at Jesus and how He, what does He think or feel about that.”

Magdalena said, “Well, my sister didn’t lift hers.” (Much laughter in group.)

The facilitator intervened with prayer: “Okay, Jesus, my sister wasn’t stupid or gullible or bad. . . .Somehow that is a part of me feeling bad?”

Magdalena said, “I don’t really see His face clearly, but I feel like He is looking at me. I am not feeling anything but love. It’s not really hard to trick a little kid, unless they are my sister.” (much laughter between Magdalena and facilitator)

The facilitator intervened, “The gift of suspicion and caution, and not very hard to trick most little kids. So where is that lingering shame and guilt?”

Magdalena said, “It’s gone, and I feel that He is really well pleased with her. And there is no attention on the babysitter. His whole focus is on us. I would think that He would be angry at that young man.

The facilitator intervened:

> It has been interesting as I have been learning this: When you have real Jesus, He seems like He is never unhappy with any questions: But He seems to be happy to answer and clarify questions. So, yes, Lord, Why aren’t you angry at the babysitter?

Magdalena said:

> My [conscious] mind already knows that he molested his little sister on an ongoing basis, and abused her terribly. And the only thing that I am getting is that He [Jesus] was not at all happy with his behavior. . . But it is like He is not going into that. But there is seriousness, and He is very concerned with his behavior. It has not gotten past Him.

The facilitator intervened with prayer, “So He is not going to talk a lot more about him. Is there anything more you have for Magdalena here?”

Magdalena replied:

Alright, this is new, too, and again, I don't know if it is my imagination. But after we went to bed, Jesus continued to work and He influenced him not to be more aggressive with us. It feels like we [Magdalena and sister] have gone to bed. It feels like it is over.

The facilitator intervened:

It seems like whenever we have asked for more clarity, or asked to perceive the Lord's presence, the answer has been, "Yeah" . . . . Well here would be another thought since we have more time, Magdalena. It would be easy to go to some other memory you have done some work on, and if it feels like it is not done . . . try the Immanuel thing to help you perceive His presence more clearly. Would that actually help accomplish something that has not worked in the past?

Magdalena replied:

I had a memory I went to that resolved some of the lies that I believed: I just have to go with the program and, what is important to me really is not that important, basic invalidation stuff.

The memory was, we were going to get a new bicycle for me . . . . I had friends who had shiny new bikes . . . and my sister got a shiny new bike . . . So when my parents told me I was going to get a new bike, I was looking forward to it all day long.

We got to the bike shop. I walked over to this shiny new bike and said, I want this one . . . . They said, "No, we can't afford it," and they took me to the back, and said we are going to get a second-hand bike . . . . They proceeded to try to convince me how great this yucky, faded, junky bike was.

I can remember the lump in my throat when I was doing the memory work, almost kind of a crushed feeling. The Lord showed me how nice the bike rode, but obviously, it was a very vague experience with Jesus because I can't remember. It just kind of resolved . . . . The funny thing about that story is in my passive-aggressive way, every time I got off that bike, I threw it down. I never used the kickstand. I just threw it down. Yeah, that bike represented, "What is important to you didn't matter!" I wasn't angry. I hated that bike. Stupid, ugly, faded, pink bike! Is it [memory] resolved! (Much laughter).

The facilitator said:

Okay hatred is better than anger. (Lots of laughter in group) . . . . Another thing that I have been experimenting with is, Okay, the healing is nice, but what about just spending a little more time with Jesus . . . . What does it feel like to just be

> with Him? . . . And the same thought is with this bike, even though the memory may be clean as far as trauma, lies, and negative emotions. I would still be interested in seeing what would happen if you focused on different parts that had been painful, and just said, Lord help me to perceive your presence here . . . . We're kind of doing research on what does work . . . . If there is more there, let's at least ask, and if He says no, we say fine and if He says yes, we say thank you.

Then Magdalena said, "Let's see if I can get back into the bike shop, stupid bike!"

The facilitator said, "You are still angry at that bike. It already has been rejected once. That's why it is in the store." (Much laughter) . . . Why don't you start with, [the prayer] 'Lord, will you help me to perceive you presence"?"

Magdalena prayed the prayer, and reported:

> It seems like He is standing off to the left of the store man . . . . Part of the dynamic is that I was just a little kid, and they were all adults on a higher level. I had to look up . . . . it seems like Jesus is over here (Magdalena points to the side). The thing that is coming to me is that He is looking at me, and He understands perfectly everything that is happening inside me. He is understanding the way that I am processing this incorrectly, and the effect that it is having on me, and the effect that it will have on me. And He seems sad. He knows what is happening on the inside of me.
>
> Just knowing that He understands is actually pretty comforting
>
> The last time we went to this, I remember feeling very angry toward my parents at trying to convince me to like this bike . . . . I am not feeling that anger anymore toward my parents. I am just feeling residual sadness.

The facilitator intervened, "Just feel that. Focus on Jesus, and: Lord I am still sad. And just ask Him, Lord, Jesus, is there anything else you have for me here about the sadness?"

Magdalena said:

> It just kind of seems that this is the way it was. My expectations did not match my parents, and they had limited means. And just the way they handled me was the way that they handled us, and they were not attuned to the implications that I was taking in. They were just parenting in the way that they knew how.

> It is almost like the whole thing was just a big misunderstanding . . . . That kind of makes it feel better. It was just kind of a big misunderstanding on both parts.

The facilitator intervened with prayer:

> So my question, Lord, I am so much willing to learn about ways to connect with you more, ways to be close to you, ways to perceive your presence. So is there any more or anything else you want from Magdalena as far as just being with you, perceiving your presence?

Magdalena said, "Well, my adult self wants to go over there and hug Him. I get the perception that He is receptive and that would be okay."

The facilitator said, "Well, [let's] experiment. We are in the research mode."

Magdalena said, "Somehow, I don't feel like a little girl in that place anymore."

The facilitator asked, "What if you hug Him in your adult self? See what happens. We will sort it all out later."

Magdalena responded:

> Now I am a little girl again. It just seems as if I am hugging Him as a little person. He is big. It is okay. He understands. As I am hugging him, I am feeling his pleasure. He is patting me on the head.

The facilitator asked, "What if right now, you go back to the bike shop, and spend more time with him?"

Magdalena replied, "He is drawing my attention to the bike and He is blessing the bike."

The facilitator asked, "The bike you hate? Is there anything you want to teach us about lingering in your presence? I need to learn that, Lord."

Magdalena replied, [He said] "Anytime: He is not the problem."

The facilitator inquired:

> I would be interested if you went back to the bike shop [memory], and spent five minutes a day feeling His pleasure watching His smile. That would be a whole

different aspect of the healing work. If this works for a lot of people to spend time with Jesus, that would be worth knowing. It would be an experiment.

First research interview: Selected portions. This section offers selected verbatim content from Magdalena's earliest recorded Inner Healing session. Salient segments of the session are presented so that the reader may conceptualize Magdalena's in-session experience.

Structured. In the structured interview, the researcher asked three interview questions. After a short, informal greeting, the researcher asked, "Could you give me an overview of what happened in this tape?"

Magdalena replied:

> I visited two memories . . . in which I had developed lie-based thinking. I had already done some work on them, one with the facilitator and one by myself. I had already revisited these memories, and some I had worked through and gotten some resolution . . . . I thought that both memories were fully resolved, but I came to find out that there was more work to be done
>
> For many, many years, I was not self-aware enough to realize that many of the interpersonal interactions that I had with people when I got really, really upset . . . . Actually it was a situation that had bumped into . . . old, unresolved issues.

The researcher asked, "How, if at all, has this session affected your life and healing journey?"

Magdalena replied:

> Probably about 15 years ago, I did not think that I had any problems, any issues. I felt like I was fine, and if there was any sort of problem, it had to be the other person with the issues. But over the years, I have obviously changed. I think the primary cause of this change has been because I have been in, what I would call, a healing community, where there is a healing culture that really stresses the difference between your left and right brain, your logic and your experiential knowledge, and how the two may not be synchronized.

Magdalena continued by reporting that she had become more aware how certain situations, certain times triggered irrational or emotional reactions in her: She said:

> I have had to sort of train myself to pay attention to those times . . . . It used to be that I always thought that it was this person standing in front of me who was the source of all my pain . . . . In recent years I have become more aware; I actually try to look to see when I am overreacting in a certain situation.

The researcher asked, "What are some of the clues? Do you have some?"

Magdalena replied, "Yes, it would be what Ed Smith would refer to as lie-based emotions. And so that would be shame, powerlessness, and invalidation."

The researcher asked, "How can you recognize these better now?"

Magdalena replied:

> Because of the culture, that I am in inside the healing community, many of my unofficial mentors and my official mentor very much stress that everybody has unresolved stuff, and we need to deal with our stuff. So in the early days, I used to pray and ask God to show me when I was triggered because I was able to jam it down so fast that I did not even know that I was triggered. And so it was kind of a process that I went through where I increasingly became aware when I just felt bad.

The researcher restated, "Bad?"

Magdalena replied:

> It could be shame-bad, invalidation-bad, powerlessness-bad . . . bad in any of the lie-based emotions. Over the course of time and working with other people on their stuff, I have just gotten to where I am pretty good at telling when I am triggered. And I know when other people are triggered, too.
>
> The second thing is, that experience with Jesus in that bike shop has proven to be a place that I can revisit in my mind, and reconnect with Jesus, which I have done over and over again.

The researcher said, "And this goes to my third question: How, if at all, has this session affected your practice?"

Magdalena reported that, prior to her own Inner Healing, she saw the problems her clients faced as present-based problems. However, after her own Inner Healing,

Magdalena reported she is better able to discern those problems as past, lie-based problems. She said:

> Generally speaking, when I have a client come in and they are all upset over something, I pretty much operate under the assumption, unless they prove me wrong otherwise, that the reason that they are so upset is because they are triggered. It may not be a huge trigger. I am thinking of a client in particular. She would come in, and I would begin to say, "That sounds like shame; that sounds like whatever the lie-based emotion would be . . . it sounds like this may be charged, and it may be tapping something. Would you be agreeable to going and seeing if there is something there?"

The researcher asked, "So how else has your practice changed?"

Magdalena replied:

> I would not say that it has changed. I would say that I am dealing with it better. I am just not getting as phased out as I used to.
>
> One other important attunement thing is that, if I am not afraid of some of these places . . . they [my clients] are encouraged by that and they then are not afraid.

Magdalena also reported that Jesus provided her with another insight for her clients:

> The other thing is that when He [Jesus] was preparing His disciples, and was getting ready to go, He told them that there are things that they could not bear. He is telling us that there are things that you are not ready for yet.

Semi-structured. In the Semi-structured interview the researcher, and the participant watched the archival tape together and reserved the right to comment on pertinent sections. After the last structured interview question, the researcher asked Magdalena if she was ready to watch the archival recording together. She consented, and the researcher began to play the archival recording. Shortly after the archive started, Magdalena began reporting on interacting with Jesus. The researcher asked Magdalena to explain the difference between imagining Jesus in the session and experiencing Jesus in the session.

Magdalena replied:

> Oftentimes, when I am perceiving him or interacting or whatever, I have questions . . . if I am imagining it in my own mind . . . making it up . . . . What I have learned to do is just roll with it, and then do the discerning later. To see if, in fact, everything fits, to see if it makes a difference. One of the ways I have used to discern and to try to figure out is, oftentimes, the things that He will say to us are things that would never occur to me.

The researcher asked, "You could not have figured that out yourself?"

Magdalena said:

> Right, [those] things . . . wouldn't have occurred to me . . . obviously, the most acid test is after I have had an encounter with Jesus and lie-based thinking . . . . was resolved, does that issue ever crop up any more?. . . My experience, in all of the healing that I have received in this method, is that every one of the healings has stuck. So that the triggering, the triggers have gone away.

The researcher observed Magdalena on the recording reporting that Jesus eliminated feelings of shame. The researcher asked, "Okay, so here you had shame revealed to you, and then Jesus looked at you and you didn't feel the shame anymore."

Magdalena replied, "Correct."

The researcher asked, "So what was it, do you think, that made you get rid of that shame?"

Magdalena replied:

> His eyes were on me, and he was filled with tenderheartedness and compassion and tenderness. The imagery was subtle and faint, but it was real. I felt affection in his gaze, and it made me sob. He was pouring out his love and his tender hearted-compassion toward me, and my only response was to cry. It ministered to me in a powerful way.

The researcher asked, "Jesus is looking at me, and I don't feel any shame?"

Magdalena replied:

> Right, my experience with God is, when I have really been guilty of something, I feel conviction. I call it Holy Spirit yuckies . . . . In this interchange with Him, I didn't feel any of that at all. I didn't feel any conviction at all. I felt accepted,

understood and so, as a result of his response to me in that place, I felt, I don't know if the word absolved would be right.

The researcher asked, "You said that you didn't see His face, but you know that He was looking at you. Do you remember how that worked?

Magdalena replied:

> My experience as a facilitator in this kind of work is that some of my clients are able to see his face with a certain degree of clarity. That doesn't seem to be something that I am able to do at this point. Maybe down the road, I may be able to get more clarity. But at this point it seems to be impressions.

The researcher said:

> I noticed in this session, you would ask Jesus a question for more revelation about that picture, and then you would get a clue. And then you would process this for a while, and then you would get another clue.

Magdalena said:

> Right, right. Cause [sic] we are just reporting what comes to mind without really doing all the analytic things we might do in a different setting, where we would disregard or dismiss certain things. We are just reporting, and, as a result, when you take a step back afterwards, you know there is a systematic process that God brought me through.

The researcher said, "Here [on the recording] is the whole idea of lingering. You were getting into the whole idea of joy-building, the fun stuff."

Magdalena said:

> Especially when I went back later, in the session here, He kind of turns to the bike and chuckles . . . . I decided to go back into that memory, and I had an interchange with Jesus where he took me on a bike ride. It feels like my imagination, but I actually think it was real. He actually took my spirit on a bike ride . . . . I would call it an encounter. We were having fun.

The researcher asked, "What happened?"

Magdalena replied:

> I was on the floor praying, and Jesus took me on a bike ride. I was on the handlebars, and Jesus was peddling. He was very, very strong and very powerful, and he went very fast.
>
> First He starts out, you know after rain storm how you go through the puddles and you splash, first we did that. And then He powered up a hill, and then He went down the hill really, really fast . . . What is really cool is that there was no fear. It was just exhilarating. Then we went up, and did kind of an ET thing, riding through the air . . . . I wonder if I am guilty of not having lingered longer . . . . But I recall that we were up in the galaxies and looking down on earth, and he was just motoring around.
>
> The whole thing is kind of comical when you think about it. The whole idea of Him riding a little girls', probably a 24-inch bike, motoring through the universe. It is a silly scenario if you think about it.
>
> I don't think that I would have ever made that up. I don't think that I would have made up how strong He felt motoring around . . . . I felt the exhilaration of His peddling and going fast. I could feel that. That was real.

Exploration of Second Inner Healing Experience. In the Exploration of the Second Inner Healing Experience the researcher will review the results of the second archival session, the second structured interview, and the semi-structured interview for Magdalena. A summary of the results from both sessions concludes this section. The exploration begins by reviewing the second archival session, which was conducted five years after the first. In this second session, the facilitator attempted to introduce another component in the Immanuel approach: establishing a positive connection with Jesus at the beginning. The facilitator explained his strategy:

> One way is to put the emotion in the search box that lights up the pathway that leads to the memory. That is a great neurological way to do it. But another way, and this is fascinating, is to go to an alternative path . . . . Let's go to the positive connection place . . . find a place when you had a strong connection in one of the more joyful places . . . . If we are able to do that, we will ask the Lord to lead.
>
> We will do the opening prayer, and you ask the Lord to bring forward a memory of an especially good connection, and we will start there.

Magdalena explained she was "just tired" from the emotional strain of working with survivors, and a part of her resented Jesus for allowing her to get thrashed by them. Further, she did not want to hear from Jesus because she believed He would just try to talk her into "getting thrashed some more." Thus, the facilitator switched strategies, and worked on developing a conversation between the resentful part of Magdalena and Jesus. Nevertheless, Magdalena remained unwilling to communicate with Jesus. Determined to foment any type of interaction, the facilitator encouraged Magdalena to express her feelings of distrust towards Jesus. Consequently, Magdalena told Jesus her candid thoughts. She reported a response from Jesus that contradicted her expectations.

Second archival session: Selected portions. This section offers selected verbatim content from the most recent archival session available to Magdalena. Before the opening prayer, Magdalena said, "I don't know if I am going to be able to move beyond the memory to the inner, living connection."

The facilitator said, "I am aware of that possibility, and if that doesn't work, we will move onto troubleshooting." Toward the end of the opening prayer, the facilitator specifically asked the Lord to bring back a time of appreciation, a time when Magdalena especially had a strong connection with Jesus. After the prayer was offered, Magdalena said:

> There was something that rose up within me that accessesed a child part that was really resenting the hardship that she had to go through and it is almost like a complaining, self-pity sort of place. I almost have a reluctance to go back to a place of intimacy with Him. The reality of it is, I just do not want to hear from Jesus.
>
> The facilitator intervened and prayed:
>
> Is it just okay to do the eye contact thing? . . . So, Lord, help us to hear that deep place in Magdalena's heart, whether that's a child memory place or just an adult

asking these questions. I don't want to get into that intimacy with you. I am unhappy with you.

Magdalena shook her head from side to side in disagreement, and said, "It feels hurt!"

The facilitator said, "Hurt, it is hurt . . . you try to get words for . . . –"

Magdalena interrupted: "I don't have words. It just feels hurt!"

The facilitator said, "Okay."

Magdalena welled up with tears, and said:

There is resistance to that, because He, of all people, He can ask. He has earned the right to call us into suffering, and there is a part of me that knows it is a privilege and a calling. There is a part of me that wants to resist that [telling the Lord your feelings], and shut that down, and keep going.

The facilitator said:

And right here, this is important. There is profound truth in that, Magdalena, and you are as good as almost anybody I know in living that, and being able to say, "Jesus, I give you permission to call me into suffering," on a daily basis, making lots of sacrifices to work with some of the neediest people in the world.

And that's all true. You know all the right answers. You know all about the cross, but if there is some place and especially some child place, in your heart, that doesn't understand that yet. To her, to that child place, it doesn't feel true that Jesus is taking good care of her.

Magdalena interrupted again, and said, "I don't know if those are quite the right words, and I don't have the right words.

The facilitator said, "She feels hurt. Keep correcting me, because I am trying to attune to you, and I am trying to hear you correctly. So anything else besides, she feels hurt?

Magdalena replied, "She feels beat up. It feels like she has gone through a thrashing!"

The facilitator intervened:

> You know all the right answers. You know all about the cross. That is all good, but all the rest of Magdalena, this little girl in there that feels like she's been thrashed, she needs permission to come forward, and get healed, and taken care of, and get heard and seen. And we can try harder to stuff her down, but it hasn't worked so far. The last couple years, we've been getting memories on the whole burn-out thing.

The facilitator intervened again by restating Magdalena's words and phrases:

> But if the reason it is not going away is that there is some deep-down place that needs healing, that is somehow part of the picture, then, the way forward is to just humbly say, "Lord, I know all the stuff I know about embracing suffering is true, but there is a place in me that somehow cannot hold onto that, that doesn't feel that, that feels hurt, and has been thrashed, and can't even quite get words."
>
> So here is my thought, that child place, wherever that is coming from . . . –

Magdalena said:

> That part of me wants the thrashing to stop. That part of me just says, "I am sick of it. I have given so much, and I am sick of just being treated like crap. I am sick of it." And it gets old. And that part of me is done. (Magdalena started crying) And that part of me has caused me to have a really bad attitude.

The facilitator asked, "So in this place would, you be willing to allow Jesus to be with you and talk to Him about all this?"

Magdalena took a deep breath, and said, "To try to connect with the part of me that has the bad attitude? Well, yeah, she is totally messing up my reward (laughed). I know that sounds silly, but if you are going to do the work [you should be rewarded] ?"

The facilitator intervened:

> The thought that comes to me right away is that I am guessing that, from her side, she is basically saying, "This is hurting so bad, and I am not being heard, and now I am going to cut off the oxygen," because she does not know what to do to get heard and cared for. Somehow, intentional or not, it is happening, and unless we care for her, all this other stuff is going to fall apart.
>
> We need to do something different. We need to take care of her. And I am guessing the best way to do that is to connect her with Jesus about all this stuff.

> And so my question to this hurt place in Magdalena's heart: Would you be willing to allow Jesus to be in there with you?
>
> Magdalena responded, "She is not real close right now. Do you want to keep talking to her?"
>
> The facilitator answered:
>
> Yeah, and all the rest of Magdalena: Your job is to let her speak, and report, and not to edit, not to argue, not tell her what she should or shouldn't be thinking, not give her the lecture on embracing suffering. All that stuff, that is very nice, but I just want it to stand to the side for right now, because that little girl does not need another lecture on embracing suffering.
>
> She needs somebody to help her talk to Jesus. Does that make sense?

Magdalena said, "I just feel like the little girl comes close, and then she kind of drops out."

For the next 15 minutes, the facilitator sought to develop therapeutic alliance with Magdalena. He presented the idea that there was some kind of resistance to communicating with Jesus because these parts did not feel safe. Subsequent discussion focused around strategies to help child parts connect with Jesus. Magdalena and the facilitator talked about an internal system of two parts. One was afraid that Jesus would say, "Give up the practice," and the other was afraid Jesus would say, "Keep getting thrashed." The facilitator said, "Each one, in opposite directions, is unwilling to let Jesus lead, and that is killing you."

Magdalena responded, "That part [the bad attitude part] of me would like to say to Jesus, "I am sick of what I am."" However, Magdalena and the facilitator concurred, that, until the parts agreed to communicate with Jesus, attempts at forcing communication were futile. The facilitator said:

> If those parts are not signing at the bottom of the page, the Lord knows that. I have watched this. All the rest of you can be saying, "go, go, go" but if those two

> little parts in there are saying, "We are not ready yet," He will not move until they have agreed completely.

The facilitator explained, that until those parts get heard and seen, the Lord will not violate them. After this explanation, the facilitator sought agreement one more time. He said:

> Would you guys allow Jesus to be present . . . . I realize I am asking for something a little bit radical there, but I am asking anyways . . . . Those two parts: Can you guys agree to let Jesus be present, and help us out? Let's just try that and see what happens?

Magdalena said that both of those parts were listening to that. Then she closed her eyes, nodded her head, and said out loud, "Can we allow ourselves to ask Jesus to perceive His presence?" After a long pause, Magdalena continued, "It's like the part of me that is tired, she has finally found her voice, and she is not quite ready to – to quit talking."

The facilitator responded by telling Magdalena that he was willing to honor that decision because she was not ready, and, said "It is the more important thing right now . . . for you to say no right now . . . more important than to make all of this work out." The facilitator said that they were going to stop, but that the work was not done. He told Magdalena that it was important for those little parts to know that the facilitator and Magdalena were not just pretending, but rather we meant what we said about giving them a choice. Jokingly, he said, "We will let you talk as long as you say yes." With emotion in his voice, the facilitator said to Magdalena:

> We are going to put our money where our mouth is. Also, we are going to let her say no. I think it would be a blessing for that little girl to see Jesus' face, and just tell him no. Would you be willing to do that?

Time had run out on the 90-minute session; however, the facilitator seemed determined to foster some type of interaction with Jesus before he ended with the blessing prayer. He continued talking to Magdalena and said, "So I am just having a thought here: Would you be willing to let Him be present for the sole purpose of saying, no?" He quickly interjected, "And we won't talk about anything else." We will just ask Jesus, "Are you okay with me saying I am not ready?" And I want you to watch what happens."

Magdalena said, "Alright: So Lord Jesus, this part of me is just not ready to have you talk her into doing this thrashing thing any longer." Seconds later she said:

> It feels like He [Jesus] is not upset, and even that I suggested that He is going to try to talk me into it . . . . It feels like that He is just really patient with her [little girl part], and that He is giving her permission to take time, just respectful.

Second research interview: Selected portions. The second research interview, following the research protocol, consisted of a two-phase, structured and semi-structured interview. The data source for the second research interview was an archival recording of the most recent session available reviewed in the previous section.

Structured. The structured interview consisted of the three scripted interview questions. The researcher began the session by asking, "Could you give me an overview of what happened in this session?"

Magdalena explained that she gained a deep healing while the session was happening, but that the understanding developed over time. She said:

> The more I really processed the different aspects of what was happening, often it seemed like He was doing more than one thing at once. I didn't even know it at the moment, when I was sitting there on the couch . . . seems that the cognition seemed to develop even after the session.

She said that when she began to understand all that happened, "I came to that place of awe." Magdalena reported that in the session, Jesus dealt with a "burn-out" that was hindering her relationships and her work. She said:

> Every time I was directed to put my focus on Him, and I would look at Him, that connection was there. It made me cry, and I didn't want to cry. But He knew what I needed, and He understood me better than I understood myself. He knew that I needed some relief from the pain, and so it really points to how self-aware I am not. . . It was going to bring a re-synchronization to me so that I could avoid burnout.
>
> I believe part of my true heart wants to chase hard after Jesus in spite of difficulty, understanding that the refining process brings death. But another part of my true heart was struggling with the heavy load, and was questioning Jesus, and becoming afraid to trust Him with my life with such abandon.
>
> As a result, I was becoming generally angry and angry with Him, which was causing me to choose to withdraw from Him. I had suppressed this part of myself, and this led to a de-synchronization of myself.

Magdalena explained how one of the key things that happened in the session was that Jesus allowed her freedom to tell Him no. She said, "He was attuning with me in that part and not trying to talk me into anything." Magdalena concluded, "You know, the word that I used when I was pondering the session? I was pretty de-synchronized."

The researcher asked, "So how, if at all, has this session affected your life and healing journey?"

Magdalena said, "Five years ago, I had a part of me that would not cry. I was walled off from it. So five years ago, I could not have done this." She said that she had dismissed her feelings for so long that she just plowed through her days. She continued:

> But I think that the fruit of the session is that my attitude has gotten different. I had gotten to the point where I was thinking, "Oh, for pity sake, can't we just get over it. Here we go again, great."

She explained that healing started when the angry part of her was able to be expressed:

> This little part did not go out right after the session and journal or do quiet time, all of the warm, fuzzy feelings toward Jesus. It just kind of got mad. This seemed all right. This part of me was just given permission to say, "I am really mad and I am not willing to go through the fire. And, this is ridiculous, I have had enough." It took me maybe a week and a half for that part of me to move. It was just like this part of me wanted to stay mad. Oddly enough, it felt like this was okay.

Magdalena described an ambivalent attachment pattern with Jesus, "Intellectually, I realized that He will always be there with me. But I feel like if I am angry, He will be mad at me." However, after the session, she described a more secure attachment with Jesus:

> And even though I know myself better than anyone else on this planet . . . He knows me even better. And just the very idea that He wants to interact with me, He and His Goodness, come and meet with me when I am struggling, and know what I need.

She explained practical implications of this connection: "This part of me has something to bring to the table. That is important in regard to boundaries. It made that part kind of willing to join into the rest of me." And she explained global implications:

> It is empowering . . . instead of just being "yes people," He gave us our will . . . . He wants us to walk in our dominion. He doesn't want us to come to Him every day and ask, "Will you dress me in my armor?" He wants us to grow up and be mature and be ambassadors. He wants us to know Him well enough to know what He would want us to do.

The researcher asked, "So how, if at all, has this session affected your practice?"

Magdalena replied:

> I believe that it has brought a new level of self-awareness to me that we all have a certain level of dividedness in us that I was not aware of within myself. I see it in my clients, but I was not aware of it in me. It helped me to sort of realize that I was a little bit off balance in that I was trying to serve the Lord, wanting and willing to do hard stuff, and for the lack of a better word, willing to lay down my life, yeah, I know, which is a very noble goal, unless you don't have full capacity, which is what I was trying to do.

> I would not say that I had all of the pieces of this understanding. But this session started this awareness . . . . Now that self-insight helps me because I would be burned out, and I might have moved away from it. It was no longer fun, the joy was gone. The joy in my work was gone.
>
> Now I am not in a compromised, decompensated state of mind so, even though my work is not easier, it is not like He has lifted or lightened the work because I am still in the trenches dealing with all of these broken people, high maintenance, off the charts, needy, you know, complex.
>
> In the beginning I think that I was enthusiastic because I didn't have the full picture. But after kind of getting beat up for a while, I started to go into burnout because I had a better picture of what it was really all about. And that is when it was really critical not only to come to a new level of self awareness, but also to understand what is really going on in regard to this desychronization that is happening, if you will, that is happening within them.
>
> I think it healed me more than anything so it made it easier to work with my clients, and it also gave me insight. I would not say it is a whole set of tools. It is just deeper understanding. So what I was doing was leading me to burnout. If I didn't get what He gave me in regards to my own self-awareness, and what is going on when people are decompensating, I might have been awful and no fun. I am not a quitter so I wouldn't have quit, but it would have been awful.
>
> The burn-out, instead of leaving you in a diminished state, if you get the healing, you actually end up in a stronger, more effective place.

Semi-structured. In the semi-structured portion of the interview the researcher and Magdalena began to watch the archival recording together. At 30 minutes into the session, the researcher observed Magdalena repeatedly make the choice not to express her feelings to Jesus. He asked her, "Why do you think people would lose their connection when they tell Jesus their true feelings?

Magdalena responded:

> I was not thinking that He [Jesus] would leave. I was just thinking that my relational circuits would go off. To me, anger can be a barrier . . . . Intellectually, I realize that He will always be there with me, but I feel like if I am angry He will be mad me.

Toward the end of the recording, the researcher observed Magdalena describing two internal child parts that were in oppositional conflict. He asked Magdalena to explain how this conflict seemed to get resolved, saying:

> Looking at the tape, here is the third option, right? The two things: the part that is not going to go on getting thrashed anymore but you still need to keep driving forward, go through the fire. I keep going back to the notion of the third option?

Magdalena responded:

> It is like He takes what was originally in total conflict, and, using Tom Hawkins language, Intolerable Conflicts. I was working with someone today who had issues with their dad that had huge implications. When you are a little child, your dad is the one that you are looking to for your survival but now looking back, your dad is not even present. So this part is frozen in time . . . . So He [Jesus] can not only show you the hearts of the perpetrators involved, but also he can show you a new perspective in the reality of how much life has changed. He does that a lot of different ways, but he is good at resolving what we think is an intolerable conflict at the time.
>
> . . . and so some of the extreme cases that I deal with have to bond with their parents, yet the intolerable part is that they are abusing me.

The researcher asked, "So I have to become bad?"

Magdalena replied:

> And this causes a good bad split, yeah. Or I have these religious convictions, but I am being forced into prostitution. That is intolerable. Or I am being forced to participate in this ritual. And so it is so intolerable that you have to have a place for both to be true – until Jesus comes in and brings that resolution.

The researcher asked:

> I know that you are one of the people in the group that work with DID/Parts more than any other person in the group. So do you think that the recognition of that [DID/Parts] comes later, or can you get into that right away with people?

Magdalena replied: "No, not really."

The researcher said:

> The facilitator was talking about the anger in the memory and then he transferred it to the ego state that contained that memory and then started talking to that part.

Magdalena responded that she sees parts as individual memory states, not aspects of one memory state. She said:

> When you talk about parts, I think of "parts". But when you talk to people, there is a natural tendency to talk about things like, "part of me feels this way", or "part of me feels that way". There is a natural tendency to be resistant . . . to have parts.
>
> I remember when Ed Smith first came out with his advanced training . . . . He had a way of working with people's defenses and parts, but did not use parts language. He was just saying report everything that came to mind, "Okay, blank wall," instead of talking to the thing like "Could I talk to the person who threw up the blank wall," he just said, "What is going to happen if you look behind that blank wall? What does your mind believe about what would happen?"
>
> That kind of fits with me better than doing the eye contact talking parts kind of thing. It feels more natural to me . . . I remember one time I was working with the facilitator, and he got to a little part, and I started crying. But there is sort of a natural resistance on my part to have parts so I don't know.

The researcher asked, "Could that natural resistance be one of the reasons that you do the Ed Smith technique?"

Magdalena replied:

> No, not necessarily. What I do is work with the person, tracking, so if they really don't respond, I customize what I am doing with the person. Making the eye contact and can I talk past you to the person behind. If they don't respond to that, then I will do the other. I go with whatever they respond to. I really don't go into explaining what I am doing or why I am doing it. I look to see what their responses are and then I just go with it without the parts language.

Summary. In both sessions, Magdalena reactivated early childhood memories in which she had adopted irrational beliefs resultant of painful experiences. In the first session, Magdalena reactivated two childhood memories in which she referred to herself as a "bratty little kid." She processed these memories with a faint perception of one who is in the memory. She also processed them with a faint perception of Jesus' presence. As a result of these perceptions, Magdalena gained new insight into her family dynamics.

In the second session, Magdalena was able to identify two childhood parts that were in conflict with each other. The first was tired of the strain of her counseling practice. The second did not want to quit the strain. This conflict was causing exhaustion, leading to burnout. Despite several attempts by the facilitator to initiate interactive, relational connection, Magdalena was not willing to ask Jesus to be with either of these parts. She was afraid that He would tell the first to just keep working and getting thrashed, and she was afraid that He would tell the second to just quit. However, Magdalena was willing to speak directly to Jesus, and tell Him that she was unwilling to hear from Him. As she told Jesus her candid thoughts, she perceived His presence. This perception provided a juxtaposition/corrective emotional experience.

Ryan

Ryan is a 34-year-old male who was born on the East African mission field. As a young boy, Ryan traveled worldwide with his family. Ryan's parents moved to the rural Midwest when he was a teenager. He is married and in the process of starting a family.

Ryan works as an administrative assistant, and is establishing a career as a professional counselor. His goal is to embark on international missions trips to do trauma recovery work. Ryan has spoken at major conferences on the topic of emotional healing. As a consultant, leaders in the field of Inner Healing utilize Ryan's expertise in a collegial relationship.

Exploration of First Inner Healing Experience. Ryan has been in the group shorter than any other of the participants. By the time Ryan joined the Lehman Group, the Immanuel intervention model was in the later stages of development. Therefore, Ryan's first session reflects more of the Immanuel than the Theophostic model. For example, in

this session, instead of utilizing painful emotions, the facilitator had moved to the next evolutionary piece in the Immanuel Approach. This piece involved building a foundation of joy and appreciation as a safe-place from which to begin reactivating painful memories.

Ryan described his future as one that centered on worldwide missions. However, he reported a pervasive fear surrounding the thought of having children. Ryan said, "Having children would put these plans on hold for at least 10 years."

In the first session, several childhood memories were reactivated that contained thematic packages of both times of freedom and times of powerlessness. In the memories associated with each of these two packages, Ryan reported that Jesus provided corrective emotional experiences. After processing actual, historical memories, the session changed. In the second part, Ryan reported abstract images that he called visions. In these visions, he said Jesus contradicted and changed his beliefs surrounding the issue of having children.

First archival session: Selected portions. At the beginning of the session Ryan identified his symptom of anxiety surrounding the thought of having children. The facilitator and Ryan discussed the idea of bringing this anxiety package to Jesus for insight. Then the facilitator offered to Ryan a strategy to transition between appreciation and connection with Jesus. The facilitator said:

> Let's try the positive connection appreciation memory at the beginning and very humbly say . . . "Lord, the one thought we have had is to ask You about the whole idea of having kids right at the beginning," and when you [Ryan] perceive His presence, basically, say, "What do you want to do, Lord?"
>
> So I'll do the opening prayer, and you basically just be inviting the Lord, saying, "Remind me of Your goodness, stir up appreciation in my heart. Refresh my perception of Your presence, my connection with You."

> After the opening prayer, Ryan described a time when he felt deep appreciation: I had a dream [recently] . . . I saw a massive man on the horizon with his eyes shining bright light. It felt true that He was Jesus, and He was going to make everything right. All humanity was drawn toward Him.

The facilitator prayed, "We make a heartfelt request to refresh this connection." After this prayer, Ryan said memories came to his mind where "things just felt really right." For the next 20 minutes, Ryan described memories that came to his consciousness. The memories vacillated between themes of freedom and themes of powerlessness. After each memory, Ryan reported that Jesus provided insight that addressed both themes. For example, Ryan described a memory in which he felt powerlessness.

Ryan had just moved with his family from East Africa to the United States. He felt bad about the move. He and some other boys were playing by a river bank with soldier toys. Ryan said:

> We threw the GI Joe [toy soldier] in the river, and this kid ran in and told. And then his mother came out and yelled at us . . . . There was not a lot of predictability at school and with American friends.

The Facilitator prayed, "What does that mean, Lord?"

Ryan replied, "He [Jesus] is pointing backwards between me and the fertilizer plant [across the water]. Laughing, making a joke [about the origins of fertilizer] that you wanted your dad to work at the fertilizer plant."

The facilitator intervened: "So that you would not have to move around?"

Ryan then reported a shift in his perception of the presence Jesus in the memory. He said, "Jesus is across the creek."

The facilitator prayed, “So what is that about Lord?”

Ryan replied, “I did not want to be babied . . . I was very naïve . . . don’t know . . . cuss words.”

The facilitator intervened, and then prayed, “You want to be street wise . . . . Lord, what is the next step?”

Ryan said:

> I should go across the creek. Jesus is tearing down the road on his bike. Jesus is happy to do things to be fun . . . . He is willing to do things that I might want to do. He is willing to wait until I am ready to get to know Him.

Ryan reported that after Jesus healed actual, historical memories, He took Ryan to a pair of scenarios not associated with actual, historical memories. Ryan called these visions. Ryan spontaneously described five different interactions.

1. Ryan spoke to the facilitator, “My mind is jumping to the transfiguration.”
2. Ryan spoke aloud to himself, “I don’t know what I am supposed to do.”
3. Ryan spoke to the Lord, “Show me [Jesus] what to do,”
4. Ryan spoke out loud to the mentoring group, “It is kind of freeing to not know what I am supposed to do.”
5. Ryan completed the processing by reporting his interpretation of what he believed t Jesus said of His disciples, “None of those guys knew what was coming either, but they followed Me anyways.”

Ryan continued telling the facilitator what he was experiencing: “I am having an image of a super powerful Jesus, just stretching with a stick, reaching out with lightning, stretching out of the stick, like power of, master of the universe.”

The Facilitator prayed: "What else do you want Ryan to know today?"

Ryan then reported the second vision, which contained the Virgin Mary, expressing her trust in God regarding pregnancy. Similarly to the way in which Ryan reported the first vision, he reported his internal experience through multiple conversations saying:

> Mary said, "Alright, I will have a baby." And Jesus grows into this master of the universe. The thought that came to me [was] Mary could not have known that Jesus was going to be the master of the universe. I don't know if Jesus is telling me to have kids, but the thought that came to me is that Jesus started out as a helpless little baby, and turned into the master of the universe. That is insane! Mary said, "Okay, I will have the baby." Even Mary had to just trust and say "yes."

First research interview: Selected contents. In this section the researcher presents selected segments of the two-phase research interview. The first phase consists of three scripted questions. The second consists of observing the archival tape conjointly, with both the researcher and the participant reserving the option to freely comment on pertinent points.

Structured. After the short informal greeting, the researcher read the face-to-face interview script (see Appendix B), and then said to the participant, "Please give me an overview of what happened in the session."

Ryan replied, "The session was about having hesitations about having children." Ryan continued by explaining that there were three steps he went through in the session. The three steps he described were: (a) going to a place of appreciation, (b) transitioning from appreciation to a place of connection with Jesus, and (c) transitioning from a place of connection to a place of interaction with Jesus. Ryan described going to a place of appreciation:

> I began with some positive memories, interaction with friends, the Lord kind of providing for my wife and I when I was teaching in [East Africa] in the slums. [Next] . . . a dream I had about Jesus returned . . . . He had a purple robe.

Ryan next described the intervention the facilitator coached him to utilize related to addressing your concerns directly to the Lord to build connection:

> And then I held up to the Lord this question about having children . . . about how hard it was to return to the U.S. from East Africa and how it must have been hard on my parents and all of us kids . . . . I invited the Lord into this memory and He just did subtle things that I would not have expected, like making a joke about this fertilizer plant right next door that I wanted my dad to work at.

Following this, Ryan reported what Jesus conveyed to him about his fears:

> A few key things happened there . . . . I felt like I didn't have to know what to do or what Jesus was going to do. At that time in my life, I felt out of control, like I needed to know what to do.
>
> Another thing, Jesus had to display his power, which was helpful to me to remember that Jesus was in control at the time in my life when things seemed out of control . . . . [I] received the revelation of Jesus shooting lightning out of his hands, just very similar to the biblical image of the transfiguration. And when I realized how powerful Jesus was, I suddenly felt the relief that I didn't have to have all the skills to cope. I could rely on His much larger capacity and skill set.

The researcher asked Ryan to expand on the idea of capacity and skill set. Ryan said:

> There was another critical piece with Jesus' power . . . He reminded me: "Look, I'm here in the universe, but I was a little baby infant that Mary had to care for and change my diapers and all these things." So I realized . . . the wonder of growing up and maturing and it gave me more peace . . . I noticed a change when, in the video, at the end, I was talking about when I have kids rather than if.

Ryan continued to describe what Jesus conveyed to him about having children:

> Just because He starts out small doesn't mean He is going to stay that way. He is going to grow up and be a powerhouse . . . .It feels like He moved that knowledge . . . that He came as a baby, and grew up and became very powerful too, "Your baby will come as a baby, and grow up, and become very powerful." . . . Before it felt like, my baby is going to come into the world and get in the way. It just settled it.

Then the researcher asked the second scripted question in the structured interview, "How, if at all, has this session changed your life and your healing journey?"

Smiling, Ryan explained:

> Three months later, we were pregnant . . . . The other piece that was different . . . was a part of the memory that felt bad in moving to [the Midwest] . . . . For the first time, I [had] started fighting with my brothers. We were more divided than ever.

Ryan next explained learning about his family history and a subsequent decision he made:

> I started to research my family history. I found . . . this is one of the things that happens to our family . . . . Five months later, my brother was living overseas; I went . . . to Israel to see him.

Then the researcher asked the third question in the structured interview, "How, if at all, has this session affected your practice?

Ryan replied:

> Sometimes it takes a long time for me to experience the Lord's presence, and sometimes it is never that strong, it is just very subtle. And so I have quite a bit of patience with people who report . . . , "Well, I don't know if this is just my own thought or distraction" . . . . Another is the facilitator's modeling . . . he [Facilitator] says, "Well, let's just hold it up to the Lord and see where it goes. If we just get lost in the woods, we just return to the last place where you were aware of God's presence."
>
> It is amazing how often, when you ask God what He wants you to know, He will bring you a memory rather than an explanation, or [He will bring] an image of Him explaining it . . . . It is actually rare if you know where it is going. I don't ever know where it is going . . . . It can be frustrating, like when this memory came of throwing the GI Joe into the creek. That was . . . out of the blue. It seemed to have no relevance or bearing on this question of having children.

Ryan spoke about ministering to traumatized children in East Africa. He explained how this session clarified his understanding of inviting the presence of Jesus into painful places Ryan said:

> Often they [children in East Africa] would pretty easily remember a time when they were not aware of the Lord's presence. Two or three of them were getting picked on at school . . . . They would have a concrete memory. Then I would say, "Are you willing to invite the Lord to be there?" They would kind of close their eyes and pray . . . and then they would just kind of look . . . at the wall, waiting and waiting, and then I would ask . . . "Is Jesus there?" And they would be like, "yeah," and then I would wait and they would wait a little longer.
>
> They wouldn't seem to show any affect or wow or surprise that Jesus is there, but they did report that Jesus was there. Then when I would coach them . . . to ask Him [Jesus] about how it felt for them [the boys] to be picked on . . . they would be a little bit surprised by the answers that He would give. I would ask at the end, "Did it look different now [after perceiving Jesus]" . . . . Often they actually forgave the people that picked on them.

Semi-structured. The researcher transitioned to the semi-structured interview by reading the script, and then asking Ryan if they could begin watching the archival recording. During the recording, when Ryan first reported that Jesus had said something, the researcher asked for further explanation.

Ryan replied:

> I was looking through my own eyes, and then when He stretched His arms out. I was just watching the eyes become darkened, and lightning was shooting from His hands . . . It was mostly visual. . . .It was a spiritual experience which happened . . . on this implicit gut level . . . . It is almost like the whole package is there all at once, and then it takes a little while to unwrap.
>
> The Lord communicates to us nonverbally through a number of different ways . . . . What we do is kind of paraphrase or reflect back what is happening in our own words . . . as I start to say it, more and more things start to make sense in the prayer time. And so my question is, "Am I paraphrasing accurately?"
>
> [It's] like a conversation. You are trying to be as accurate as possible, not trying to direct anything with your own words. If you are right on, they [the other person in the conversation] will go on with the next thing. But if you are a little bit off, then the person will bring something new to kind of sharpen or direct. And I think that Jesus does the same thing.

At this point in the session the researcher asked Ryan to expand on how Jesus was showing him His power:

Ryan replied:

> He showed me . . . . He doesn't need to cloak it because I know that he has it . . . . Before I hadn't really been aware . . . but now I have this resource of Jesus power to go forth.

Toward the end of the session, the researcher asked Ryan whether his anxiety surrounding having a baby and his fears about being intimidated in threatening situations on foreign missions were resolved.

Ryan responded:

> I am just not sure that there was a dual thing there . . . . But at the same time, I had such a strong conviction on how powerful my child is going to be. There was no, oh, this is going to go on forever. I'll never get to do [missions work again].

The researcher asked, "So it is more of an excitement instead of a burden?"

Ryan replied, "Yeah that is how it feels . . . . Jesus was showing me His journey, and what He did was the opposite [because] He began showing me his power [first], and then [Himself] as a baby."

Exploration of Second Inner Healing Experience. The recorded Immanuel session used for the second research interview with Ryan was conducted seven months after the recorded session used for the first research interview. In the intervening months, Ryan had participated in monthly Inner Healing sessions. Therefore, he had established several appreciation memories as points of contact with Jesus. Consequently, the facilitator used these pre-established places of connection to invite Jesus to interact with Ryan.

Ryan's presenting problem for this session was the anxiety he felt when others are upset or when he was around intimidating people, which, for Ryan included soldiers, having grown up in war-torn East Africa. Before the opening prayer, a strong base of joy

was established by reactivating several appreciation memories. After the opening prayer for the session by the facilitator, Ryan reported a strong connection with Jesus. He reported that Jesus brought forward numerous memories that contained situations in which others were upset. In these memories, Jesus provided a variety of corrective emotional experiences.

In the first part of the second session, several childhood memories were reactivated which contained a thematic package of times intimidation by threatening men. Ryan reported that Jesus provided corrective emotional experiences in all these actual, historical memories. Ryan reported that Jesus gave him three revelations regarding individuals whom Ryan found threatening. First Ryan was shown his role in establishing fear-based relationships with soldiers. Second, Ryan reported that he was shown the inner-thoughts and feelings of threatening individuals. Third he reported that Jesus modeled for him how to communicate with soldiers in a non-fear based relationship.

Midway through the session, Ryan reported a shift from actual, historical memories to scenarios not associated with actual, historical memories. Ryan reported that Jesus conveyed scenarios to him that, at the time, Ryan called visions. Ryan reported that these scenarios prepared him for situations he would actually encounter two weeks later while on a missions trip to Israel.

Second archival session: Selected portions. At the beginning of the second session, Ryan went to several appreciation memories. Next he explained his apprehension regarding his upcoming mission trip:

> I will be going to Palestine in a few weeks to be with my brother. I want to get rid of any triggering I have regarding confrontation . . . all the checkpoints and people walking around with guns everywhere. I think growing up in East Africa, I really don't like police very much . . . . And sometimes, with my wife, I do that

> fear-bond thing, not wanting to make her upset because I don't like people to be upset.

During the opening prayer for the second Immanuel session, selected for the second research interview, the facilitator instructed Ryan to focus his attention on the time when he was able to perceive the presence of Jesus. The facilitator said, "Ask the Lord to remind you of His presence and a time that He would want you to focus on."

Shortly thereafter, Ryan reported a boyhood camping memory:

> Jesus was cooking breakfast for us [my family], and I jumped off the counter and jumped onto His back. I did not know where we were going, but was along for the ride. The thought that He was in control . . . was good.

For the next 60 minutes of the session, Ryan reported that Jesus carried him to eight different memories. He stated that all these memories contained emotional content of fear and the common resultant behavior of conflict avoidance. Ryan said, "In college, I studied abroad in Costa Rica. I was hyper-vigilant about who was around me; the same type of anxiety was there. At any moment, I could get jumped. That is the fear."

In another fear-based-memory, Ryan described being at an Internet café in Cost Rica, observing a man looking at pornography. Ryan said, "The Lord told me to explain to him that that stuff will ruin your ability to love." However, Ryan, hesitated, wanting to avoid confrontation. Ryan explained that Jesus provided correction in the session. He said, "The Lord . . . turned me around and gave me the words to say." Ryan explained how he could use this newfound attachment with Jesus in future trips:

> There are a lot of times in Nyrobe, Costa Rica, Chicago, there comes the fear that a threat is there . . . . Going back to the image of being on Jesus' back, I want it to feel that same way when I am in the dangerous places.

During the second archived session, Ryan described another fear-based memory that was brought to his mind:

> I was in sixth grade in an auditorium and waiting to be dismissed. Was in a real big kid's seat. The guy said, "I am going to kick your ass, man." [I] was not familiar with U.S. culture, avoided him all day, uncomfortable.

The Facilitator intervened with prayer, "Help Ryan to perceive your presence."

Ryan responded, "Jesus goes and stands next to the kid, and models how to deal with the situation, seeing him [the kid] as a person" Wondering out loud if he could implement the modeling Jesus provided, Ryan said, "I am just checking to see if I would be able to go and be willing to do this. What is the worst that could happen?"

Whereas the first part of the session contained actual, historical memories, the second part of the session contained scenarios preparing Ryan for events that were yet to occur. He reported that after he interacted with Jesus in these historical memories, he was given insight into how to transfer this new learning to the problem he named at the start of the session. Specifically, Ryan reported he was shown how to relate to Israeli soldiers by seeing the sixth grade kid who had intimidated him as a child:

> I am thinking about this sixth-grade kid [whose seat I sat in] and when he is upset, and then the Israeli soldiers . . . . [Ryan asks out loud] "How do you deal with them, Lord?" . . . He [Jesus] listens to them but He does not do what they say . . . . Feels like Israeli soldier guard would arrest me if he got the chance, and I feel threatened when people with weapons and security guards with weapons are around me. They are a threat. They are hostile. I just want to get away!

The facilitator intervened with prayer, "Just bring all that to the Lord Ryan."

Ryan reported, "The Lord said to the guard, "What happened at your house today?"" as a model for Ryan. Again, Ryan responded with doubts about his own ability to use this modeling: "I don't think that I can say that genuinely." Ryan continued:

> The thought comes that I am kind of glad that the guard does his job because it is kind of useful. As I look at the situation, he was not overstepping his boundaries . . . . They [soldiers and guards] are actually the ones who feel like everyone is out to get them. They are in a position where everyone hates them.

Ryan prayed for more help, "Can you be in that picture, Lord?" After the prayer, Ryan narrated the vision that was given to him:

> I am hitting the airport in Tel Aviv. What Jesus would do? He seems real relaxed. The thought comes to me of going over to Bethlehem, and crossing the dividing wall.
>
> Jesus is explaining to the soldier that this is very hard for the Palestinians . . . . But He is explaining both sides, knowing that it is also very hard for the soldier. He is telling the guard that he sees both sides, but He is not stereotyping them, putting them in a box. He was not characterizing them like the things that I had said . . . out to get me.
>
> That is interesting. It feels like I don't need to get out of there. I can go at my own pace. When the Pharisees tried to trap Jesus, they could not trap Him. "Give me the coin." "At the right time, I will give you the words to say. Don't try to make up your own story."

Second research interview: Selected portions. In this section the researcher presents selected segments of the two-phase research interview. The first phase consists of three scripted questions. The second consists of observing the archival tape conjointly, with both the researcher and the participant freely commenting on pertinent points.

Structured. The structured interview consists of three scripted questions. The researcher asked Ryan the first question. "Could you give me an overview of what happened in the session?"

Ryan replied:

> I noticed that there was a lot of fruit. When I went into the Israeli airport, in reality, which was a week after the prayer time, they stopped me three or four times. And I got real nervous the third time because the guy was giving me a hard time . . . it was the piece I had said directly in the prayer time, "What am I going to tell them about where my brother lives?" And that was the exact question that they asked me, and I didn't know what to do.

Next, Ryan continued to describe the event, shifting from his interactions with the border guard, to his assumptions about soldiers, to contradictory experiences Jesus was providing:

> And even though he was questioning me, and giving me a hard time, it did not feel like he was out to do me his worst . . . . Well, I have always had some underlying assumptions about soldiers: That they were out to get me . . . . But that did not feel true in this session; it felt true that I could see him [the soldier] in a social setting. He was kind of a young guy, and I could see him going to break with his friends . . . like a guy that I could have gone to college with, even though he was hassling me, and I was anxious about if I was going to get through. Then he walked away, and I had a couple of minutes to think about things and I had the thought to just invite Jesus to be with me while I am in the airport in Tel Aviv getting questioned.

The researcher asked Ryan to clarify if he was being stopped for the third time.

Ryan confirmed that it was the third time, "Yeah, my heart rate is racing, I don't know what to tell him, and it felt like Jesus was standing behind my right shoulder."

The researcher asked Ryan, "Jesus showed you this?"

Ryan answered:

> Yeah, He was showing me the image of Himself walking through the airport with me. He had a totally relaxed demeanor, unintimidated, as I think back on the image of Jesus . . . just a sense that He was behind me, and my heart rate started to slow down and another guard came and asked me the same questions. This time, I was able to look him in the eye and answer calmly, and I did not have any of the signs that were causing the first guy to give me a hard time. And I didn't even have to lie to him . . . I told him I did not know exactly where my brother lives, which is true.
>
> So, literally, within three questions, they told me that I could go through. So within five minutes [from the time]. . . I invited Jesus to be with me. I had calmed down quite a bit and I was able to answer the questions to his satisfaction without lying.

The researcher moved on to the third structured interview question, "So how, if at all, has this session affected your life and healing journey?"

Ryan replied:

> I don't think that I would have been able, in that nervous, anxious place, to invite Jesus into that airport. I think that I would have had a lot more anger toward the guards and a lot more assumptions about their motives instead of, these guys are just doing their jobs.

Ryan then described another event involving soldiers in Israel:

> Another thing is, while I was in Israel, I was riding on a bus, and a whole group of soldiers came on the bus . . . . I had the spontaneous thought to move over . . . And I thought no, no, I don't want to! But I did it and a soldier sat next to me . . . and all of the things that were pieces in the prayer time came to reality . . . . I ended up literally asking, basically, "What is going on in your home; what is going on with you?" And [I asked] his side of the fighting situation. That was the same thing that had come to me in the prayer time [the Inner Healing session], that it must be so hard for these guys to be on the front lines, have everyone upset with them every day. They have no chances to get relational.

The researcher asked Ryan if he used the same questions that Jesus had modeled for him in the archived second session when soldiers confronted him in Israel.

Ryan responded:

> I asked him [the soldier] about his family, about his life as a soldier. I was able to see, and have empathy for him, to see his side of the conflict. He was thoughtful about it. I saw that he was human. He was not about to do everyone his worst, like I would expect soldiers to do. I was putting flesh on a character. The opportunity to talk to a real soldier was interesting after having this hypothetical vision practice in my prayer session.

Ryan then described another aspect of the session:

> The third piece of the prayer time [the session] was Jesus modeling the sixth-grade memory, showing me that rather than fight or flight, there is another option, which was to go directly to the person, and be unintimidated while talking to the person and empathize with them.

Ryan provided another example of the effect of the modeling Jesus had previously provided before his subsequent trip to Israel. He said, "There was another piece. There is almost a direct quote in the video where . . . I say, "I think that I will be able to stay there and not run away." I had a direct chance to see the fruit of that one, too." Ryan said:

> We were at the same checkpoint I had seen [in the session] between Bethlehem and Jerusalem. There are about 200 Palestinians trying to get home through the checkpoint, and they are not letting anyone through . . . . All of a sudden, the Palestinians start pushing, and the Israelis slam the door, and then they start banging on the door, and the guards are yelling. I have that same urge to rise up to just get out of here. But I was just able to squeeze to the side . . . I could have walked away, but my brother and I choose to stay. What felt true was that, I would be able to stay when things got worse, when the soldiers were giving us trouble, and that was actually true.

The researcher asked Ryan the third structured question, "How, if at all, has this session changed your practice?" Ryan answered the question, explaining to the researcher that the session taught him how to see past seemingly nonlinear and disconnected memories, and trust that Jesus had deeper insight:

> The first time that I watched this video, I thought that this was a terrible session because, the first time I would invite Jesus or the whole first hour it felt like I would just go from memory after memory. Every time I would ask, "What do you want me to know about this, Lord? Memories would come up, and I could not see how they were connected. So it took me a second time of watching it to see why Jesus was bringing those memories along.
>
> Jesus will connect the dots. He will use things that I already know that will not feel true in other places. Jesus modeled attuning to aggressive people before I even read this book, *Nonviolent Communication* by Rosenberg (2003), which is all about the best way, the way to bring peace to a situation is to attune to an upset person.

Semi-structured. The researcher and Ryan began watch the archival recording together. After five minutes, the researcher asked Ryan if there was anything else he would like to comment on beyond the considerable amount of information he had already provided in the structured interview. Ryan further described the effects of the session on immediate, subsequent life experiences. Ryan made additional causal links between the session and his trip. Thirty minutes into the semi-structured interview, Ryan recounted his perception of Jesus using humor during the session. Ryan said, "It makes it easier to

perceive His presence. Your whole brain works better . . . . Jesus dealt with the airport security memory that had been spooking me for four or five years."

The researcher said, "At this point [in the archival recording] Jesus is showing you that the Kenyan airport security guard, toting an AK-47, has a life outside the job. And he is a real person."

Ryan said,

> He suddenly becomes more three-dimensional, like he is a human being. With that came some feelings of empathy and compassion. I think that Jesus is expanding my narrowed vision of who he [the guard] is. It is like He is taking the blinders off. Rather than just seeing him with my amygdale, or the primitive part of my brain, it is like I am able to see him [the guard] with my full control center, my whole frontal lobe.
>
> That was a surprise that the Lord would show me that he [the guard] is not just a machine. That one stuck, in the Israeli airport at security. When I was anxious, frustrated . . . the guard did not feel like [an] inanimate object; he felt like a real person.

Summary. In both of Ryan's archival sessions, several memories were reactivated. The first parts of both sessions were more concrete as actual, historical memories were reconsolidated. In the first parts, Ryan reported that he perceived the presence of Jesus, and that Jesus provided corrective experiences. These corrections ameliorated Ryan's fears surrounding the of loss of freedom he experienced when he was moved from Africa, and Ryan's anxiety surrounding the confrontation he experienced as a young boy growing up in war ravaged areas.

The second parts of both sessions were more abstract. Ryan reported visions in which Jesus specifically addressed the problems Ryan presented at the beginning of both sessions, which were: (a) fear of having a baby, and (b) fear of conflict. In both sessions, Ryan reported experiencing visions in which Jesus modeled behaviors that contradicted

prior expectations. These experiences offered new future options that gave Ryan hope. In the structured interview, Ryan said his future was dramatically changed as a result of these two sessions. He said:

> It [memory of conflict] no longer invades the present anymore. It actually now is a place where, if anything, that memory gives me courage to go toward conflict. It helps me. Jesus will be there. It is the exact place I want to go when there is conflict.

Data Analysis

Three meta-themes emerged in the analysis of data. They were (a) Therapeutic Change in Session, (b) Narrative and Life Change, and (c) Change in Practice. The three meta-themes parallel the interview question protocol within the data collection instrument in the face-to-face interview, and parallel the first three research questions. One salient piece of data that also emerged was the identification two common threads. These threads were both predominant and powerful, and they were subtly interwoven through all the meta-themes, themes, categories and subcategories. Joy was the first thread. Attunement was the second thread. However, data emerged within each of the meta-themes across all parts of the four data collection sources, archival recordings, face-to-face interviews, Skype interviews, and the focus group. Data also emerged throughout the entire interview process and not just in response to the particular question.

A conceptual map containing diagrams of the meta-themes, themes, categories and subcategories as well as the common threads is offered in Appendix F. This map provides an overview of the large amount of data offered in the data analysis portion of this study. This map may aid the reader in organizing and understanding the interrelationships between the various concepts that are presented in this section.

Meta-Theme One: Therapeutic Change in Session

As a result of receiving Inner Healing interventions, all five participants reported therapeutic change. Yalom (2005) concluded that therapeutic change is "an enormously complex process" (p. 29). In the focus group, Patricia explained how the integration of faith-based interventions into clinical settings may compound this complexity. She said, "I think that when Jesus speaks, He speaks to your spirit. This bypasses your brain . . . but somehow . . . your spirit knows truth." Ryan explained his struggle to psychologically integrate the spiritual insight he received in sessions. He said, "It's almost like the whole package is there all at once, and then it takes a little while to unwrap."

In the Skype interviews, and in the focus group, the expertise of over 100 years of combined clinical experience by the participants was drawn upon to form a rational basis for discussion. Under the meta-theme, Therapeutic Change, three predominant themes were identified: (a) Memory Reconsolidation, (b) Level of Reactivation, and (c) Hindrances to Memory Reconsolidation.

Theme One: Memory Reconsolidation. The first of the three themes identified under the meta-theme Therapeutic Change in Session was Memory Reconsolidation. Under memory reconsolidation, three categories emerged. The first category was, Memory Reactivation. The second category was, Corrective Emotional Experience. The third category was, New Learning.

Barbara, Patricia, Rebecca, Magdalena and Ryan used the term attributed to Sanford (1947), "healing of memories" when they described their Inner Healing experiences. In addition to this colloquial term, participants also used current

psychological and neurological language to describe their experiences of with greater accuracy. The participants utilized their understanding of psychology to make logical integrations of their experience. For example, in Barbara's Skype interview she gave a psychological explanation of her understanding of memory being contained in an ego state:

> When people start talking about parts they can be referring to ego states that all normal people have – ego states that are in their personality construction. They have been named a lot of things, but in this case this is separate than dissociative identity disorder and dissociation.

In Patricia's second interview she offered her understanding of Attachment Theory as it related to her experience of Inner Healing, saying, "Jesus is securing the attachment. So part of it, I think, is Him securing the attachment with Him. Patricia continued to describe her experience of earning a secured attachment to Jesus by explaining her initial transference of her parental attachment pattern onto Jesus, "I think probably a real insecure ambivalent attachment. And so I think, well, I know that I bring that to Jesus. I think that he is not really going to be there, he is not really going to show up." As evidenced in her second session, Patricia was able to transform this attachment pattern.

In the focus group, Rebecca used common neurological terms to offer an explanation of her understanding of the intersections between theology, attachment theory and her experience of Inner Healing, saying:

> Well, from a very left-brain perspective it comes down to this theological point: All love is God's, all love. And good attachment is nothing more or less than love . . . . That little girl, when I first went back to that memory, I was very distraught of course, grandma was leaving, and when I first saw it there was like almost a demonic presence that was in front of the door where grandma was leaving . . . . I don't know if [the facilitator] got rid of that, [or] I got rid of it but you know that

> was taken care of and then we proceeded from there where Jesus became more visible.
>
> It's almost like a double image of my grandmother and Jesus. They were transparent with each other. One was within the other and that's when I saw that God, that Jesus, had given my grandmother the gift of being able to nurture me, and love me. But it wasn't her gift. It was Jesus himself. So Jesus was actually the original.

In her Skype interview, Magdalena explained how her Inner Healing experiences led to a resynchronization of her brain/mind, saying:

> It is really strange when you have never thought of yourself as a divided person or a dissociated person in all the ways that you perform and then when you find yourself completely aware of a completely child-like attitude or ego state. It is very weird. But not necessary walled off from conscious awareness.

Magdalena continued to explain that her experience led to integration. She said. "It was going to bring a resynchronization to me so that I could avoid burnout."

In Ryan's second interview, he tried to be more scientifically descriptive as he watched himself on film re-experiencing a memory. He said, "Rather than just seeing him [a childhood bully] with my amygdale, or the primitive part of my brain, it is like I am able to see him with my full control center, my whole frontal lobe." These examples point to the lack of consistent use of common terms within the Inner Healing community.

Nevertheless, in the archival tapes, face-to-face interviews, and in the Skype interviews, three common elements emerged whenever the participants discuss healing of memories. They were: (a) recalling of painful, historical events, (b) receiving of corrective emotional experiences, and (c) gaining of new insights. In the first phase of the focus group, as participants were placing post-it-notes on the poster named: Themes Identified in Therapeutic Change, Ryan observed these elements and then provided an insight which defined and formed a rational organizational structure for the phenomenon

of the healing of memories. Citing the work of Ecker, Ticic and Hulley (2012), Ryan described the integration he saw with the information presented, and his understanding of relevant psychological literature on what Inner Healers called, the healing of memories. Ryan advised the use of this research to inform the naming and organizing of themes and categories. The participants agreed.

After the focus group, a review of Ecker, Ticic and Hulley's (2012) findings, and others (Hupbach, 2011; Kreiman, Koch, & Fried, 2000; Dudai & Eisenberg, 2004) on memory research, confirmed Ryan's observations. In chapter one, Inner Healing narratives were reviewed in a systematic methodology. Thus, following the pattern established in chapter one, chapter three narratives are reviewed; through the theoretic lens of integration of faith and relevant psychology (Marshall & Rossman, 2006); under the lens of how the participants' made coherent and cohesive narratives by integrating faith and science (Creswell, 1998);following Campbell's (2010) admonition for the theoretical overview to emerge out of the participant narrative instead of trying to make the narrative fall under a pre-determined theoretical overview.

Ecker, et al (pp. 25-66) three-step process of memory reconsolidation informed the naming of themes. The first theme was named: Memory reconsolidation and the invariant categories that emerged from the data related to memory reconsolidation were named (a) Memory Reactivation, (b) Corrective Emotional Experiences, and (c) New Learning.

Category one: Memory reactivation. Ecker, et al, explained the first step in Memory reconsolidation as Memory Reactivation. They offered the following definition of memory reactivation: "Re-trigger/re-evoke the target knowledge by presenting salient

cues or contexts from the original learning" (p. 26). In the oldest archival sessions utilized in this study (i.e.,
Barbara's, Patricia's and Rebecca's' first archival recordings), Theophostic techniques consisting of using painful emotional cues in the present to reactivate memories were utilized exclusively. Smith (2000) stated that Theophostic techniques are based upon leading one into an emotionally "painful and excruciating state" to reactivate memories (p. 68).

Four years after the formation of the Lehman Group, (i.e., Magdalena's and Ryan's first archival recordings) Theophostic techniques were combined with emergent Immanuel techniques consisting of using joyful emotions to build capacity to reactivate memory. In contrast to Theophostic techniques, Immanuel techniques are based upon building an initial base of joy to reactivate memories (e.g., appreciation memories., Lehman, 2011).

In the most recent sessions, eight years after the group's formation (i.e., Ryan's, Magdalena's and Rebecca's second archival recordings), Immanuel techniques were utilized exclusively to reactivate memories. From a base of joy deliberate attempts are made to build a relational connection with Jesus. Therefore, in the earliest archival sessions utilized in the study, the facilitator guided participants utilizing Theophostic techniques to reactivate memories. Whereas, in the later archival sessions utilized in this study, the facilitator guided participants utilizing Immanuel techniques to reactivate memories. Consequently, in later sessions it may be observed by the reader that the facilitator deferred more frequently to Jesus to lead the process of memory reactivation. Three subcategories were identified under Memory Reactivation, (a) Reactivation via

Painful Emotions, (b) Reactivating via Painful Emotions then Enhancing via Joyful Emotions, and (c) Reactivating via Joyful Emotions.

Subcategory one: Reactivating via painful emotions. The first subcategory under Memory Reactivation within the theme Memory Reconsolidation is Reactivation via Painful Emotions. In Barbara's first and second archival sessions, in Patricia's first archival session, in Rebecca's first archival session, and in Magdalena's first archival session over 10 memories were reactivated utilizing the Theophostic technique of reactivating via painful emotions. Ryan entered the Lehman group after joy-based Immanuel techniques had begun to be developed. This change in protocol offers a possible explanation why no data emerged for Ryan under Reactivating via Painful Emotions.

Two poignant examples of memories that were reactivated via painful emotions were found in Patricia's and Barbara's first archival sessions. In those sessions, current painful emotional cues were utilized as a bridge to reactivate past memories containing similar emotions. Before she started her first session, Patricia reported how she felt to the facilitator, "Going to bed last night, there was a sense of dread. Waking up this morning was a sense of dread . . . . Waiting for this session brought a sense of dread."

Patricia described both the dread she felt prior to the session and the day-to-day pain she felt, saying, "I live in a numb zone." After 30 minutes of focusing on painful and terrifying emotions, Patricia was able to reactivate a series of memories from her early childhood. She reported "deep panic and despair" as she accessed memories of an infant being ripped away from her grandmother's house, and then being "sent back and forth from different households, from grandmother's house, to aunt's [house]," and then back

to a mother and father she didn't know. As Patricia entered into the memory, she explained that she was feeling deep attachment pain and loss:

> In my family, there was just all this unpredictability. You might get yelled at. I am always waiting for the other shoe to drop, and it is a big shoe. Good things are not going to last. Something would be mocking me when they got taken away.

The first session of another participant, Barbara, presents even a more poignant example of re-experiencing painful emotions to access traumatic memories. Whereas Patricia was able to articulate her emotions in adult language, Barbara had more difficulty in doing so. Her face was contorted in pain. She was in tears continually. Many times, she expressed a desire to quit.

Barbara's presenting problem was, her pervasive need to protect her daughter from her grandfather. She said, "I feel like I have to not let my dad do that [shame her] . . . . I won't let him do that to my daughter." The emotions generated from this place of pain led Barbara back to a teenage memory. Barbara recounted, "When he and my mom got a divorce [when I was] at 13, he wanted me to live with him . . . . I think that he just wanted me to do the work." These emotions functioned as a springboard for Barbara to go back further, reactivating a childhood memory that provided a foundation for the rest of the session. Remembering when she was seven years old, Barbara said:

> I am remembering when I was supposed to go to the circus and we didn't get to go. I remember just laying on the bed crying . . . . There is this vague picture of me just really crying hard on the bed and what came to me is [the thought] "It just didn't matter how upset I was or how long I cried. It just didn't matter."

During the first face-to-face interview, Barbara described her emotions while reactivating this memory:

> Taking the challenge to stay in the painful place long enough, and then hoping again . . . . I wanted something to happen, and it wouldn't happen, and then I would just shut down and be disappointed.

Subcategory two: Reactivating via painful emotions then enhancing via joyful emotions. Three years after the earliest archival recorded sessions (i.e., Barbara's and Patricia's first), a shift occurred in the methods the Lehman Group utilized to reactivate memory. Magdalena's first session denotes the initial stages in the participants' introduction of joy-based techniques to reactivate memory. In the early years, participants were reactivating memory via Theophostic, pain-based methods. However, it was observed by both the participants' in the Lehman group and by the facilitator that when participants continued to pursue a relationship with Jesus, even though they only had a faint sense of His presence, and a faint awareness of healing, the joy that they felt when they experienced Jesus presence provided capacity to reactivate other memories. The facilitator (Karl Lehman, personal conversation, March 14, 2014) acknowledged that starting with pain to initially access memory and then switching to build joy to go deeper into the memory was an awkward mixture of methods. However, at the time of the discovery, it was a significant breakthrough.

Magdalena's first archival session captured an early example of this phenomenon. As such, she named this phenomenon; "lingering" and the term soon became jargon within the Lehman Mentoring Group. In Magdalena's first interview, she described her personal breakthrough:

> I thought that . . . [the] memories were fully resolved, but I came to find out that there was more work to be done . . . . When I was a little kid and went with my parents to a bicycle shop to get a bicycle . . . a situation that I felt really invalidated when we got done because I ended up getting a second-hand bike.
>
> We got to the bike shop, I walked over to this shinny new bike and said, "I want this one" . . . . They said, "No, we can't afford it", and they took me to the back and said, "We are going to get a second hand bike" . . . . They proceeded to try to convince me how great this yucky, faded, junky bike was.

> And so I had actually done some forgiveness work and Theophostic work . . . but obviously I didn't get it all . . . . This was the time that [the facilitator] was experimenting with trying to perceive His [Jesus] presence more clearly, even where you had [experienced] some healing. And so I had gone back to this memory . . . . So this truth occurred to me that there was more, and it was the first time I had perceived the Lord's presence in the bicycle memory . . . . I had seen Jesus really in a much more clear way. I had not encountered Him in that sort of way earlier . . . revisiting it and having the whole ET experience.
>
> I wonder if I am guilty of not having lingered longer.

Magdalena's session provided an example of how a faint connection with Jesus, achieved though pain-based methodologies, could be enhanced through joy-based interventions.

Nevertheless, while analyzing the data, at the time of Magdalena's lingering experience, when an evolution in the way in which memory was being reactivated, lines of delineation between pain-based and joy-based methods seemed to be ambiguous. Further, the methods for transitioning between joyful emotions and connection with Jesus were undefined when Magdalena coined the term lingering. Patricia's second session, which took place approximately at the same time in the group as Magdalena's lingering experience, illustrates this ambiguity. Because Patricia had not previously established a foundational experience of the perception of Jesus, most of her session was spent first utilizing Theophostic approaches (Smith, 2000) and, thereafter, Immanuel approaches (Lehman, 2011) to eliminate blockages that stood in the way of experiencing joy and perceiving Jesus' presence.

Patricia's second session demonstrated the juxtaposition of using both pain and joy. The goal stated at the start of the session by the facilitator was to eliminate feelings of despair by asking Jesus for insight. He explained to Patricia the strategy of both

focusing on and thereby enhancing the painful trigger while praying for help to perceive Jesus' presence. Patricia spent the first 30 minutes evoking emotions associated with dread and working with the facilitator to attempt to get words for the dread she was feeling. She expressed her apprehension to the group saying, "I don't even want to hear the word "abreaction" . . . . It is overwhelming." After an exhausting time of using these emotions to try to reactivate memory, she said, "The thought is: What am I going to have to go through to be free of this?"

Eventually, after coaching by the facilitator, Patricia expressed her painful emotions to Jesus and asked Him to help her perceive His presence in that place. Patricia lowered her head, and, after two minutes, she raised it and said, "He gets that." She waited another minute and said, "He won't fall asleep on me like the disciples did to Him." When asked in the interview what she sensed, she said, "I did not sense His presence, it just felt like . . . it felt true." She said that while she was feeling the pain, "I did not have a sense where these thoughts were coming."

However, from this faint perception of an interaction with Jesus, the session changed. The session shifted to using Immanuel interventions to reactivate memories. After using pain- based emotions to access memories in the first part of the session, Patricia then recalled the joy she felt when she experienced a faint perception of Jesus' voice. Patricia explained this perception:

> He showed me that He knew what it was like to be alone and sad . . . so that was a big thing and a big part of starting the attachment. And so that was very intimate, very personal.

Patricia said that as a result of what she called in the second research interview "securing attachment" she gained the capacity to reactivate a memory that identified blockages

standing in the way of reactivating deeper painful memories. In her first face-to-face interview, Patricia described the memory that contained insight into these blockages:

> This girl down the street was telling me this whole story about finding . . . this dead body buried, she had this whole elaborate story . . . so I think that there was something demonical with that whole thing anyway. . . . Somehow part of me knew that this was a bogus story but somehow that stuck with me, and that night the skeleton came to me with that little black bag and was talking to me.

After the blockages were addressed, later in the session, Patricia was able to reactivate several very early memories.

Subcategory three: Reactivating via joyful emotions. In her first session, a statement Barbara made foreshadowed a change in the way the participants would soon reactivate memories. After a 75-minute session, which was characterized by crying and expressing the desire to quit, the facilitator prayed, "Jesus, do you have anything else [for Barbara]?" Next Barbara stated that Jesus told her, "You don't have to be miserable for me to come and hear you. Just because you need it is reason enough."

This reported interaction with Jesus, from Barbara, signaled a new approach that was to come later in the evolution of the Lehman group. The researcher observed the first evidence of the change from pain-based methods to joy-based methods in Magdalena's lingering experience. From that point the change was subtle took place over a period of three years as the facilitator began to interject joy-based interventions intermittently throughout the archival sessions utilized in this study. Nevertheless, in all of the data sources, the researcher observed the facilitator increasingly utilize joy-based interventions to reactivate memories.

Ryan's first and second sessions, and Rebecca's second session provide the clearest lines of delineation between pain-based and joy-based examples of memory

reactivation. In Rebecca's second session, traces of Theophostic techniques can still be observed. For example, Rebecca's second session began by choosing a painful target. Rebecca chose a point of disgust toward her husband, saying, "I realize that he is emotionally very young, and I am trying to keep that in mind with [name] and my clients."

The facilitator followed, "My thought is to establish positive connection [with Jesus] and if you are able to do that . . . we will ask Him about the whole package." After Rebecca established a positive connection, she described how Jesus built capacity within her to prepare her for a difficult session:

> The Lord brought to my mind that, if I hold my hand out, He [Jesus] will hold my hand. It's like surgery. Even though it is painful, it is something that will be better afterward, and it is something that I need to deal with. He will help me.

After reporting this interaction Rebecca then described one of the painful memories she was able to reactivate that contained the theme of the whole disgust package:

> Jesus shows me that Mom was only three [year's old, maturity level]. What Mom needed was someone to come and hug mom, and tell her that they loved her. But I was only seven so I could not do that.

Despite the established positive connection with Jesus, the facilitator utilized memories containing painful emotions of disgust, which Rebecca had previously expressed, to lead her more deeply into the memory. Finally, prayers were offered to help Rebecca experience the presence of Jesus in that memory.

Ryan's second session reflected the evolution in the group's approach to reactivate memories. Ryan's second session contrasted all of the participants' previous sessions, which were earlier in time, by first utilizing joy based-emotions to then establish an initial connection with Jesus. This connection formed a secure base from

which to reactivate memories. Ryan's second session provided an illustration of joy-based emotions leading to a connection with Jesus. After the opening prayer, Ryan reported:

> A number of memories came to me when the Lord was close. The first one was teaching Immanuel at [East Africa] boarding school with the kids from the valley slum and their joy dancing . . . seems like the Lord really blessed and took care of all of that.

While reporting this memory, Ryan switched to giving thanks, "I thank you, Lord, for being close to us there. . . I thank you for bringing us [my wife] together. . . I thank you for the opportunity to be a part of your work . . . to travel across the world." Ryan then opened his eyes, looked at the facilitator and said, "Yeah, it feels good to be able to do something that actually affects [the children of East Africa's] reality." The facilitator and Ryan worked together for the next three minutes enhancing the joyful feelings in that memory by talking about the memory. Afterword, Ryan exhibited an even greater sense of appreciation by smiling with joy as he described the next memory.

The facilitator said, "It feels good and satisfying to be in the middle of what the Lord is doing. . . .That feels good, doesn't it? . . . Could you tell me the second one [memory]?" Ryan responded with joy:

> The next thought that came is recently visiting our friends in Tennessee . . . there are some friends that are our age and they have a farm. They are living off the land. They make 80 percent of their own food. They got land, a dog and chickens . . . It was joyful to participate in their lifestyle for a day, and just see how they are thriving . . . how they are living in a way that seems to be peaceful and the way God created us to live . . . . They seemed to have found their purpose . . . at what God's calling them to. We had a good conversation with them about community.

Ryan next described another appreciation memory. Afterward, he took 10 additional minutes to explain a list of answers to prayers he had been documenting in his journal. Again, Ryan took time to give thanks.

Whereas the facilitator evoked painful emotions in the earlier sessions of other participants, he evoked joyful emotions in the session with Ryan. Once Ryan's reported a deep sense of appreciation, Ryan was able to establish a strong sense of the perception of Jesus. This perception helped him reactivate several painful memories without displaying some of the evidence of dissociating (becoming glassy-eyed, panicked, confused; displaying wooden posture, irregular breathing) exhibited by other participants in earlier archival sessions that utilized the pain-based Theophostic techniques.

Lehman (personal conversation. April 11, 2014) stated that imputing pain-based emotional cues of present distress in the brain's search engine will evoke pain-based implicit memory data; therefore pain-based techniques do work. The facilitator displayed this technique in Barbara's first archival session explaining to Barbara,

> So Lord, where is the source and origin of this, "It won't stop hurting" . . . . What is the source - can't find the root . . . put pain in the search engine box. Search for the emotional trail. That will find the anchor we are looking for.

However, Barbara, Patricia, and Rebecca reported a sense of dread before they started their five sessions that utilized Theophostic, pain-based memory reactivation, and they were reluctant to continue. To contrast the change that took place away from utilizing pain-based techniques, Lehman (personal conversation. April 11, 2014) said, 14 years later, that utilizing pain-based techniques to reactivate implicit memories is like conducting dental procedures without Novocain. Lehman likened Novocain in dental procedures to joy in Inner Healing sessions, because before Novocain, (a) patients were

less likely to pursue healing, (b) patients experienced more traumas during procedures, and (c) patients took longer to recover from procedures.

Category two: Corrective emotional experience. The second category identified under the theme Memory Reconsolidation was Corrective Emotional Experience. Alexander (1961) expanded upon Freud's basic formula for resolving trauma by identifying a further step he called the Corrective Emotional Experience. In Alexander's model, the therapist provided an experience which contradicted the original toxic information that had been encoded as a negative emotional experience in implicit memory systems (Hartman & Zimberoff, 2004). Researchers Kreiman, Koch and Fried (2000) demonstrated that the emotional brain, which houses implicit memory, makes slight differentiations between physical realities and perceived, internal, imagined realities. All five of the participants reported that, when their implicit memories became reactivated, and when they perceived Jesus in those memories, Jesus provided a corrective experience that contradicted their expectations. Smith (2000 p. 173) wrote, "When Jesus enters into the person's memory, He is present tense . . . . His words create a present tense reality in the person's historical moment. He brings present reality truth into a person's past." Under The Corrective Emotional Experience the following three subcategories were identified. The first was Capacity Building. The second was Providing Insight. And the third was Contradictory Experiences.

Subcategory one: Capacity building. The first subcategory within the category of Corrective Emotional Experiences of the theme Memory Reconsolidation under the meta-theme Therapeutic Change in Session was Capacity Building. Lehman (2005) stated, "Just as physical systems, like the wiring in your house, have a finite capacity to carry a

load, so our brains, minds, and spirits have finite capacities" (p. 4) After a thorough analysis of the data, the researcher observed that, in participant sessions that utilized Theophostic tools, the facilitator intervened by providing attunement to help build capacity within the participant. In the sessions that utilized Immanuel tools, the facilitator intervened by coaching the participant to develop a connection with Jesus to build capacity within the participant. For example, in her first archival session, a session that employed Theophostic techniques, it was clearly demonstrated in the recording and then narrated by Barbara how the facilitator provided capacity. She said:

> I think that that has been a significant part of my healing, and that is, his [the facilitator's] attunement to my mess, which is not what I got from my dad. Like holding her [my little girl part] hand and telling her he is not mad that it's [reactivating implicit memories] not working.

In examples of Immanuel sessions, Patricia explained, in her second interview, how Jesus provided her with capacity by showing her how He delighted in being with her. She said, "I'm always a little bit surprised, like, "Oh, I guess you [Jesus] are answering me, you're really here, and, oh, you really do care about this, and you are trying to help me."" In her first research interview Magdalena narrated an encounter with Jesus in a memory in which she also felt increased capacity because of His delight toward her. She said:

> His eyes were on me, and He was filled with tenderheartedness and compassion. I felt affection in His gaze. It made me sob. He was pouring out his love and his tender-hearted compassion toward me. My only response was to cry.

Rebecca, another participant described, in her first interview, the effects of experiencing Jesus on her capacity level:

> I have a picture of me in this broom closet, and the Lord is standing in the closet behind me and he is holding me. He is saying, 'You are so smart." I just visualize

> Him being with me, hugging me . . . . The thing in the stomach is going away . . . . He is reaching into my stomach were the dread thing is and He is removing it.

Gaining the capacity to receive the corrective emotional experience by being deeply known by Jesus was explained by Patricia. In her second interview, Patricia explained what it felt like to be understood at her deepest emotional levels. She said she received attunement from Jesus when He told her He understood her feelings of abandonment by different family members because He was abandoned in the Garden of Gethsemane. She said, "I think that He [Jesus] provides attunement. So I really get it. [Jesus said to me] "You just don' have to have it in your head that I understand you. I will show you that I know how you feel."

In Wilder's (2011) Life Model of Inner Healing, and in Lehman's Immanuel Process of Inner Healing (2011) it is explained that, if one's capacity level does not exceed the level of trauma experienced, the client is unable to move on to receiving corrective emotional experiences. It was demonstrated by the participants in earlier archival Theophostic-based sessions and later archival Immanuel-based sessions that the participants gained capacity to receive corrective emotional experiences through attuning relationships. In Theophostic-based sessions attunement was provided primarily via the facilitator; whereas in Immanuel-based sessions attunement was provided by initially by the facilitator and then by Jesus.

Subcategory two: Providing insight. The researcher took the advice Ryan gave in the focus group to review studies on implicit memory reconsolidation. Schiller et al. (2010) found that an important step in updating, or rewriting or erasing, emotional learning includes new learning. This new learning must be specifically applied to the target memory while it is reactivated (Ecker, et al). All of the participants reported that

when they reactivated implicit, unprocessed memories, Jesus provided insight into the experience that they had not previously seen. This new insight led to a change in participant narratives.

Neuroscientific studies (e.g., Hupbach, 2011; Monfils, Cowansage, Klan, & LeDoux, 2009; Przybyslawski, & Sara 1997) on implicit memory have found that an important step in Memory Reconsolidation includes new learning being applied to the target memory while that memory is reactivated. While reactivating a painful memory in her first archival session, Patricia described the intrapersonal insight she was given on the truth of her childhood experience. "The Lord is showing me the pain of being in big shoes with a small body." Likewise, Rebecca explained intrapersonal insight she received from Jesus regarding the birthday memory she described in her first session. She said, "[Jesus] Showing me how I didn't want to be born. I had the cord wrapped around my neck twice – was hesitating to be born, how the Lord kind of leered me out with his love."

In her Skype interview, Barbara explained an interpersonal insight she received from Jesus that illustrated to her the maturity level of her parents. First, Barbara explained her understanding of how insight is processed; second, she explained the insight that eventually enabled her to forgive her parents:

> I get an experience, and, all of a sudden it was like a download . . . . It just happens, bang! If I wanted to explain to you what happens, it would take me five minutes to put it into words. It's like you download it, and then you have to open the file to read it. Whatever the download was, I know all of that. Let's say I was terribly hurt because my dad didn't care about me. And then the Lord downloads all the reality about that to me. Right there, the terrible hurt is gone. But then I have to think through all of the words, and let the cognitive part of my brain catch up. The cognitive part has to read the document that has been downloaded.

> I remember one very clear picture of my little girl [her little girl state] who would be left in the crib everyday crying – where I learned to go into the hopeless despair cycle – and in a session, the Lord showed me a picture of a crib with a little baby in it . . . . Outside the baby bed were two children, a two and three-year-old child looking into the baby bed while the baby was crying. He [Jesus] said, "Those are your parents." That was an image, He didn't tell me . . . "They were totally incapable, they couldn't pick you up if there was a fire in the house." I got pictures but sometimes I get words.

Magdalena described, in her first interview, the interpersonal insight she received about her and her sister that helped her process a memory of a time when she was in danger of being molested by a babysitter. She said, "Jesus was looking and paying attention to what the babysitter's motives were, and I can almost feel that intensity. "I [Jesus] am not happy with what you [the babysitter] are doing. I am not happy. It is not right."" Magdalena continued by explaining the insight she was given about her sister who protected her. This insight led to a new appreciation of her sister and the re-establishment of a once-estranged relationship. She said:

> He [Jesus] reframed this incident and put a focus on the role that she played in a way that I had never seen before… I was a spacey little kid, and she had been taking care of my hat and my mittens. He was showing me that… I can see how appreciation came to play a lot in this memory.

Rebecca, in her first archival session, reported that she received extra-personal insight into a dynamic between spiritual entities and members of her in her family. In her first research interview, she offered further insight, explaining that she came to see that a demonic entity was in her mother and "is still in her." She continued to explain the generational effect of this dynamic:

> It came to me that it is still in her now . . . . [It was] my grandmother who loved me and saved me. The thought that I wasn't afraid of anyone else in my life the way I was of my mother. I thought that was normal parenting.

Subcategory three: Contradictory experiences. All of the participants reported that when their implicit, unprocessed memories became reactivated, Jesus provided contradictory experiences in juxtaposition to their prior learning. Ecker, et al explained, "Experiences that are at variance with the target learning's model unlock synapses and render memory circuits labile, i.e., susceptible to being updated by new learning" (p. 26).

In her first archival session, Patricia reported a corrective emotional experience in which Jesus contradicted her prior learning because Jesus cared for her in a way she had not previously experienced. Patricia reported that Jesus showed her a dramatic picture that she could not have imagined. She said:

> All the little kids were climbing around on His lap . . . . Somewhere there is delight and joy . . . . And they were all saying, "Feed me. Feed me. Feed me." And they all want attention, and they all want to have Jesus give it to them personally. . . . I assume they are all me.
>
> It would not have normally been me. I think that it is helpful that I am not sort of dramatic person. So when things do come up, I can say that would not have been like me to have come up with that solution. At the time, it was not how I would have conceived of this.
>
> He [Jesus] says some things that I did not think that He would say to me, or maybe it is what I think that he would say to me, but somehow it resonates different in my spirit. It would be different if someone were to say it . . . . It is different than when He says it.

Participants also described how Jesus provided unexpected solutions that were outside of their ability to imagination. For example, in Ryan's second interview, he said that Jesus modeling for him how to become relational with a bully that was threatening him. This modeling contradicted Ryan's pattern of avoiding confrontation, and provided a corrective emotional experienced that changed his life. He said:

> I saw Jesus talking to this dude, and I could come over, and I could choose to walk closer and see what was going on. When I chose to go closer, it opened a whole new level of insight. Suddenly, I could hear what Jesus was saying to the

> boy: He was asking him what was going on in his home. [Jesus said] "What is going on with you?"

In Rebecca's first research interview, she narrated how Jesus surprised her with a solution that was at variance with the way she would have reported solved the problem. She said, "I expected Jesus to try to help me figure out a way to figure out my weird relationship pattern with my mother, but instead He invited me to go out and play." In her second research interview, Magdalena said that Jesus changed the way she thought of her "junky old bike." More importantly to Magdalena, she recounted an experience that changed what she described as her "sucky attitude." She said, "He is drawing my attention to the bike, and He is blessing the bike." In the same interview, Magdalena that she not only developed an appreciation for the bike, that proved to be very durable and functional, but also developed the understanding that what she wanted really did matter to Jesus, and that He was nurturing her even though she did not perceive it at the time of her bike memory.

Subcategory four: Angelic attachments. Patricia and Rebecca explained that, in the session, it was reveled to them that angels were a part of God's plan to rescue them. This revelation was a part of Patricia's and Rebecca's corrective emotional experience. Patricia reported that angels protected her when she was being shuffled from household to household. Likewise, it was revealed to Rebecca that angels were a part of the plan to rescue her from the demonic entities attached to her mother that hated Rebecca and wanted to kill Rebecca.

Category three: New learning. Magdalena said during the focus group, "One of the things that Jesus never does is change the reality of what happened." The third

category identified under the theme memory reconsolidation was New Learning. In regard to New Learning in the context of Memory Reconsolidation, Ecker, et al said:

> What is clear is that new learning must feel decisively real to the person, based upon his or her own living experience . . . . it must be experiential learning, as distinct from conceptual, intellectual learning, though it may be accompanied by the latter (p.26).

When Wilder was speaking at the Association of Christian Counselors (ACC) conference, which was held in Baltimore Md. September, 2013, he explained that the last step in creating a new narrative is the transference of right-brain emotional experiences to the left-brain prefrontal cortex for logical integration. The completion of this process is dependent on navigating the situation that seems satisfying to the individual (Lehman, 2012). At some point in the four different data sources, (i.e., archival recordings, research interviews, Skype interviews, and focus group) all five of the participants said New Learning occurred when they integrated their respective Corrective Emotional Experiences into their personal narratives. Two subcategories emerged under New Learning: (a) Choosing, and (b) Contingent Responses.

Subcategory one: Choosing. Ryan introduced the term Choosing in the Skype interview. He explained that he had made a choice in his second session which led to new learning. Ryan stressed the importance of making this first step toward new learning. He said:

> We have these choices in sessions. In real life, what happened was, I chose to walk away, and go to the other side of the room, and I sat there the rest of the afternoon. In the prayer session, I had this choice: I could stay on the other side of the room, or, I saw Jesus talking to this dude, and I could come over. And I could choose to walk closer and see what was going on . . . . When I chose to go closer, it opened a whole new way of – level of – insight. Suddenly, I could hear what Jesus was saying to the boy. He was asking him what was going on in his home. That was the big theme in the session. What is happening to make this kid act the way he is acting. Same thing with the soldiers: what is happening in the soldier's

> home? And that kind of gave me compassion for these bullying people. All that insight . . . could not have happened had I not made the decision during the session.
>
> It's like real life, where if we make a cowardly decision, we miss out on all this potential, right? It is the same way in these prayer sessions, if I am not going to face up, or go any further, God honors that. But you miss out on all these potential gifts [based upon] actions that you take that are built on another. So the freedom to perform courageous actions is a huge part of what makes it therapeutic.

The data that emerged from Barbara's Skype interview contributed to the category of Choosing. She explained how Jesus required a decision of Barbara before she could move forward:

> He asked me a grown-up question, "Who is going to make the decision whether you are going to move on or not?" He asked me a question, "Who is going to make that decision?" And am I [Barbara] going to move forward? Only my adult has the ego strength to decide to take that risk. My child would never take that risk on her own.

Subcategory two: Contingent responses. The last subcategory under the category of New Learning is Contingent Responses. Webster (www. merriam-webster.com) defined contingent as: depending on something else that may or may not happen. In the focus group, a discussion ensued regarding the sense of awe and wonderment that was evoked when participants communicated with Jesus. Ryan offered the term Contingent Responses in the Skype interview and then defended its use in the focus group. Hence Contingent Responses was coined to describe the participants' interactions with Jesus.

Patricia explained the difference between a one-way conversation with Jesus, in which you imagine what Jesus might say – and then attribute those words as coming from Jesus, and contingent communication with Jesus, in which you are surprised by his responses since they seem as if they are coming from, "outside of you." Ryan added,

"They bring a sense of awe." Patricia summarized, "If it was just my imagination, there would be a one-sided conversation."

Ryan explained contingent responses in his Skype interview:

> In my session, Jesus didn't come closer at the brook until I wanted him to. I did not want Jesus to be with me because I did not want to be babied. I wanted to be a tough guy. I wanted to be on my own. And so I didn't want him to show up in the memory to baby me.
>
> Once I named that and chose, He came in a way that was not babying to me. This time, it is a chance to redo it with contingent responses that cooperate in new Godly vistas being opened up as we decide to work with Jesus. All new possibilities open up. Whereas when or if we choose not to, we shut it down and never get all that there is. But Jesus honors that.

In Magdalena's second session, she chose a contingent response of hugging, based upon the new information Jesus provided in a corrective emotional experience. She reported:

> Now I am a little girl again. It just seems as if I am hugging Him as a little person. He is big. It is okay. He understands. As I am hugging him, I am feeling his pleasure; He is patting me on the head.

Barbara's response to Jesus created new learning for her. In her Skype interview she said:

> So it is like this new experience. . . .I have to get everything ready to go to Hawaii to teach a seminar in several weeks and it's like, oh shit, Lord, I am not going to be able to do that. But now [after the session], I said, "If you open the door, I am just going to do it." He is showing me that He is going to take care of it. It is just going to work out.

Patricia's second session provided an example of contingent communication with Jesus that led to new learning. In the session, she decided to bring her fears, confusion and disorganization to Jesus. She named these emotions, and then presented them to Jesus. After He gave her insight into the root causes of these emotions, she responded by asking Jesus, "What else do you want me to know?"

The meanings that the participants made of theme one, Memory Reconsolidation, yielded more data than any of the other themes. The data the participants produced fell into three categories, (a) Memory Reactivation, (b) Corrective Emotional Experience, and (c) New Learning. Blagov and Singer (2004) explained that Coherent Positive Resolution is a dimension of narrative identity processing in which individuals make meaning of challenging life experiences. Pals (2006) found it is the openness to which individuals process painful memories into positive themes that "comprise the life story as a whole" (p. 1081). Participant narratives regarding Memory Reconsolidation displayed evidence in which the struggle to make rational meaning of emotional experiences has been engaged under the lens of integration of faith and science.

Theme two: Stages of reactivation. The second theme identified under the meta-theme one, Therapeutic Change, is Stages of Reactivation. The theme Stages of Reactivation identifies the extent to which participants were able to move from explicit memory recall to implicit memory re-experience. According to Lehman (2011), "Explicit memory recall is what we all think of as "remembering." Explicit memory feels like normal memory" (p. 382). Seigal and Hartzel (2003) explained that explicit memory is autobiographical and when explicit memory systems are activated, the individual recalls experiences with the internal sensation of being present and involved with a sense *self* and *time* [italics added] (pp. 33-36).

In contrast, implicit memory is all memory phenomenons that does not include the subjective experience of remembering something from your autobiographical past or the detailed events of the day. Thompson (2010) explained implicit memory in biological terms:

> Anatomically, it [implicit memory] involves lower, more primitively developed (although not necessarily less sophisticated) regions of the brain. This includes, but is not limited to the limbic circuitry, the amygdale and the brain stem, along with other regions of the right hemisphere. (p. 67)

Siegal and Hartzel stated, "Implicit memory results in the creation of circuits in the brain that are responsible for generating emotion, behavioral responses, perceptions and probably the encoding of bodily sensations" (p. 22), and additionally, "Implicit memory also includes the way the brain creates summaries of experiences in the form of mental models" (p. 85). Addressing how implicit memory sometimes emerges through imagery, Graf and Schacter (1985) addressed how implicit memory sometimes emerges through imagery, stating, "Implicit memory is based upon the activation of preexisting memory representations" (p. 502).

Within the Stages of Reactivation theme, three categories emerged, which are (a) Autobiographical Recall of Explicit Memory, (b) Explicit Recall to Implicit Re-experience, and (c) Re-experiencing Implicit Memory without Clear Distinctions of Time and Place. These three categories are representative points on a continuum that illustrates the movement from recalling explicit memory toward re-experiencing unprocessed implicit memory. Each of the three categories within this theme has the two subcategories: (a) Self and Time, and (b) Self and Place in common. Additionally the category Re-experiencing Implicit Memory without Clear Distinctions of Time and Place also has a third subcategory: Split Screen Phenomenon. The division of these categories and their subcategories is admittedly a simplification of the enormously complicated interplay of neurological phenomenon. However, these divisions were created for the purposes of results reporting.

In category one, Autobiographical Recall of Explicit Memory, the data indicated that the participants were primarily utilizing explicit memory systems in their reporting of autobiographical memories. They reported the memory of historical events through the recall that, according to Lehman, "feels like normal memory."

In category two, Explicit Recall to Implicit Re-experience, participant data indicated that the participants, in their reporting, were transitioning from recalling explicit memories to re-experiencing implicit memories. The data indicated that there were subtle back-and-forth switches between autobiographical recall of the event, to the re-experience of the event. The data indicated that, as they told about the event, they began to experience emotions from that event, and that, these emotions served to reactivate implicit memories. The participants reported the memory of a historical event from the setting in which the event happened, as they began experiencing the emotions first experienced at the event.

In category three, Re-experiencing Implicit Memory without Clear Distinctions of Time and Place, participant data indicated that the participants were primarily utilizing implicit memory systems in the reporting of what Seigal and Hartzel referred to as "emotional, perceptual, and somatic memories" (p. 22). Additionally, Seigal and Hartzell explained, when activating implicit memory the individual recalls experiences with the internal sensation of being present and involved with a sense self and time (pp. 33-36).The participants reported a historical event as if it were transpiring in the present, describing to themselves, others in the memory, the Lord, or the facilitator what is happening to them *right now*. Lehman posited:

> When we recall and/or use learned information through one of the implicit memory systems . . . . the person perceives that the implicit memory material,

> such as the beliefs and emotions associated with a childhood traumatic event, *are true in the present* (p. 328).

The subcategory Self and Time contains the data that emerged as participants were describing their subjective awareness of the time in which the participant is reporting the memory. Participants described a historical event from present time (e.g., reporting from the present to the researcher what happened to me back then), or a historical event from past time (e.g., reporting from the past to the researcher what happened to me back then), or the experience of a historical event, (e.g., reporting to the researcher what is happening without clear distinctions of self and time).

The subcategory Self and Place contains the data that emerged as participants were describing their subjective awareness of the space in which the participant is reporting the memory. Participants described a historical event from the present location (e.g., reporting from the current location to the researcher what happened to me there) or a historical event from the past location (e.g., reporting from the past location to the researcher it happened to me there), or the experience of a historical event (e.g., reporting to the researcher what is happening without clear distinctions of self and space).

The subcategory Split Screen Phenomenon contains the data that emerged as participants were describing their subjective awareness of both the historical memory and the contradictory information that was provided by Jesus in the corrective emotional experience, similar to the way one might describe what they are seeing on a movie screen during a split screen section of the movie. They reported a historical event and another contradictory event in the same field of awareness. Researchers Ecker et al explained a common phenomenon in memory reconsolidation as the Juxtaposition Experience stating, "Juxtaposition Experience, simultaneously experiencing, in the same field of awareness,

of two sharply incompatible personal knowledges, each of which feels emotionally real" (p. 203). In the data, the participants' experiences confirmed the Juxtaposition Experience. They reported an historical, traumatic memory of an event; however, when they experienced the presence of Jesus, they also reported that, He provided an experience (e.g., images, living scenarios, explanations, perceptions, etc.) that contradicted the previously held beliefs contained in that historical traumatic event. They reported an awareness of both images, or multiple images as if they were on a split movie screen.

Category one: Autobiographical Recall of Explicit Memory. When autobiographically recalling an explicit memory, participants reported as one with the subjective sense of being in the now and here, with a present time perspective. They reported looking back at the memory from a present perspective. When autobiographically recalling explicit memory, participants were fully aware of their environment and displayed little emotion.

Subcategory one: Self and time. When autobiographically recalling explicit memories, three participants reported with the subjective sense of being consciously present in the now, with a present time perspective, while they described historical experiences that happened in the past. In Barbara's second archival session, she reported from a present perspective, but as one looking back in time:

> Barbara started her session by saying to the facilitator, "When he [my father] and my mom got a divorce at 13, he wanted me to live with him, and I was not interested. I think that he just wanted me to do the work

In another example Rebecca's reported, in her first archival session, a memory while interacting with the facilitator as if she were reporting from present time. She

smiled at him, looked around the room to other Lehman group participants as one who was fully present in the group setting and said, "Okay, I got a memory of a bad grade on a report card, and I went to hide in the closet." Rebecca then interacted with the facilitator, and explained to him and to the group how her mother graduated from an Ivy League school at 19 years old. Rebecca said to the group, "She was never allowed to be the smart one in the family."

In Magdalena's first archival session she described an explicit memory to the facilitator from a present time perspective. She said:

> And what the memory was: We were going to get a new bicycle for me . . . . I had friends who had shiny new bikes . . . and my sister got a shiny new bike . . . So when my parents told me I was going to get a new bike, I was looking forward to it all day long.

Subcategory two: Self and place. When recalling autobiographical explicit memories, all the participants reported their historical experience with the subjective sense of a present place perspective, as one who was consciously aware of reporting from the current physical environment about a memory that happened in a different environment. Excerpts from participants' first and second archival sessions provide examples in which participants began sessions by recalling memories from the present place perspective of the facilitator's office. In Barbara's second archival session, she reported from a present perspective, but as one looking back to the place in which the event happened. She said:

> My dad, he liked to drive fast and in an open stretch of road, he wanted to make time. We would be driving back and forth from my grandmother's house when it was all two-lane roads. His thing was passing everybody. This is an aside, but he didn't like to stop for us to go to the bathroom because, if we did, then everybody that we had passed would pass us back. And then we would have to do it again.

At the start of Patricia's first archival session, she said, "It is just, in my family, there was just all this unpredictability. You might get yelled at . . . . I am always waiting for the other shoe to drop, and it is a big shoe."

In her first archival session, Rebecca autobiographically reported an explicit memory to the facilitator as one sitting in his office. She said:

> One of the triggers was last Wednesday. It was my birthday. It was the Cinderella type of thing. My daughters gave me gifts, my husband got me a gift, but it was still kind of a forgotten type of thing.

Magdalena's first archival session, in which she reported that Jesus orchestrated protection from a molesting babysitter, offers another example of being present in the physical environment while reporting a historical memory. As she reported, Magdalena explained the meaning she made of her experience to the facilitator as one who was reporting from the facilitator's office, with a present place perspective, saying:

> This is the next thought that is coming to me: that He [Jesus] very intentionally shifts His attention to my sister, and it is almost on cue. She says, "Come on Magdalena, we are going to bed" . . . . And it feels like there is just a real understanding for – you know, my adult mind knows that I was really pretty gullible – and I think there was a little bit of residual shame or guilt that I didn't get before.

In Ryan's first archival session, after the opening prayer, he explained to the facilitator two memories that came to his mind. Though describing past places such as East Africa and Tennessee, Ryan clearly differentiated present place location from past place location. Speaking of the first memory, Ryan said, "[In East Africa] working at the mission's school . . . the Lord took care of it." Speaking of the second, Ryan said that he had just visited some friends in Tennessee and "How living off the land was very satisfying . . . . How finding their purpose in life seemed to be a good way to find God's purpose . . . Salt of the earth type people."

Category two: Explicit Recall to Implicit Re-experience: When moving from explicit recall to implicit re-experience of a memory, participants reported as one with the subjective sense of being in the past, reporting to the present from the past perspective of then and there. In the second category, all five participants reported from this past perspective, explaining the event to the facilitator in the present. Further, they reported as though they were currently inside the context of the physical environment in which the experience had happened, looking outward from that place while describing the events to the facilitator in the present place. When participants moved from explicit recall to implicit re-experience, emotions surfaced that began to reactivate implicit memories. In this stage, there was a blending of explicit and implicit memory systems

Subcategory one: Self and time. When moving from explicit recall to implicit re-experience, three participants reported as though they were experiencing the event from what happened, then, from the past perspective of the historical event. However, they did not have blockages, such as an amnesic wall, preventing them to distinguish between the past and the present. While experiencing the historical memory, they reported that past experience from the past, explaining the events to the facilitator in the present environment, which was the Lehman Group setting.

Patricia's second archival session provided an example of a participant reporting her subjective experience from a past perspective. In the autobiographical reporting of her experience, Patricia began to report the emotions she was feeling. This evidenced that implicit emotional content was being reactivated. She said to the facilitator:

> I came home from a Catholic elementary school in which I had just been enrolled. I felt alone and afraid since I was the only African-American, and one of the only non-Catholics in the new school. I huddled behind a door, and began to pray the rosary.

Another participant, Barbara, provided an example of a participant subjectively reporting her childhood experience from the past to the facilitator in the present. In her first archival session, Barbara looked forward in time, while inside the time-frame of a childhood memory. She said:

> We are driving on a four-lane road, and the car driving in the left hand lane is driving too slowly for my dad. My dad is always in the left hand lane. So he was going to pass him on the right, but there was a truck and all of a sudden he just accelerates and . . . out of the blue he jerks out to the left and passes them all and it made no sense at all because all he had to do was wait. I just sat there with my mouth shut because at that point. You don't want to distract him.

In Magdalena's first archival session, while reporting, she began to re-experience the toxic emotional content that was present at the time of the memory, thus showing implicit memory was being reactivated; however, she reported with a clear distinction and awareness of present and past time, evidenced by her explanations to the facilitator in the present. She said:

> I can remember the lump in my throat . . . . Almost kind of a crushed feeling . . . . The funny thing about that story is in my passive-aggressive way; every time I got off that bike I threw it down. I never used the kickstand. I just threw it down. Yeah, that bike represented what is important to you didn't matter! I wasn't angry. I hated that bike. Stupid, ugly, faded, pink bike!

Subcategory two: Self and place. When transitioning from explicit recall to implicit re-experience, two participants explained their experience with the subjective sense of being there, in the memory, as one who was reporting from the past perspective of space within context of the historical physical environment. For example, in Ryan's second archival session, which was recorded in the Lehman Group setting, he reported a memory to the facilitator from the sixth grade auditorium; as if he was inside the historical space of the auditorium:

> I was in sixth grade, in an auditorium, and waiting to be dismissed. [I] was in a real big kid's seat. The guy said, "I am going to kick your ass, man." [I] was not familiar with U.S. culture, avoided him all day – uncomfortable.

Rebecca's first archival session provided another example of a participant who was transitioning from explicit memory systems to implicit memory systems. Rebecca recounted her birthday memory to the facilitator, describing the event to him, while sitting in the Lehman Group setting, during the session; however, she described it from the historical past, from the time and place in which the experience happened. She said:

> It is so vague. I hear my mother screaming. I don't even feel like I am a part of that memory, but I am just observing. I can almost see myself as little and I am peering around the door, that door at the end of the hall, dark.

Category three: Re-experiencing Implicit Memory without Clear Distinctions of Time and Place. The data that emerged that contributed to the formation of category three was not as extensive as the other two categories. As previously noted, the divisions of these categories were for the purpose of results reporting. Nevertheless, the data that emerged regarding category three is significant because the meanings that the participants made of the category Re-experiencing Implicit Memory without Clear Distinctions of Time and Place were powerfully stated by the participants. Additionally these meanings may inform Inner Healing practitioners when they encounter similar, heretofore unexplored phenomenon.

When the participants re-experienced a memory without clear distinctions of time and place, the participants reported with the subjective sense of one who was reporting from reactivated implicit memory systems so deeply that their reports were without clear distinctions of present time and past time, present place and past place. Time and place distinctions seemed blurred. Addressing time and memory, Thompson (2010) said:

> Our memories are not static things that sit inertly in the safe-deposit box of our minds. They are changed by the very circumstantial information in which we both encode and recall the events in question.
>
> The concept that there is no safe-deposit box, that memory is always changing, is related to the suggestion from neuroscience that as far as the brain is concerned, there is in fact no such thing as the past or the future (p. 76).

Lehman (2011) explained how the beliefs and emotions housed in implicit memories are without time distinctions. He stated:

> Since implicit memory does not feel like what we think as memory, we usually do not have any awareness that we are remembering or being effected by past experience when we recall and/or use learned information through one of the implicit memory systems. When this happens, the person perceives that the implicit memory material, such as the beliefs and emotions associated with a childhood traumatic event, *are true in the present.* (p. 328)

When re-experiencing implicit memory without clear distinctions of time and space, the participants reported as though the historical event was unfolding in the present without clear distinctions of time, and as though the event was unfolding in the physical environment in which the experience had happened without clear distinctions of space. The blurred distinction of time is evidenced in the reporting of past tense and present tense narratives in the same sentence or paragraph. The blurred distinction of space is evidenced in the ambiguity of the participant's perception of the place from which the participant is reporting.

Subcategory one: Self and time. Rebecca's narrative of her birthday memory provides perhaps the most clear illustration of a participant deeply re-experiencing implicit memory content. This content is characterized by the "perceptions, bodily sensations and mental models" described by Seigal and Hartzel (p. 22 & 85). Additionally Rebecca's implicit memory content emerged through imagery and the "preexisting memory representations" that Graf and Schacter explained as being

characteristic of implicit memory (p. 502). Rebecca's memory came forward without a clear delineation of time. In her first archival session, she reported as one re-experiencing her first birthday:

> I am peering around the door, that door at the end of the hall, dark . . . . It's not a hall, but it is round, like this tube, soft, misty black . . . . It is very clear. I have never seen anything like this. It is red and thin and [I am] focused on the intersection, not the door, but the curve behind the door . . . . I have little short legs. I am small . . . . I am not seeing anything but really blinding light.

In Barbara's second session, she re-experienced a terrifying memory in which her father's driving could have proved fatal. Barbara's narrative contains emotions of terror and fear indicative of implicit memory. In her second research interview, she told the researcher what she re-experienced in the archival session, saying:

> I remember sleeping up there [back window ledge of parent's car]. But I would watch when he was passing people (Barbara looked terrified, and began to cry). And it would always feel too close. They were coming right at you, and you were in the wrong lane, and then he would just, swoosh, go back in. And I was afraid he would not make it back in.

In Ryan's first archival session he reported to the facilitator, while in the Lehman Group setting, "I am walking beside Jesus" In Ryan's second archival session he reported to the facilitator, while in the Lehman Group setting, what he called an "interactive memory with the Lord from youth in [East Africa]." Ryan said that he and Jesus were at breakfast when, "I jumped off the counter and onto his back. I did not know where we were going, but I was along for the ride . . . . [Jesus was] just walking and I am hanging on. He is going toward some villages on the other side of the river.

Subcategory two: Self and place. In Ryan's first research interview, he recounted to the researcher re-experiencing a memory from its original, historical space. The facilitator explained to Ryan that he was reporting, "from inside the memory." In this

same memory, Ryan also reported he experienced the presence of Jesus. Ryan described his feelings while re-experiencing the memory:

> I invited the Lord into that memory and preceded Him across the river bank. And He just did subtle things that I would not have expected, like making a joke about this fertilizer plant right next door that I wanted my dad to work at…
>
> The thought the Lord gave me was to get my brothers. We got all 10 together. We met at this place; these hay bales that I had remembered. I had an image of Jesus standing there. And a few key things happened there . . . one was that it felt I didn't have to know what to do or what Jesus was going to do. At that time in my life, I felt out of control, like I needed to know what to do, and I needed to know what was going on.

Four of the participants, Magdalena, Rebecca, Patricia, and Ryan, described the phenomenon of re-experiencing a memory in their research interviews. They spoke of a child-part re-experiencing that memory in the context of the space in which the event happened. Magdalena described to the facilitator re-experiencing her implicit memory from the place in which the historical event happened:

> He is intently focused on us two girls. And it seems like He is very much aware of what this babysitter is doing, but He is not looking at him.
>
> He [Jesus] very intentionally shifts His attention to my sister and it is almost on cue. She says, "Come on Magdalena, we are going to bed" . . . . It feels like He is just looking at me and He is understanding. He just understands and He is not unhappy.

A continuation of Rebecca's narrative from her first archival session, previously reported under the subcategory Time, provides an illustration of a participant re-experiencing an implicit memory, from the ego state in which the memory was encoded, without clear delineations of space. She reported:

> I am peering around the door; that door at the end of the hall, dark . . . . It's not a hall, but it is round, like this tube, soft, misty black . . . . It is very clear. I have never seen anything like this. It is red and thin and [I am] focused on the intersection, not the door, but the curve behind the door . . . . I have little short legs. I am small . . . . I am not seeing anything but really blinding light.

In Patricia's second session she reported re-experiencing an implicit memory from a rocking chair she remembered. This memory came forward as imagery described by Patricia:

> There is a delightfulness like being in a room and Jesus is in a rocking chair and he is holding this baby, but He is holding all these other kids and it's like a circle of light they are all like in this light. Different ages of kids and the baby and Jesus. And around it is dark. But there is something and if I could feel something, I would be kind of delighted. Somehow there is joy in this little group of people.

In the second research interview, Patricia explained to the researcher that she thought all of the parts were representations of her child parts, and that this revelation was very significant. She said, "They are all me." However, in the same interview, when the researcher asked Patricia to explain her understanding of the intersections between the participants' common use of the term, "parts" and the clinical use of the term, "dissociation," Patricia said,

> If you talk to other people as if they were a kid, it is more about trying to attune to the ego state of what they need . . . . If you talk to other people as if they are a kid, sometimes it works.
>
> If it is a kid part that is young, I have had people say, you are using words that are too big . . . . It is a matter of matching the state. Somehow, if the part is defended and hostile, it is a matter of how not to respond in a hostile manner or take offense. I mean when you get these little parts of you, there is a reason that they are not all together . . . . It has been this way for a while, and why should we upset the whole cart.
>
> We still need better language because, somehow, it [parts] does sound a little pathological.

The following excerpt between the researcher and Ryan, from his first research interview, offers the meanings that Ryan made of re-experiencing a memory from a child part without clear distinctions between present time and past time, present space and past space. Ryan said:

> Another piece there, along with helping me to feel the emotions more strongly, I am, to use the Schwartz's (Schwartz, 1997) [Citation provided by researcher] parts [Internal Family Systems] stuff, is that I, that part is, being activated, that little boy or whatever part that those memories are stored in. I remember in the session, when I started to become of the Lord's presence more strongly, I started moving from, I didn't see me anymore. I was looking through my own eyes, so that was when I looked across the river and he was on the other shore, went over and he made this joke about the fertilizer plant and all that internally was through the little boy's eyes.
>
> The researcher asked Ryan, "And not your adult eyes?"
>
> Ryan responded, "Right, I did not see both me and him that I remember."
>
> The researcher restated the question for the purpose of clarification, "Were you
>
> were totally in the little boy memory package, his ego state?"
>
> Ryan responded with more insight and a citation to support the conclusions he
>
> drew:
>
> Right: It was not like I was on TV. It was like I was all right there. That same perception was there a few minutes later at the hay bales, when that was the setting, and Jesus was up higher. I did not see my own body, I was looking through my own eyes, and then when he stretched his arms out, I was just watching [Jesus] eyes become darkened and lightning was shooting from His hands and . . . it was mostly visual, and then . . . there was a whole package of stuff that came into my gut. That then took a while to get words for.
>
> Ryan continued, citing a source:
>
> In *How God Changes Your Brain* (Newburg & Waldman 2009. pp. 60-70) [Citation provided in Skype interview by Ryan] he [authors] said that when people have a spiritual experience there is another half second before people can start to get words for it, and the larger the channels in the brain that it [spiritual experience] is going through, are just a bigger pathway and it takes longer for it [spiritual experience] to get words for, so concepts like God and Love take longer for the brain to get concepts to explain it.

Subcategory three: Split screen phenomenon. The term Split Screen Phenomenon was utilized by the participants and the facilitator to explain the phenomenon of holding both the memory picture of a traumatic event and the contradictory picture of a corrective

emotional experience in the same field of awareness, similar to a split screen movie scene. Lehman explained the process in the Immanuel method designed to build a base of appreciation, and a joyful scene from which to view scenes of traumatic events. He explained the process of establishing a joyful scene to Ryan, in his first archival session, before trying to access painful memory scenes. The facilitator said:

> Can you feel appreciation when you are talking about these things? The goal . . . is to talk about the things that you appreciate until your brain starts to feel it. You talked about your experiences until you brain appreciation circuits became open.

Ecker, et al explained a necessary step in memory reconsolidation as the juxtaposition experience. They said:

> Each juxtaposition experience consists of simultaneously experiencing the pro-symptom schema side by side with sharply contradictory knowledge, with both knowings feeling vividly real, yet both cannot possibly be true. For the client, holding two utterly contradictory but equally real-feeling personal truths simultaneously is a *peculiar experience* [italics added], yet it is the experience required in order for new learning to nullify and replace old learning (p. 58).

The data revealed that all five of the participants reported an awareness of traumatic events in their sessions; and, they also reported an awareness of a contradictory experience (e.g., images, living scenarios, explanations, perceptions, etc.) that nullified the beliefs that were held in that traumatic event. They reported that their *peculiar experience* often, but not always, included the perception of Jesus that nullified and replaced old learning; and, that Jesus often, but not always, offered explanations that helped to nullify and replaced old learning. They described the phenomenon as though they were looking at two or more different images, on two or more split movie screens, at the same time.

In Patricia's second archival session, she reported a memory picture in which she was overwhelmed with feelings of being alone and abandoned as she was shuffled around

from her grandmother's house to her aunt's house and then back to her mother's house. In that same picture, Patricia described a picture that she saw of Jesus in the Garden of Gethsemane. She said that Jesus told her, in that picture "He won't fall asleep on me [Patricia] though, like His [Jesus] friends did."

Barbara's baby bed memory, which she reported in her second archival session, provided another example of the Split Screen Phenomenon. Utilizing the presenting thoughts of, "Nobody will come and help me, and the emotional cues of, "hopeless despair" to prime implicit memory. Barbara reactivated a memory in which she was left to cry in her baby-bed without her parents coming to care for her. In this memory, Barbara perceived herself alone, crying in the bed. However, Barbara also perceived Jesus in that picture. Barbara said that Jesus "comforted her." Barbara also said that Jesus offered her an explanation that helped to nullify the old learning she held that "Nobody cares what I want." Barbara said that Jesus told her He had been caring for her even when she "felt alone and frightened." Barbara said that Jesus also provided additional insight that helped her forgive her parents. She explained in the focus group a split screen picture. One picture showed Barbara crying in the bed with two little children standing outside the bed. In the other picture, the emotional maturity level of her parents was explained to Barbara. She said:

> The picture the Lord gave me, in that session, was me in the baby bed and then two little children, like two or three years old, standing outside of the baby bed watching me cry. And the [other] picture was, the message was, "They [my parents] were too small to help me." That that was their real state [of maturity].

In another example, while reactivating a childhood memory, in her second research interview, Rebecca reported that Jesus offered her an explanation of why her mother was treating her so badly: Rebecca said, "It is evident to me that my mother was

working out of her three-year-old memory . . . she is going to be 89 . . . when you are raised by someone, it is hard to see them as three."

Magdalena vacillated, in her first archival session, between screens, with one screen showing her as a little child who was very angry at getting a "junky, old faded bike," and the other screen showing her as an adult gaining revelation of the thoughts and intents of her parents' "true hearts" as they were buying a bike for her. In Magdalena's split screen, she was able to communicate with Jesus while watching both pictures. She said that she "felt better" as the little girl received comfort from Jesus. She also said, in her first interview, that her "adult, logical self felt better" seeing her parent's intentions, and gained the insight "that it [her anger toward her parents] was just a big misunderstanding."

> I was in sixth grade in auditorium and waiting to be dismissed. [I] was in a real big kid's seat, "[The] guy said, I am going to kick your ass man." [I] was not familiar with U.S. culture, avoided him all day, uncomfortable.

Then Ryan described the perception of Jesus in another picture on the screen that helped Ryan gain new learning, saying:

> Jesus goes and stands next to the kid and models how to deal with situation, seeing him as a person. Jesus models it. I am just checking to see if I would be able to go and be willing to do this. What is the worst that could happen? I could get into a fight. Jesus would not be happy about that.

Thompson said that to make sense of one's autobiography, the experiential sensations of implicit memory must integrate with explicit memory systems. He stated, "In this way the hippocampus acts as an integrating cartographer, creating a contextualized mind map that can recall facts and that connects implicit with explicit memory" (pp. 73-74). Thompson prefaced this statement saying:

> Despite the fact that you cannot turn back the clock and change the actual events of your life, *you can change your experience of what you remember and so change your memory.* As you pay more attention to this possibility, you will become aware of what Jesus is doing in real time and space to facilitate healing and renew your mind (p. 73).

In summary, the researcher described, in the first theme, the initial step in memory reconsolidation as the Reactivation of Implicit Memories. Whereas, participants reported the greatest therapeutic change when they reactivated implicit memories as one who was re-experiencing a memory without clear distinctions of time and place, they reported the least therapeutic change when they recalled explicit memories from the present as one who was offering autobiographical descriptions of historical events.

The divisions of explicit and implicit memory are best conceptualized on a continuum. For example, excerpts from Rebecca's first archival session illustrate the movement from the utilization of explicit memory systems to describe memories, to the utilization of implicit memory systems to re-experience memories. In her session, all three categories under Stages of Memory Reactivation (Autobiographical Recall of Explicit Memory, Explicit Recall to Implicit Re-experience, and Re-experiencing Implicit Memory without Clear Distinctions of Time and Place) were recorded in a single session.

Rebecca began the session by recalling a recent birthday memory from the present:

> Last Wednesday, it was my birthday . . . . My daughters gave me gifts, my husband got me a gift, but it was still kind of a forgotten type of thing. In every one of their birthdays, I did something special, made them a cake, and got them something they wanted. But with me, it was nothing . . . . They could have gone anywhere to get a cake, and stuck a candle on it, but nothing

Then Rebecca reported the memory as one shifting from explicit recall to implicit re-experience:

> What comes to me is a memory of my third birthday. I was sitting in the kitchen, and my mother was combing my hair. And there were balloons and tables outside. And I don't know if this came from my mother but I think it did the words, "I hope someone comes." I was afraid of that, and it was intense.

Finally, Rebecca reported as one who was re-experiencing implicit memory without clear distinctions of time and place:

> I see a long dark hallway . . . . I am supposed to go down it. There is like an inky darkness at the end that is palpable . . . . I am like walking through it and it is like a heavy mist, only it is a black, wet darkness.

There is debate in the literature about reactivation and implicit memory and about child part phenomenon. Lehman (personal conversation April, 12, 2014) spoke to the complexity of the debate, saying:

> If you really re-enter that whole memory package from seven years old, you are going to kind of be back inside that whole package which includes ego state, maturity level. When you [researcher] said, "Can we define it?" Having rummaged through thousands of pages of literature on it, my assessment is, that there are five different phenomenon in the same bucket: There is this thing about just being inside of a child memory package; when you are in there, you will kind of feel like a seven year old, you will have a persona of a seven year old, you are kind of inside that whole ego state package. People call those parts . . . . [On the other end of the spectrum] There is fully dissociated double no cold conscious, people call that parts…. There is about five different phenomenon and people call them all parts.
>
> And so if you had five illnesses medically, asthma, lung cancer, pneumonia, and a few other things and you had them all under the same diagnosis, you would have a whole bunch of problems; you would have tremendous confusion, because you have five different medical conditions, all under the same medical label. So when people want me to define parts, okay the longer discussion is there are a number of different phenomenons that could all get called the same thing.

It is beyond the expertise of the researcher and the scope of this study to place in-depth analysis of neurological research against the participants' experiences. For the

purposes of this study, the researcher has offered salient data points from the research as a starting point to form a rational basis for discussion. Through the analysis of the data, it has become obvious to the researcher that further investigation into these phenomena as they relate to Inner Healing is needed. Readers are encouraged to make their own decisions.

Theme three: Hindrances to reconsolidation. The third of the three themes identified under the meta-theme Therapeutic Change in Session was Hindrances to Reconsolidation. Under Hindrances to Reconsolidation, two categories emerged. The first category is Defenses Against Pain. The second is Spiritual forces. All five of the participants reported hindrances that stood in the way of memory reconsolidation.

Category one: Defenses against pain. Three of the participants, Barbara, Patricia, and Magdalena reported that Defenses Against Pain were removed first, before painful memories were reconsolidated. Smith (2000) called Defenses Against Pain clutter because they cluttered the process of accessing painful memories (pp. 104-104, 146). Shapiro (2001) called an irrational belief that blocks the access of deeper trauma-bound, memory-anchored beliefs, "blocking beliefs." Sandford (1977) considered these patterns (e.g., judgments, unforgiveness, and sinful vows) as early developmental problems, and that, through explanation, prayer, renunciation and participation in the cross, the pattern would be cut off at its roots. Lehman (2006) gave a rational for calling these defense patterns sinful:

> Our perception is that psychological defenses are tools the Lord gives us to help us survive psychological trauma in childhood. Psychological defenses help the child reduce the apparent size of the stress/trauma so that they can manage it with their child sized emotional resources. When we become adults, it is time to bring the traumatic memories fully into the light so that they can be completely and

> permanently healed. Psychological defenses hinder this process, and therefore become sinful.

Barbara's first session provided an example of a participant who enacted two patterns to defend herself against re-experiencing painful emotions. In the Skype interview she explained, "I had made a sinful vow, because it was self reliance and I had to renounce that in order to kind of move back into the memory." Barbara continued to report:

> My first husband ran out on me. Well, he was having relations with other girls while I was pregnant with our daughter. And my picture is when he was leaving, that little girl would have grabbed onto him by the leg, and hung on as he dragged me through the door. And as he was dragging me out the door, I would have been clinging to his leg saying, "Don't go. Don't go."

She reported, "That is the place where I said, "I will never, I don't want to ever be in this place again. I don't ever want to have anybody do that to me again." Barbara explained the effects of making that vow on reactivating painful memories. She said:

> No matter how hard I tried with Jesus, it just wouldn't get anywhere. And then taking the challenge to stay in the painful place long enough, and then hoping again, and that was kind of my psychological, hope: something would happen. I wanted something to happen and it wouldn't happen, and then I would just shut down and be disappointed.

In the same archival session, Barbara was able to uncover another defense pattern, a vow that prevented her from reconsolidating implicit memories. Barbara described this vow as; "I will just do it myself."

Then the facilitator asked Barbara how he might best help her renounce the vows:

> Do you want to pray internally, or do you want to pray out loud with me? "So Lord Jesus, I understand why I made these vows: it was hurting so bad and I had no other way out, but, Lord I ask you know how to be a part of your plan, and I surrender to you now these vows. I give back, using these vows: I won't need you; I won't use you; and I won't depend on you to make it better.". . . I give these back to you. And I give back to you everything I got from them and

> everything I got from the enemy from making these vows. I give back using these vows to stop the pain to protect myself. Anything else we need to name?"

Barbara responded by describing the pattern of using her feelings to control other people, saying:

> The other is still trying to use my feelings to control the world . . . . There is still something about that. I want to be able to make that work. Also, that thing about I want to be in control when I hurt this bad.

In her Skype interview, Barbara explained further this combination of anger and hopeless despair as tools to defend against painful memories. She said:

> I used anger to manage hopeless despair. If I get mad enough, maybe I won't feel that, or maybe I will get you to do what I want you to do. So I think that there was something about going through that [healing session] that was cleaning things out. Those memories were just so locked in.

After the pattern was revealed to her, Barbara prayed, "I ask for your forgiveness, and I ask you to give me your heart and mind. I cover myself with your blood, and I ask you to cleanse me from this pattern." After she prayed prayers of forgiveness, Barbara said to the facilitator, "I have just surrendered all my tools. This is going to be worse." However, the facilitator told Barbara to try to go back to the memory of the little girl waiting to go to the circus, to see how that little girl is feeling after the prayer. Barbara became quiet, closed her eyes for a moment, and then responded, "She doesn't feel as bad as it did a while ago. I don't know why."

In Patricia's first archival session, she said she became aware of her pattern of accepting feelings of hopeless despair to ameliorate the pain she might experience if she attempted to do the great things she felt God was prompting her to do. She explained that if she didn't have this defense, "I would fail. I would blow up, be a fraud." At the end of the first session the facilitator and Patricia prayed a prayer to renounce the defense

against pain. An interchange between the researcher and Patricia from the second research interview explained the struggle Patricia underwent to remove hindrances to memory reconsolidation:

The researcher asked, “What do you think has made it easier to connect with Jesus? What happened in the earlier session that made it easier?”

Patricia responded, “Practice, and part of it is seeing that it really worked. For a long time this didn’t work, this idea of trying to find Jesus. It was kind of a year or two of not really anything, like nothing.”

The researcher replied, “It is amazing that you stayed that long.”

Patricia continued:

> I got rid of vows; I got rid of whatever stuff I could that might be in the way. I did a lot of that stuff and just tried to take it on faith that this was going to make a difference. I think it did. I think that I got rid of a lot of underbrush that was tangling me up . . . . I think that there was a lot of healing . . . but I just did not feel it until, eventually, I hit a watershed moment where there was enough done that I could have contact with Jesus.

Patricia said that, in the second archival session, she went deeply into a painful childhood memory, and experienced the presence of Jesus. She then reported, “Jesus said “One of the lies is that the pain will really kill you. It was a lie.” Pain will not kill me.”

In Magdalena’s first archival session, the Lord revealed to her that she had adopted a defense pattern of unforgiveness. This revelation came after the facilitator prayed, “Lord, what is standing in the way?” Magdalena reported, “The Lord showed me a bunch of places where I needed to forgive, which I did.” After Magdalena complied, she was able to begin reconsolidating her painful memory by reactivating an unprocessed memory. She said, “Then He took me to a memory where my sister and I almost got molested by a teenage babysitter.” Magdalena also reported that she was utilizing anger

as a defense. She said, "I remember feeling very angry toward my parents at trying to convince me to like this bike . . . . I am not feeling that anger anymore toward my parents. I am just feeling residual sadness."

Category two: Spiritual forces. Many practitioners of Inner Healing (e.g., Anderson, 1998, 2000a, 2004; Bubeck, 1989; Dickerson, 1989; Friezen, 1992; Kraft, 1993; Sanford, 1966; Smith, 2000) reported that evil spiritual forces hindered their work. In this study, the influence of demonic spiritual forces that hindered memory reconsolidation emerged in the stories of Barbara Patricia and Rebecca.

Subcategory one: Demonic attachments to painful experiences. Patricia's first session illustrated an example of demonic attachments to painful experiences. Once Patricia entered into the painful childhood memory, she explained, ". . . there was some kind of demonic interference on this one, and I don't think I was ready to let that go." She continued:

> I shouldn't say interference . . . but I just kind of recognize that there are places and choices to not do the right thing; you know to be in sin, basically. So then you have a spot for the enemy to take up ground, and then you either want to get rid of it, or you don't.

Patricia explained that the memories of early childhood pain and the feelings of despair associated with those memories and attachment to demonic entities. She said, "The part of me that really drags is the demonic dread that has attached to me." She further explained what the purpose of the attachment was: "The dread thing protects me so that I don't have to be bigger – expectations are too high – I check out automatically."

An excerpt from Rebecca's first archival session, between Rebecca and the facilitator, portrays a poignant example of her attachment to demonic forces, and how this attachment was revealed through somatic sensations:

The facilitator prayed, “Lord, what is standing in the way of this memory playing more fully? Just report what comes to you: thought, emotion, physical sensation.”

Rebecca reported, “Well, I still have this tenseness in my stomach.”

The facilitator interviewed, “Focus on this tenseness. Lord, what is this tenseness in the stomach?”

Rebecca said, “Dread”

The facilitator intervened, “Okay, feel the dread, and try to pay attention to the words that best describe what you are afraid will happen.”

Rebecca responded:

> Nobody will come. Nobody loves me . . . . And my mother’s face. There is kind of a thing, a demonic thing in there . . . It’s hard for me to describe it fully. It is her, but there is something behind it.

The facilitator prayed:

> Lord Jesus, we ask that you would designate all demonic spirits that you wish to reveal at this point . . . . We command all demonic spirits at this point to reveal exactly what He has required you to reveal.

Rebecca interjected, “Oh! Hatred! Hatred from this demonic being! Toward me, wanted to kill me!”

Subcategory two: Demonic attachments to child parts. In Barbara’s first interview, she described the insight that was given to her in her first archival session when she re-experienced a memory as if she was the child part in the memory. She elucidated the experience of gaining the understanding of how, as a young child, she had made an agreement with demonic entities to attach and help her enforce the vow she made. She characterized this vow by the phrase, “I won’t need you, I will do it myself.” Barbara explained:

> They are subconscious decisions that I have made at three or four years old. In the spirit world, unfortunately, when you are three or four years old, there are consequences for those decisions. And that seems totally unfair because, if you are three years old, and you decide not to trust anybody, it seems unfair that a demonic spirit can attach itself to that. Unfortunately, in the spirit world, we reap the consequences for those decisions that we made. We reap the spiritual consequences of those unconscious decisions that we make, which seem to me, totally unfair because that is the only thing we can do to survive.

Barbara reported in the session, that when the vow was removed, the demonic entity seemed to have no attachment point. She said that she felt, "different."

In Barbara's first research interview, while viewing the first archival recording conjointly in the semi-structured portion of the interview, the researcher observed, what appeared to be, an interaction between Barbara and Jesus regarding demonic attachments that were established in childhood. Since the interaction was intermittently punctuated by emotional displays such as weeping, the researcher asked Barbara for clarification, saying, "Are you getting interpersonal insight into the decisions that were made?"

Barbara responded:

> I had made a sinful vow because it was self-reliance, and I had to renounce that in order to kind of move back into the memory. But I don't remember how I realized it. I have some people who see a demonic presence, cloak and dagger. I don't ever remember having that. Mine was more a sense of, I am aligning this part of my life with a lie, and as long as I do that, the enemy is going to be able to keep lying to me.
>
> And there are different degrees of that. I am thinking of some of my people who cut themselves, and that is, the more they cut themselves the harder it is for them to stop. Every time they say yes, the harder it is for them to stop. And so it goes into a downward spiral. Likewise, you have people that keep saying yes to the demonic, and so it becomes harder. I hate to use the word possession, but there seems to be much more control. It's not a control-control, because they [demons] can't violate your will: but, boy, you are stuck in that [pattern].
>
> And I don't know how you are going to talk about that in your dissertation.

A thorough review of the data by the researcher revealed that Hindrances to Reconsolidation were addressed with greater frequency in Barbara's, Patricia's and Rebecca's first archival sessions. In the participant's second archival sessions the time spent on eliminating Defenses Against Pain and Spiritual Forces as hindrances diminished significantly. The data indicated that Immanuel Interventions changed the scope and practice of removing Hindrances to Reconsolidation.

Meta-theme Two: Narrative and Life Change

All five of the participants reported life changes as a result of their Inner Healing experiences. Lehman (2010) explained that the last step in processing painful memories is to be able to, "correctly interpret the meaning" of the experience (p. 5). In this section, the researcher will offer selected portions of participant narratives to describe the changes that occurred in the lives of the participants as they struggled to correctly interpret the meaning of their Inner Healing experiences. The reported changes, organized under the second meta-theme, Narrative and Life Change, fell into three predominant themes: (a) Attachment Pattern Reconstruction, (b) Increased Awareness of an Expressed Inner Life, and (b) New Lifestyle.

Theme one: Attachment pattern reconstruction. Robins, (2000) posited that the true God transcends faulty god images and He is active in seeking a relationship with His children that dispels faulty perceptions of Himself. Robins said, "Hence, it can be supposed that a person's choice to be in a relationship with God, enables him or her to experience inner healing through a process of "re-parenting" by our Heavenly Father (p. 160).

The first theme was Attachment Pattern Reconstruction. Two categories were identified under Attachment Pattern Reconstruction. The first category was Securing Attachment to Jesus. The second category was Alerting Relational Templates. As a result of their Inner Healing experiences, all five participants reported a significant change in their relational templates.

Category one: Securing attachment with Jesus. In the semi-structured portion of Patricia's second research interview the researcher and Patricia began to watch Patricia's second archival recording conjointly. The researcher asked Patricia, "How did you start the session?" She replied, "I did see what was coming and I wanted to get off the train track, but . . . . Jesus is securing the attachment. So part of it I think is . . . securing the attachment with Him [Jesus]." Hence, since Patricia coined the term, and since the other participants concurred in the focus group, this category carries the name Securing Attachment with Jesus.

Magdalena described, in her second archival session, an ambivalent attachment pattern with Jesus, "Intellectually, I realized that He will always be there with me. But I feel like if I am angry, He will be mad at me." However, after the session, she described, in her second research interview, a more secure attachment with Jesus:

> And even though I know myself better than anyone else on this planet . . . He knows me even better. And just the very idea that He wants to interact with me, He and His Goodness, come and meet with me when I am struggling, and know what I need.

All five of the participants reported first their experiences that secured their attachment to Jesus, and, afterward, the changes in their attachment patterns with others. The participants reported three primary ways in which Jesus secured attachment with

them. The subcategories that offer descriptions are, (a) Negating Painful Emotions, (b) Evoking Positive Emotions, and (c) Altering God Image.

Subcategory one: Negating painful emotions. All five of the participants reported that they felt a stronger connection with Jesus when He helped them negate the emotions that they experienced at the time of the painful memory. Barbara, described in her first research interview, a Thanksgiving meeting with her father as an example of how the pain associated with childhood memories of her father's neglect had changed. She reported to the researcher a change in the way she communicated with her father after the first archival Inner Healing session used in this study:

> We just kind of talked about it . . . and what he had done. And then he said, "Oh, I did not do that!" And I said, "Oh yeah, you did. I remember very clearly." And he said, "Did I really do that?" I said, "Yeah, and a couple of other things just like it . . . . You were both [Father and Mother] really young."
>
> But I got past it. There is a place of settled-ness that, it is not about me. The pain is not about me anymore. I am disappointed, and I am sad, but the healing, I think, is that it does not hook into: "I am not ok. I am not worth it. I am not important." Those things don't seem to be . . . those things do not feel true.

In the same interview Barbara explained that Jesus removed pain from her. She said, "The pain is not about me anymore." Barbara explained the meaning she made of her Inner Healing experience in which her pain was eliminated in the focus group saying, "And I have somebody I trust, who cares about me and he has some capacity to help me, all those things."

Patricia's second session provided an example of Securing Attachment with Jesus when He took away her sadness. She described her attachment pattern with her mother as ambivalent, insecure. However, Patricia said that Jesus offered her an alternative attachment figure when He held her and took care of all the places in which Patricia

experienced attachment ruptures from ages one to four. Patricia explained in the second research interview how Jesus attached to these child places:

> The kids were all playing, and then they got hungry, and then they wanted Him to feed them. And they were all saying, "Feed me. Feed me. Feed me." And they all want attention and they all want to have Jesus give it to them personally. (Patricia had a huge smile on her face.) It is kind of funny . . . . I assume that they are all me.

Patricia reported in her second research interview that Jesus got rid of her sadness. She said, "I've gotten rid of sadness because of securing relationships and attachments with Jesus." Patricia also explained how Jesus helped her overcome despair:

> I didn't even want to cry, like what if I can't stop. It was the fear; I am not even going to go there because what if I just cannot get back out of this. And now, I know that I can get out of it. I know that things are not going to stay the same. And also, maybe I can go to things that are deep . . . And I know that God is going to help me. And I know that there is going to be some solution, and some healing is going to happen, whereas before, I wasn't sure . . . that God was going to show up.

Rebecca said that when she perceived the presence of Jesus in her first archival session, He eliminated her feelings of shame and dread, and thus Rebecca was able to secure attachment by just being with Jesus, and having Him hug her. This happened while Rebecca was reactivating a childhood birthday memory in which she went to hide in a closet to escape these feelings. In the first archival session she reported:

> He is saying, "You are so smart." I just visualize him being with me, hugging me . . . . The thing in the stomach is going away . . . . He is reaching into my stomach were the dread thing is and He is removing it.

When Magdalena reactivated a childhood memory in her first archival session, she became aware of the feelings of shame, guilt, and condemnation associated with that memory. She reported how Jesus removed these emotions and attached to her child part:

> I almost got molested by a teenage babysitter . . . . My trigger was I am shamed, and I am bad.

> I had on a little night gown, and he [the babysitter] is wanting to explore our bodies. I lifted my night gown up so that he could see my chest, but I did not want to take my panties off. As I am looking at that there is a twinge of guilt. . .
>
> But I am not feeling any condemnation from Jesus. I don't really see His face clearly, but I feel like He is looking at me. I am not feeling anything but love. It's not really hard to trick a little kid, unless they are my sister.
>
> It's gone [the shame], and I feel that He is really well pleased with her [the child part].

In Ryan's second session, he described several childhood memories that contained the common emotion of fear. He provided one example. Ryan said, "In college I studied abroad in Costa Rica. I was hyper-vigilant about who was around me, some anxiety was there. At any moment, I could get jumped. That is the fear." In the archival session, Ryan reported that Jesus eliminated his fears. He said,

> [In] Costa Rica, at an internet café this guy was looking at porn. The Lord told me to explain to him that that stuff will ruin your ability to love. The Lord . . . turned me around [from avoiding confrontation] and gave me the words to say.

In another example Ryan explained, "I was in sixth grade, in auditorium and waiting to be dismissed. [I] was in a real big kid's seat, the guy said, "I am going to kick your ass man." I was not familiar with US culture; [I] avoided him all day – uncomfortable." Ryan explained, in his second interview, how Jesus reduced his fears by modeling alternate behaviors. Ryan reported:

> Jesus modeled the sixth-grade memory, showing me that, rather than fight or flight there is another option, which was to go directly to the person, and be unintimidated while talking to the person, and empathize with them about what is going on.

Subcategory two: Evoking positive emotions. All of the participants reported that Jesus helped them evoke the positive emotions that were not present at the time of their painful memories. They also reported that this helped them form a stronger bond with

Jesus. For example, In Barbara's second research interview she reported that Jesus provided her with the comfort she lacked receiving from her parents as a very young child. She said:

> So Jesus is actually grown up, and He is sitting in the baby bed . . . with his legs crossed and he is comforting . . . . I was littler . . . and the thing that really got me was I said to Him, "Did you rub my hair?" And he said, "Yeah, what there was of it."

After Patricia reported hearing from Jesus, in her second archival session, that, "The pain [of going to deep memories] would not kill her." She also reported a deep sense of peace. Next, Patricia chuckled, and said, "It feels like a relief."

In the focus group, Rebecca explained the insight that was given to her by Jesus of how He attached to her, and filled an absence wound left by her grandmother leaving her with His love. Rebecca explained that one of the standard lines in attachment theory is: "An infant will accept no replacement for their primary caregiver." Rebecca explained how Jesus operated outside the bounds of that rule:

> From a very left brain perspective it comes down to this theological point of, "All love is God's love." And good attachment is nothing more or less than love . . . . And as that little girl, when I first went back to that memory, I was very distraught, of course. Grandma was leaving . . . . Then we proceeded from there where Jesus became more visible. It's almost like a double image of my grandmother and Jesus. They were transparent with each other . . . like one was within the other. And that's when I saw that God, that Jesus, had given my grandmother the gift of being able to nurture me and love me. But it wasn't her gift. It was Jesus himself. So Jesus was actually the original, and that He was not a substitute for grandma.

Magdalena explained a technique she utilized to practice securing attachment to Jesus. She said, "That experience with Jesus in that bike shop has proven to be a place that I can revisit in my mind, and reconnect with Jesus, which I have done over and over again."

Ryan, in his first research interview explained how he felt a stronger attachment to Jesus when positive emotions were evoked in his memories. Ryan reported his experience of moving to the Midwest from East Africa as one transitioning to the stage of re-experiencing the implicit memory, saying:

> You're the little boy in [Midwest], he's [Ryan] not used to this culture, he's trying to fit in, he is surprised, I am just kind of able to have that whole scenario wash over me.
>
> When I started to become aware of the Lord's presence more strongly, I didn't see me anymore. I was looking through my own eyes, so that was when I looked across the river and He [Jesus] was on the other shore, [I] went over and He made this joke about the fertilizer plant, and all that . . . was through the little boy's eyes.

A few minutes later, in the same interview, Ryan explained the meaning that he made of the Inner Healing experience. "Often times I perceive the Lord more strongly when I am more connected to the emotions in that memory." Toward the end of the first research interview Ryan further explained his understanding of attaching to Jesus, saying:

> I believe the reason these sessions are successful is because the Holy Spirit, the one who goes between the Father and the Son and is kind of the love, the power that flows, and so the Holy Spirit is flowing between us and Jesus, He [Holy Spirit] is flowing between us and the Father as we specifically ask, and so I think what makes Immanuel prayer and maybe Theophostic unique is the intentionality about exercising our heart and spirit to connect to the Holy Spirit to have a direct spirit to Spirit connection with God.

Subcategory three: Altering God image. Rizzuto (1979) first explained the God image as an internal working model of the sort of person that the individual imagines God to be. Lawrence (1997) explained that God image differs from an individual's concept of God, which is an "intellectual, mental-dictionary definition of the word, God" (p. 214). He explained that a Christian's concept of God may greatly resemble a "Sunday school" Jesus (p. 215). Lawrence further explained that an individual's God image is

distinct from their God concept because it is not intellectual; it is experiential. This image is formed by aggregating memories from various experiences, and associating them with God. Often these memories are associated with significant caregivers, and are given "additional coding for God" (p. 214).

Barbara and Patricia reported that they became aware of attributing parental attributes to Jesus. They also reported that Jesus provided experiences that contradicted preconceived expectations, and thereby changed their image of Jesus. In her second research interview, as Barbara was reviewing her second archival session, she explained how she was transferring the attributes of her father onto Jesus:

> It seems like the most significant [thing] about this section, is the profound transference between my dad and Jesus. Dad didn't come, and I did all this waiting, and I'll do exactly the same thing with Jesus, and I am not interested . . . . I will just have the same experience with Jesus.

However, Barbara also reported that Jesus contradicted her expectations by coming to her in that same place of loneliness, showing her He was not like her father. Barbara reported the effects of Jesus coming to meet her in a place of loneliness:

> Before I didn't even realize that there was that much more to have. Because I had the vow, I am not going to feel the pain of somebody leaving me like that. So now, I will feel a lot of pain when my husband leaves. And the adult me is really glad that I love him and that really hurts.

In Patricia's second archival session she described a memory of both her parents not showing up. In the second research interview, the researcher asked Patricia to explain her understanding of attachment. Patricia described her attachment pattern to early caregivers, "I think probably a real insecure, ambivalent attachment." She explained further, "And so I think, well, I know that I bring that to Jesus. I think that He is not really going to be there. He is not going to show up." However, Patricia reported that

Jesus contradicted her expectations by showing her that He understood what it was like to be abandoned because He was abandoned in the Garden of Gethsemane, and that He was not going leave her. She said:

> He showed me that He would not fall asleep on me. And that was a big deal to know that He knew that this was hard and you're not going to leave me. You are going to be here. It's that whole kind of thing, that attachment, that reassurance.

Patricia explained, that because she secured her attachment to Jesus, she has gotten rid of sadness, and is now more relational. She said:

> I think that I have the capacity to work at a deeper level, to tolerate more despair . . . and to let people be with me when I am in despair. Because in the beginning, I would generally rather be with myself if I was really sad, and I think now that is not the case. So I think that it is easier for people to be with me when I am in a bad state.

However, as in Barbara's previous example, Jesus provided an experience for Patricia that contradicted her previous expectations. She said:

> The picture is Jesus in a rocking chair holding this baby and maybe it is a nursery room. But there is a circle of light, and He is in the light. There is darkness around the children. The darkness is in all the corners, but there is a spotlight in the middle.
>
> I assume that they are all me. I don't know why there are so many. It seems kind of weird. But I have a feeling they are all me. And then all the kids were hungry. They all wanted to be fed by Jesus. I am sure that means something.

Category two: Altering relational templates. The second theme under Attachment Pattern Reconstruction was Altering Relational Templates. Patricia, who is a significant caregiver to many family members within a large, extended family, explained how her family relationships have changed as a result of receiving Inner Healing interventions. She said:

> I think that I have the capacity to let people be with me when I am in despair. Because in the beginning, I would generally rather be with myself if I was really

> sad. And, I think now, that is not the case. So I think that it is easier for people to be with me when I am in a bad state.

All of the other participants also reported a significant change in their relational templates. Barbara reported a significant change in her relationship to her husband. Magdalena said she changed the way she related to her siblings. Rebecca said that her relationship to both her husband and her mother had changed. At the time of this research report writing, Ryan and his wife are expecting their first child. Additionally, Patricia also reported a change in the way she related to her patients.

Subcategory one: Marital relationships. Three of the participants, Barbara, Rebecca and Ryan reported changes in their marital relationships as a result of their Inner Healing experiences. In Barbara's second research interview, she described how her Inner Healing experiences have changed her relationship with her husband. She said:

> My dad did not help me growing up. My first husband ran out on me, well, he was having relations with other girls while I was pregnant with our daughter. And my picture is: When he was leaving, that little girl would have grabbed onto him by the leg, and hung on as he dragged me through the door. And as he was dragging me out the door, I would have been clinging to his leg, saying, "don't go, don't go."
>
> And that is the place where I said, "I will never, I don't want to ever be in this place again: I don't ever want to have anybody do that to me again." Somewhere along the line in that healing work, I became very aware of that ache in my relationship with my husband. I am not going to need your love, or love you, or be committed yet. I'm not going anywhere; I am not going to leave you; I am not going to divorce you; but I am not going to need you as much as you need me. You are going to have to need me more because I am not going to need you.
>
> I kind of always kept the upper hand. What is really true in my life because I am pretty sure that I am going to live longer than my husband, because my grandmother lived to be 95, but when my husband dies, that is just going to be awful. It will be really, really, really hard if and when it happens. And I am glad that this grown up woman wants to love him that much. Before, I didn't even realize that there was that much more to have because, I had the vow.

Barbara continued to explain, in the Skype interview, how her relationship with her husband changed when she reconsolidated memories of her father not coming to meet her needs:

> I get to have him now in a way that I didn't have him before. His presence here means so much more than it did then. Yes, my life has definitely changed as a result of that session, but not necessarily just that one session. But the healing of that wound, I did not know how disconnected I was from the man that I had lived with for over 20 years. I did not know how much love I could really have for him. I only loved him with a piece of my heart.

Rebecca, in her second research interview, also reported changes in her marriage relationship:

> In my first nine sessions nothing dramatic seemed to be happening. But the Lord gave me notice that I needed to pay attention; it was a subtle thing. My husband came home and did something that usually would trigger me; it would drive me crazy. But this time, when he did it, I did not even realize that I did not react. It did not impinge on my consciousness until later… oh my God, he did that thing, and I did not even go crazy. Why aren't I angry at him? Then I tried to make myself angry; that was even stupider. I should be angry at him. I could not get angry. And it just was silly; it wasn't anything that he was doing wrong. Then God filled me full of a tremendous amount of compassion for him, and teaching me what he went through; and now He is doing that with my mother.

Ryan, in his second research interview, said that Jesus corrected him when Ryan was trying to leave the Middle East with an artifact. Ryan said, "Another piece was that of keeping a secret when dealing with the airport security, when I thought I was hiding something." Ryan explained how the correction that Jesus provided not to keep secrets helped his relationship with his wife:

> I almost do much better in not hiding things these days. I do that with my wife . . . . I am just so much more clear. I don't hide things. I accept the consequences. It is connected to the session, that when you have something to hide, everything becomes much more intense.

Subcategory two: Sibling relationships. Magdalena reported, in the Skype interview, a change in her relationship with her sister. She said:

> I have a sister who is a year older than me, and we have always had conflicting personalities . . . . So years ago, we had a lot of trouble being around each other for more than a day or two. We would always get under each other's nerves. I don't think that either one of us is trying to be best friends with each other, but we have reached a place of equilibrium where we don't get under each others' skin. I think that is because we gotten over stuff and I have gotten healing from Jesus, getting over some of the original triggers that were getting in between us . . . [because of] my relationship with her growing up.
>
> I do remember calling her and telling her about that session [molesting babysitter], and thanking her for the role she played at that time, and how big it was for me. She was very gracious.

As a result of his Inner Healing experiences, Ryan explained in his first interview, he learned a new way to relate to his brothers:

> My relationships with my brothers have become much closer. During the session, I crossed over the creek which is a symbolic change. We all went together to meet Jesus . . . .The thing that was unique about it is it wasn't just me and Jesus, but it was my brothers too. Jesus wanted to show his power to help me feel reunited with my brothers in that memory. So since the session, I have done intentional things to try to strengthen our connection. [I] call them more often.
>
> First the majority of the prayer time, it was just individual. It was me and my buddy playing at this creek, and Jesus was with me interacting with me there. But then there was this change in the session where Jesus said, "Okay, I m going to stay and interact with your buddy here, you go back and get your brothers." That was a real change. Okay, go get my brothers, and do this walk together.
>
> I think Jesus was giving me the idea that something different was going to happen, and we are going to meet at this place where we are going to have fun. I don't have to convince my brothers that it would be fun to be with Jesus. It is a joy motivation. It is cool to be with Jesus. So we went out to these hay bales out near the forest that we would have fun on. Jesus was, "hum, it feels good to be together again."
>
> There were these feelings that I was having during the session that were quite counter to, they were the feelings that I wish I would have been able to have with my brothers . . . . A feeling of having being focused on God, and what He wanted us to do with our lives, whereas, at the time I felt like we were all going in different ways. Getting scattered, disagreeing with each other.
>
> In the session, Jesus let me rework my relationship with my brothers . . . re-process that in some sort of way.

> I think it went . . . from thinking the relationship was at the whim of fate, that there was not anything we could do if we were going to be separated . . . . [to the] the new thing that I have some control in it. And the new thing is Jesus is behind me so it is not necessarily a lost cause, or, that we are not at the whim of every wave.

Subcategory three: Parenting relationships. In his first session, Ryan explained how Jesus changed his perspective on having children:

> During the session, Jesus let me see having kids from my parents' perspective, and that when the little boys [my brothers and I] were starting to fight more, they probably would have been sad. But later in the session, the revelation came to me: you know what; if I had kids, and they had problems like this, it would still be worth the challenges of having a child, even if there were hard things like this that happened. Whereas before, the thought I had was, This is just one more reason not to have kids; they will move to other countries.
>
> So I felt like I could accept that challenge of parenting children and that one . . . has been the major transformation.

Theme two: Increased awareness of expressed inner life. The second theme identified under the meta-theme Narrative and Life Change was Increased Awareness of Expressed Inner Life. All five of the participants reported that they had an increased sense of awareness as a result of their Inner Healing experiences. Three categories emerged under the second theme Increased Awareness. The first was Awareness of Implicit Memory Content on behavior. The second was Awareness of the Need to Change. The third was Awareness of Resynchronization.

Category one: Awareness of implicit memory content on behavior. The participants reported, as a primary outcome of Inner Healing experiences, an increased awareness of the effects of their historical implicit memory content on their present behaviors. A discussion in the focus group provided the clearest explanation of how the reconsolidation of painful implicit memories caused the participants to become aware of the effects of implicit memory content on their behaviors. In the focus group, Ryan

explained how he became aware of the effects of his implicit memories on his ability to show affection, saying:

> My first Immanuel approach session . . . . Jesus brought to mind a memory of being on a mission team with a bunch of kids, and the kids would all make fun of each other if there was someone that had a crush another. So, if a boy liked a girl. . . the boy would just be mocked and made fun of.
>
> The same thing happened in high school with a different group. And so some of these . . . implicit, unprocessed memories, that I had no idea were contributing to my difficulty with showing affection: and as I invited Jesus' presence, Jesus just sort of showed. What a precious thing it was for little kids to like each other, or to show love, or to show your true feelings towards someone. And so it removed the shame . . . . Since that day, that one hasn't come back. I don't feel any shame about hugging, or holding hands, or whatever in public.

Barbara followed Ryan, in the focus group, by elucidating the effects of her unresolved implicit memory content, which was encoded at an early age, when she repeatedly felt neglected by her father, on her relationship with her husband. She said:

> One thing I . . . I ran into all the time in my years of marriage with [husband's name], was since my father wound was "you didn't show up and I wasn't important," he [husband] would come home from work late, which was like what my dad did, and I would just be, first . . . really in pain, and felt rejected and unloved, but I would be angry, and I would use shame, and fear to try to control him to get him to never do that again because . . . the message I gave him was, "Any good Christian man, anybody who is not an absolute jerk, would never treat their wife that way" . . . . I didn't use those words because I was much more sophisticated than that (laughs), but now, I may follow the track occasionally, but it just doesn't trigger that same place in the same way it did before.

Barbara also explained how when the implicit memory content from her father's historical reckless driving memories were reactivated; she attributed the feelings associated with that memory content to her husband's present behaviors. She said:

> That my verbal logical explainer is saying that the implicit memory I am having from this, [the] memory with my dad passing and driving . . . is saying that [husband] is actually that dangerous.

Ann explained, in the Skype interview, how her awareness of the effects of reactive triggering on present relationships lead to more freedom in relationships. She said:

> I just feel like it is just easier . . . to be able to walk with people, but feel like it is not sticking to me . . . . Walking into all this darkness and all this despair, where all of these horrible things have happened, there would have been a sense of How am I going to fix this? How is this going to change? It would have been, in the past, like I was almost overtaking the person's view. Thinking well, this hasn't changed in 30 years, this isn't going to change. Ohh, no it's been there 30 years.

Rebecca said, in her second research interview, that Jesus gave her insight into one of her reactive triggers to which she was previously blind. Rebecca explained that before her Inner Healing experience, her mother evoked emotions in Rebecca that she could not account for. She explained that the insight Jesus provided, in her second archival session, helped her to make meaning of her confusing emotions:

> Mom just wanted to cut me . . . . I was totally clueless. I was being totally victimized by my mother, and I did not know why. I felt that she was being mean to me like an older sister would be mean to a younger sister. But a younger sister would know why.

In the Skype interview, Magdalena explained how unresolved implicit memory content surrounding her sister got triggered by another intern, saying:

> I had been in a situation that I got triggered. I was in an internship, and there was another girl in the group with me who managed to get just close enough to my sister's [name], mannerisms and even voice inflection, that it triggered a real sense of being blindsided . . . . I knew at the time that I was really, really upset that it was tapping into something.

Magdalena continued to explain how, in the past, before she received Inner Healing, unresolved issues caused her to become non-relational with others. She said:

> For many, many, years I was not self-aware enough to realize that many of the interpersonal interactions that I have with people when I get really really upset, that actually, it is a situation that has bumped into something that is old unresolved issues.

> Probably about 15 years ago, I did not think that I had any problems [or] any issues. I felt like I was fine, and if there was any sort of problem, it had to be the other person with the issues. But over the years I have obviously changed.

Category two: Awareness of the need to change. All five of the participants reported that, as a result of their Inner Healing experiences, they developed an increased awareness of the effects of their maladaptive behaviors on others. They expressed change by repentance or forgiveness. Two subcategories were identified under Awareness of the Need to Change. The first was Increased Repentance. The second was Increased Ability to Forgive.

Subcategory one: Increased repentance. Barbara and Rebecca reported a repentance that led to change. In the focus group, Barbara explained her awareness of her shaming behavior toward her husband, and how she is changing. She said:

> He [husband] has acknowledged that it's a lot better, and even when I'm doing it, if I do fall in that trap, and do it a little bit, even it's much milder and less frequent, he can say, "You're doing that." I can go "Oh yeah, oh yea I want to quit that." . . . It's rare that I have a really bad episode.

Rebecca reported that Jesus gave her insight regarding her mother's and her husband's maturity level. Rebecca also said she was given insight into a relational template she had adopted. She reported the effects of these insights on her behavior:

> It was a very clear conversation with Jesus about how I was supposed to be toward [my husband]. I was supposed to pray for him, and just love him. The Lord is helping me to see that three-year-old [ego sate of my husband].
>
> I understand that [my husband] was not trying to attack me like my mother. For [my husband], he was much younger . . . just wanted mommy. He was just a lot younger, stuck a lot younger . . . . There is a tremendous difference.
>
> . . . I think that evil states that there was intent [But unlike my mother, my husband did not intend evil] But with my mother it was the fight against something. I don't think that she thought it out. She was just reacting. She perceived it as an attack at her core.

Subcategory two: Increased ability to forgive. All five of the participants reported that their need to change included an Increased Ability to Forgive. In Barbara's first research interview, she described an insight she had been given in her first archival session regarding forgiveness. She said:

> I believe that one of the reasons that God is so able to forgive us is because God knows the whole picture from the beginning to the end. And what He does is gives us, he opens our eyes to the window . . . . He has this whole mass of data on why my dad is the way he is, but He just opens the door a little bit so that is relevant to this situation, so that we go, oh yeah, that makes sense. And it calms something, and it also is the total precursor to forgiveness. It opens the door to forgiveness, to real forgiveness. And there is not only forgiveness that happens, but also that forgiveness is paired with compassion and the compassion is sometimes for you and your loss, but also for them, and their inability, and there loss in it too. My dad did not get to live with my brother and me because his brokenness, and he could not have a marriage. And so that is one of the therapeutic interventions that he opens the window of insight of who we are and who the people are and why it makes sense why the people did what they did.

In the focus group, a discussion ensued that elucidated the change in participant attitudes toward forgiveness. Rebecca explained both a change in attitude and forgiveness. She said:

> This kind of relates to both improved family relationships and the forgiveness issue. It's interesting because . . . I sometimes think it would be easier to forgive my mother if she was dead. But because my mother's living with me, and I've forgiven and forgiven, and I have forgiven, but it has changed in the last few weeks . . . . She's borderline, and she would say something, or just move, or just, you know, walk around. And my mind would say I've forgiven her . . . In many ways, I have, but just hearing her voice, my body would react in this sense of revulsion like I want to throw up, and it was just like horror and ugh! If she wasn't there, I think I could easily [have said], "Oh, I forgive her, and Lord, just cleanse me of any bitterness and resentment." And I think that would have been fine. But I think God wants to do more with me . . . . So it is the forgiving as well as the change in thinking.

The researcher asked, “Can you give me a specific?”

Rebecca responded:

One instance: she’ll say things because she is so extremely intelligent. She has a 157 I.Q. as tracked by [university name], and she is very good at doing subtle sarcastic mocking things . . . . The cleaning lady was there and . . . my mother wanted me to get her something, tea, or this, or that. I said, “I really don’t have time right now, maybe I can come back later” because things were in upheaval. And I went upstairs to the Art Studio, came back, and apparently, she had asked the cleaning lady to make her tea. This poor lady had done this, you know, she was trying to clean the house, and make her tea at the same time, and my mother said something, and I said [dismissively], “Oh I’m just really busy today.” She [mother] says [sarcastically], “Oh it seems like Josephine [the cleaning lady] is doing all the work.”

Bingo! Okay, just that anger, and, you know, the put down. But now I can think back on that, and she can say things now, like she told her caregiver the other day, “Oh Rebecca lies all the time.”

The researcher asked, “So how did you react differently?”

Rebecca said, “I was able to walk away.”

The researcher said, “What would you have done in the past?”

Rebecca responded:

I would have replied to her in an angry way . . . . I would have been more reactive. I’m less reactive . . . now I can think back on what she said . . . God has given me the ability to be sad for her.

Barbara added:

What Rebecca was saying was a story of what I was thinking . . . . Because it seems to me that what changes in forgiveness is that ability to see the person the way Jesus sees them. Jesus sees Rebecca’s mom as a wounded girl or He [Jesus] saw my dad as a wounded little three-year-old who couldn’t have rescued me no matter how much he wanted to. And when he opens our hearts to see the truth of where the behaviors are really coming from, we naturally let go of the bitterness and resentment because it’s like, “Of course,” So it’s that truth-based, “Of course” that . . . is the shift that then enables. The forgiveness just flows naturally out of that. And that doesn’t go away . . . . It stays and something has fundamentally shifted, and it’s permanent.

The researcher said, "I remember your story, Barbara, where Jesus showed you your dad's internal state. Do I have that right?

Barbara replied:

> The story . . . being in the baby bed, and being left to cry, and cry, and cry, and that neither my mom or dad came to do anything about that. The picture the Lord gave me in that session was me in the baby bed, and then like two little children, like two or three years old, standing outside of the baby bed watching me cry. And the picture was the message, "They were too small to help me." That that was their real state.

Patricia followed up on Barbara's comments:

> Two things: I was thinking it's almost like you get Jesus' heart to forgive . . . because He's showing you how [to forgive]. The reason He's able to forgive us, and to see us in love, is that he knows all these back stories . . . He gives you His heart for forgiveness, and maybe He helps us to repent, too.

Ryan explained how the insight that he was given, into those he previously considered threatening, helped him to change. He said:

> I think that the change is a greater ability to see the other person in the full extent of their humanness, and not just see them as a threat or a label, when I feel threatened by someone.
>
> When I went to Israel, I saw the guy as just a college-age kid. He probably is kind of a goof ball. I saw him [as a goof ball] even when I was being intimidated by him.

In Magdalena's first archival session she explained that after Jesus showed her the true intentions of her parents' hearts she was able to appreciate the bicycle that they bought for her. She explained, "It is almost like the whole thing was just a big misunderstanding . . . . That kind of makes it feel better. It was just kind of a big misunderstanding on both parts." She went on to explain that she had to repent for what she called a "sucky [sic] attitude."

Category three: Awareness of resynchronization. When they reactivated painful memories, at some point in the four different data sources, all of the participants reported their experiences through the eyes of the child who was re-experiencing a painful memory. However, four of the participants, Magdalena, Rebecca, Barbara and Patricia, reported an increased awareness of the effects of Inner Healing on their ability to integrate these internal child parts into a cohesive whole in a way that felt satisfying to them.

Speaking on attachment patterns, Ecker et al (p. 30) addressed the influence of implicit memories on the integration of brain systems, saying:

- Separate regions or subsystems of the brain handle psychological functions of different types, including learning and the forming and storing of memory of many different types. There is great plasticity in the degree of integration and sharing of information among these subsystems. The vertical structure of the cortex, subcortex, and the brain stem (the "triune brain) are large scale approximations describing this localization of function, which is extremely complex on smaller scales.

- Early life experiences within primary attachment relationships create potent emotional learnings in implicit memory, which can have a major influence on the degree of integration among brain systems, interpersonal responses, personality and dominant mood.

Increased resynchronization was evidenced by cohesive narratives. Magdalena explained, in her second research interview, how the implicit memory content of distrust, (stemming from a distrust of her parents) conflicted with her true heart of wanting to chase hard after Jesus. She explained how this conflict led to de-synchronization, saying:

> I believe part of my true heart wants to chase hard after Jesus in spite of difficulty, understanding that the refining process brings death. But another part of my true heart was struggling with the heavy load, and was questioning Jesus, and becoming afraid to trust Him with my life with such abandon. As a result, I was becoming generally angry, and angry with Him, which was causing me to choose to withdraw from Him. I had suppressed this part of myself, and this led to a de-synchronization of myself.

In Magdalena's second archival recorded session she was able to express to Jesus her anger that resulted from what she described as an "intolerable conflict" between the part of her that wanted to do the difficult work she was called to do and the part of her that was getting "thrashed" by her clients. After interacting with Jesus in the session regarding this conflict, Magdalena later reported, in the Skype interview, "Jesus healed the internal de-synchronization which had been leading towards burn-out."

In Patricia's second session, she reported that Jesus held all of her child parts. As He was holding them, Patricia said that she felt a deep healing and attachment to Jesus.

In her interview, Rebecca explained the insight she was given:

> It was kind of an affirmation from the Lord, and how he healed that little girl who had a terrible report card. I had done terribly in school as a little girl, up to college, going from C's and D's to straight A's because I was putting myself through school. When I was home, I was under this tremendous oppression. But when I left home, suddenly I was getting straight A's in college and on the Dean's list.

Barbara described, in her first interview, her familiarity with her internal child part, "Almost all my sessions with the facilitator start off with talking to my little girl pretty fast. And it will come in and out, just like it has here [in the first session]."

Theme Three: Immanuel lifestyle. The third theme identified under the meta-them Narrative and Life Change was Immanuel Lifestyle. The Immanuel Lifestyle was characterized by a lifestyle in which participants deliberately utilized the tools they learned to perceive the presence of Jesus in Inner Healing sessions in their day-to-day activities such as driving a car. They reported that they transferred the experience of perceiving the presence of Jesus into a new lifestyle in which they communicated with Immanuel, the God who is with us, in day-to-day activities. Barbara reported, in the focus

group, how she has begun to teach this new lifestyle to her family. She said, "My grandson looks out of the window of the car and says, "There is Chet, my angel." That is the kind of thing that Jesus does, He gives us pictures." Magdalena also provided insight into this new lifestyle in the focus group. She called this lifestyle "spontaneous living, not premeditated." Two categories fell under Immanuel Lifestyle; (a) Lingering with Jesus, and (b) Empowerment.

Category one: Lingering with Jesus. After Magdalena's experience of lingering, in which she simply spent time with Jesus in her first archival session, the participants began to make a practice of deliberately attempt, outside of Inner Healing sessions, to linger (i.e., establish a living, interactive, relational connection, characterized by contingent communication), and simply spend time with Jesus. Whereas their initial experiences with Jesus were in the context of Inner Healing sessions, resolving maladaptive behaviors via the reconsolidation of memories, in their lingering experiences they reported that often, Jesus did not direct them to reactivate painful memories. To the contrary, these lingering experiences were evidenced by a depathologizing of their relationship with Jesus. The participants reported that Jesus was happy to just be with them. The participants reported a new lifestyle as a result of their lingering experiences.

For example, Patricia experiences Jesus presence now in the day-to-day and not just in therapy or healing sessions. She said in the focus group:

> I think I could find God's presence in worship, but I think now I am more aware of his presence in just going through the day. That opens up possibilities that has led to what else is there to discover, which led to discovering other options and possibilities. I have seen firsthand that it is true. God really does want to talk to us, and it is not just when I am in a session. I can be driving, or talking to people, and get a sense of his presence or his thoughts.

Patricia spoke about her personalized humor with Jesus in her second research interview:

> And the one thing that I like about Jesus is that he knows my personality, like he knows that I am kind of a smart ass, I am a smart ass. So sometimes he is a smart ass to me. He knows how to talk different.

Barbara, in her Skype interview, said that, "Over time, Jesus becomes a playful friend."

Rebecca, in her Skype interview said, "There have been tremendous changes in my life. I have been growing closer and closer to the Lord. Our love relationship has begun to blossom. There are still, of course, things that will come up." Rebecca explained further the depathologizing of her relationship with Jesus:

> And just healing the places of trauma allowed me to have my confidence increased as far as just spending time with the Lord. Rather than, "Oh, I got to read these bible verses. I have got to sing these songs. I've got to say our Father. I got to do this and do that." I really do not do that anymore.
>
> I still get up [early] because that is the most precious time. If I don't have that time in the morning, my day is hell. So even if I am exhausted, I drag myself up. If I do not get up, I miss the most precious part of the day. And it is early morning, at least an hour and half, of just being with the Lord.
>
> I have always done that [have quiet time in the morning], but in the past it was more rote; it was more ritualized. It was more, "Okay, now I'm going to pray to heaven. Now I'm going to read the scripture. Now I'm going to lay my petitions before the Lord." All of these more scripted type things, which were not bad; they were a beginning.

In Ryan's second research interview he explained that one of the effects of perceiving the presence of Jesus in his second archival session was that he now can transfer the experience of perceiving Jesus into his day-to-day work when he works as a missionary in difficult situations. He said, "It actually now is a place where if anything, that memory gives me courage to go toward conflict in the present and in the future. It helps me. Jesus will be there. It is the exact place I want to go when there is conflict."

Category two: Empowerment. Participants reported, as a result of their Inner Healing experiences, an increase in function. Similar to the "peak experiences" Maslow (1968) described as transcendent, the participants reported that their Inner Healing experiences lead to a lifestyle in which an increased desire to meet their full potential became more important.

Patricia described, in her first archival session, how her Inner Healing experiences empowered her to create new opportunities. She reported that before the session, a feeling of dread came over her when she thought about accomplishing the "big plans" that she felt God had for her. However, after the first archival session, in the first research interview, she said, "God had a plan for me to accomplish big things, and to be this big person." In her first archival session Patricia reported a vision that was given to her. She said:

> It is a vision of greatness . . . . My personality is big and my calling is big . . . . I am standing in front of people teaching them . . . . Jesus told me that He wanted me to stand out.

As a result of the insight that Patricia gained from the session about her calling, recently, Patricia has started an organization that is designed to bring emotional healing to third-world countries.

Ryan reported, in his first archival session, that Jesus showed him His power. Ryan explained the effect of his Inner Healing experience on his ability to trust in Jesus power:

> He [Jesus] was not demonstrating his power to show off. He showed me this image of lightening coming out of his staff. After that, He cloaked it. He put a cloak on over it. He was like, "I am a normal guy." He was communicating to me that He was showing His power for my sake not for His sake so that I could trust him in this difficult life transition. But he was showing us that we could trust Him to take care of us through the difficult things.

As a result of trusting in Jesus' power, Ryan was empowered, and gained the confidence to move forward, and start the family he and his wife desired, but were previously hindered from doing so because of fear.

Like Ryan, in Magdalena's second research interview she also described her feelings of increased power after perceiving Jesus' powerful presence in a corrective emotional experience that contradicted her belief that she was powerless. She said:

> It is empowering . . . . Isn't it amazing that God created us that way? Instead of just being "yes" people, He gave us our will. He gave us our gifts, and just wants us to develop them. He wants us to walk in dominion. He doesn't want us to come to Him every day and ask, "Will you dress me in my amour?" He wants us to grow up, and be mature, and be His ambassadors. He wants us to know Him well enough to know what He would want us to do. But sometimes we can do it in several different ways and, still be ourselves.

Rebecca reported, in her Skype interview, an increased confidence in her ordained purpose. She said:

> So I think the most is that I have a lot more confidence in everything I do. . . I am better able to absorb the Holy Spirit during the session. I don't hear in the sense that some people do. It is kind of absorbing, and it just comes out what I should say, or how I should lead people, the questions that I should ask. I don't give advice so much anymore, but I encourage people to follow the path that they have found for themselves during the session.
>
> So that is kind of what I do and now [encourage people to follow their path] It is much clearer and definitive than it was prior to getting Inner Healing for myself. I started in 2001, and I just kind of followed the script . . . .That was not unhelpful; it was helpful. Now it is more like I can get it from my heart. That is what I am seeing.

Barbara, in her second research interview, used a biblical example to explain her increased confidence that God is going to direct her even though she might get off track, saying:

> For me, it has been a philosophy of my life. I have anchored my life in the Jonah story. He was going in the wrong way because he thought what God was doing

> was absolutely stupid. So he was in rebellion, and God was able to get him back on track, and redeem the situation. If I am trying, I am in much better shape . . . . So if he can do it with people who are not trying, then I am a *shoe-in* [italics added] because I am trying. And so I know I am trying, and I know that He is able, and so it might get off track, but eventually . . . He is going to get to it.

Barbara expanded on the empowerment she exuded when she said she was a "shoe-in", by stating in the Skype interview, "God has my back."

Patricia also reported that her lifestyle exhibits an increased boldness that helped her professionally. This new lifestyle, characterized by "being able to hear from God," led to the revelation that she was being underpaid. She explained in her second research interview:

> I'll give you an example. For a long time, I was asking for a raise at one of my jobs, and they kept saying, "No, this is what everyone gets paid." And then, out of the blue, in my mailbox I got another doctor's time sheet, and he was getting paid a lot more than me,
>
> And so what I heard from God was, "I'm revealing this to you" . . . so I was able to go and talk to my people, who were very shocked and embarrassed because, they're like, "No one told us this either" . . . . so I think part of my being able to hear from God, and have that revelation and discernment has always been there, but I don't think I always knew it . . . . I never really curse people out, but I can make them feel really bad. So that's what I would have done. I would have made them feel horrible. But instead I was able to not act reactively, hear from God . . . . I wouldn't have done that before [receiving Inner Healing interventions].

Rebecca explained a newfound feeling of freedom after receiving Inner Healing interventions. In her second research interview she said:

> It is just free to be me and understand that God loves who I am, and that I can have confidence that God guides me. I really have confidence that I can trust Him, even in scary times. That does not mean that you are not going to go through sorrow, sadness and hardship, but He will be there and He is going to direct and guide me. He is very aware. There are no co-incidences. No accidents, so to speak.
>
> There have been tremendous changes in my life. I have been growing closer and closer to the Lord. Our love relationship has begun to blossom.

In Meta-theme two, Narrative and Life Change, change was evidenced in the participants' personal narratives, which testified to change, and also by their ability to explain the meanings they made of painful life experiences in narratives that displayed high levels of Coherent Positive Resolution. An example of this resolution was that after receiving Inner Healing interventions, participant narratives were absent of the painful emotions that were present at the time of the traumatic event. Participants reported a change in attachment patterns and a change in lifestyle. It was evidenced that their attachment bonds and their lifestyle became more centered on a joyful relationship with Jesus.

Meta-Theme Three: Change in Practice

Whereas meta-themes one and two conveyed the personal changes that had been reported by the participants, meta-theme three conveyed the professional changes that had been reported by the participants. All of the participants reported that as a result of their Inner Healing experiences their professional practices changed. The participants also reported the external challenges that included integrating non-traditional, faith-based interventions into their practices. In meta-theme three participant narratives were less coherent, and more abbreviated than in the previous two meta-themes.

The narrative quotes contained within the first two meta-themes provided examples of participant narratives with high degrees of intrapsychic differentiation (see Helson & Wink, 1987 for discussion). In the first two meta-themes, the participants had made meaning of challenging life experiences (Blagov & Singer, 2004). Thus, they were able to integrate their Inner Healing experiences into logical, coherent narratives. However, when transcribing the data, and when analyzing the data surrounding Change

in Practice, the researcher noticed that the participants' narratives became more truncated, their speech became more colloquial, and their explanations became more disjointed.

The following excerpt from Patricia's first research interview captures her challenge of integrating the Inner Healing interventions, from which she reported personal healing, with her psychiatric practice. Patricia said:

> The whole idea, that you need more than just regular therapy, and regular medicine, to try to encourage people, if they do have spiritual beliefs, to try to use those recourses. But I wish I was better at that . . . that is kind of a work in progress. I think, over the course of the years, I have gotten a little less afraid to say crazy things to people. Ya' know what I mean?
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> The researcher responded positively.
>
> Patricia continued:
>
> Like you shouldn't say this about God, and you shouldn't bring this up . . . really, if people have a faith, you can ask them, and, I think, if it is Christianity, you can go a little bit further. But it is a little bit scary. One of the things that I have noticed recently, and that has changed, and that is . . . uhm, pushing the boarders. . . . When I tell people about it [Inner Healing], it does feel kind of scary, and crazy, and like, who is going to believe that you can connect with God, and get this healing. So it feels really weird to say it. But the more I have been saying it to people, the more it sounds less odd.

As evidenced in Patricia's sample quotes, she used far more expressions (e.g., uhm, like, really, kinda, ya' know, etc.) as pauses and breaks to gather her thoughts before continuing than she did in her narrative quotes pertaining to the first meta-theme, Therapeutic Change in Session, and in her narrative quotes pertaining to the second meta-theme Narrative and Life Change. This pattern was commonly evidenced in all the participants' narratives. Thus, in the meta-theme Change in Practice it was also evidenced that narrative processing was characterized by low levels of intrapsychic differentiation (see Helson & Wink, 1987 for discussion).

This possibly offers one explanation as to why the transcribed data regarding Change in Practice yielded only 12 pages of data as opposed to the 43 pages that the first meta-theme, Therapeutic Change in Session, yielded. Nevertheless, the analysis of data indicated that there was a definite line of delineation in the participant responses between Change in Practice and the other two meta-themes. Therefore, Change in Practice stands alone as meta-theme. Three themes were identified under Change in Practice. The first was Peace and Confidence. The second was Therapeutic Alliance. The third was Increased Discernment.

Theme one: Peace and confidence. The first theme that emerged within under Change in practice was Peace and Confidence. As a result of their Inner Healing experiences, the participants reported a greater level of peace and confidence in their practices. For example, one participant, Ryan, said, "I am more relaxed because I know it'll [the Immanuel process] work, even though I don't know where it is going, [when] it seems to have no relevance, but, in the end, it always makes sense, and ties in." He concluded by simply saying that he is more, "joyful in practice."

Whereas Ryan reported feeling more joyful, Rebecca described feeling more relaxed. In the focus group Rebecca said:

> It [facilitating sessions] is much more relaxing . . . . Because I really, am, sure, that I am going to start forming a non-for-profit. God has shown me that He wants me to start listening to Him, and spend my life in love, not in worrying about my practice, not worrying about money, about how many clients that I have, just to be open to clients who really need help, who are sincere, and who are not trying to take advantage of me or God. He wants me to be able to flow into these people's lives, and bring healing to these people's lives.

In the focus group discussion, Barbara reported, that she had become more confident in her practice. During the focus group she also added to what Rebecca said about being more relaxed. Barbara said:

> I think the thing that has changed for me is that the technique has become so natural that it is just very fluid. It is not something that you have to think about or march through. It is so integrated, and I like that. It is effortless.

A thorough review of the data sources revealed that the participants reported additional specific changes in their professional practices as a result of their Inner Healing experiences. Themes two and three present these changes.

Theme two: Therapeutic Alliance. The second theme under Change in Practice was Therapeutic Alliance. As a result of their Inner Healing experiences, the participants reported an increased ability to form therapeutic alliances. There were two areas identified in which the participants reported an increased ability to do so. The first category was Alliance with Client. The second was Co-therapeutic Alliance with Jesus.

Category one: Alliance with Client. The first category identified under Therapeutic Alliance was Alliance with Client. In the research interviews, Skype interviews, and the focus group, the participants spoke about the therapeutic alliance, which was framed as a collaborative relationship which mitigated the critical concerns associated with earlier Inner Healing models (e.g., iatrogenic implantation, erroneous prophetic offerings, leading clients etc). The participants spoke of these concerns and other criticisms of Inner Healing as valid, and in summary, that many of the criticisms stemmed from unresolved issues in the facilitator or lack of training facilitators. Generally, the participants spoke of their Inner Healing interventions, in which the facilitator modeled a strong therapeutic alliance with them, as helping them become less

directive and less leading in their practice, and that they valued the cooperation that came from a strong alliance with the client. Three subcategories were identified under Alliance with Client. The first was Attuning with Client. The second was Planning a Strategy. The third was Negotiating New Agreements.

Subcategory one: Attuning with client. Attunement is the aligning of one's internal state to that of the other's. Seigal (2003) described this aligning:

> This process often involves the sharing and coordination of nonverbal signals (eye contact, facial expression, tone of voice, gestures, bodily posture, timing, and intensity of response). Such a nonverbal resonance likely involves a connecting process between the right hemispheres as they mediate nonverbal signals in both people. (p. 117)

Patricia described the attunement she received from the facilitator:

> I think that if the facilitator had not been so loving, patient and unconditional with me, I don't think that I would have stuck with it. I experienced the love of Jesus through the facilitator . . . and that helped me experience the love of Jesus.
>
> I think that it works better if you have the love of Jesus. With my woundedness, if you do not love me, I am going to pick that up, and I will chew you up, and spit you out.

Patricia described her understanding of attuning to her clients, explaining that she utilizes some of the same techniques she learned from the facilitator while receiving Inner Healing interventions. She said:

> I think that I have seen the facilitator do that [attune to the client] a lot. He tries to figure out how to attune to that state to find out where they are at. I think that that is important. If you talk to other people as if they were a kid, it is more about trying to attune to the ego state of what they need.
>
> He does try to find attunement to whatever . . . part, he is dealing with. If you talk to other people as if they are a kid, sometimes it works. If it is a kid part that is young, I have had people say, you are using words that are too big. It is a matter of matching the state.

Magdalena, on the other hand, explained that she first received attunement from Jesus:

> His eyes were on me, and He was filled with tenderheartedness and compassion. I felt affection in His gaze. It made me sob. He was pouring out His love . . . toward me. My only response was to cry.

As a result of receiving Jesus' attunement, Magdalena said, in her second research interview, her emotions became regulated, and she was better able to synchronize with her complex clients, saying:

> After kinda getting beat up for a while, I started to go into burn out because I had a better picture of what it was really all about . . . what is really going on in regard to this desychronization that is happening within them.
>
> If I didn't get what He [Jesus] gave me [in my Inner Healing session] in regards to my own self-awareness and what is going on when people are decompensating, uhm . . . I wouldn't have quit, but it would have been awful.
>
> One of the theories that has come out about complexity of dissociation and desychonization is that are at least two levels. There is front to back part of brain, where you decompensate all the way down to that amygdale . . . . The other level is at the top of the brain, probably, (and it is theory) in the prefrontal cortex region of the brain . . . . What I have come to understand . . . is that I was not decompensating front to back, dissociating like, uhm, my clients do, that are so broken, but I was decompensating, or desynchronizing in the frontal part.

Subcategory two: Planning a Strategy: Barbara reported that it was important to work with the client at the beginning of the session, and at the beginning of the therapeutic relationship, to form a strategy. For instance Barbara said that she, like Patricia, utilized several of the techniques the facilitator modeled for her in sessions. She described her understanding of the process she believed the facilitator used in sessions and the process she utilizes as she facilitates sessions. Barbara said:

> He starts off with the Immanuel opportunity first to see if the person can connect with Jesus, and then it seems like, if that works with somebody right out of the box, then, fine, then he just goes down that path. If it doesn't, he pretty much does the same thing. Okay, what is getting in the way of you experiencing Jesus right now? What do you believe about Jesus? What do you believe about you?

> So he [facilitator] goes, he does exploratory clutter work to try to figure out how to get you connected to Jesus.

Subcategory three: Negotiating new agreements. As the participants shared the changes that they experienced in their professional practice, one of the categories that emerged in the participant narratives was Negotiating New Agreements. The participants reported that it was important to work with their clients to negotiate new agreements, making extinct, through the cross (See Sandford, 1982, for discussion on participation in the cross.) maladaptive agreements originally made under duress.

Describing the intricacies of working with complex clients, Patricia explained the need to work with ego state of the child part in the memory in order to make new agreements:

> So somehow, if the part is defended and hostile, it is a matter of how not to respond hostilely or take offense. I mean, when you get these little parts of you, there is a reason that they are not all together. You have to figure out a way to, somehow, the whole person has to want to change, and has to say. "It has been this way for a while, and why should we upset the whole cart?"
>
> I think that somehow, negotiating, and trying to show how things could be different, how could life be. There is the attuning, but there is also the negotiating, this dreaming: "You have this, but you have also have lost this. You know, if you didn't have this, it could be this way." Trying to find a way to agree differently: "You have also lost that."
>
> You know you just can't talk to them like they are a grown-up. It really doesn't work well. We still need better language [than parts] because, somehow, it [saying child parts] does sound a little pathological.

Category two: Co-therapeutic Alliance with Jesus. The second category identified under the fist theme, Therapeutic Alliance, was Co-therapeutic Alliance with Jesus. Barbara explained what it meant to have a Co-therapeutic Alliance with Jesus. She described it as a partnership. After experiencing Jesus' presence in sessions, Barbara said she now has a "reliance on the senior partner." Barbara explained her reliance on Jesus:

> I think that [perceiving Jesus in sessions] has given me more confidence. I can be more relaxed about it [conducting sessions]. I don't have to know if it is them [clients reporting their own thoughts] or if it is the Lord. And if it is them, and it is not God, then we will work it out. As opposed to early on, when I first started working at it, when I first started . . . . I felt a lot of responsibility to ask the right question . . . I felt on stage all the time as if there was a lot of weight on if I do it right. And the more I did it, the less I felt that way.
>
> Jesus was not moved by me missing it.

Similar to Barbara's reliance on the senior partner to discern what the client reported, in her second research interview, Rebecca explained her alliance with Jesus:

> I wanted to know that it is Jesus and not just me. And yet I knew that the only way to move forward was just to put out there whatever it was . . . . I had enough faith that Jesus is big enough, and involved in the process enough, that, if it was just me, the worst thing that could happen is that we would just get sidetracked for a while, and we would go down some side road, and get lost for a while, and waste some time. But we would come back, and He would guide it back to where it needs to be. And the whole session might be off track because I followed some thought that I had on my own, but that was not a disaster. It would be a disappointment.

In the Skype interview, Rebecca followed up by explaining her alliance with Jesus at it pertained to the practical aspects of her practice:

> One thing is, now, I really rely on the Lord to bring to me the people that he wants to bring to me. Maybe they are going to come two or three sessions, or maybe two or three years, depending on how the relationship builds or what is the matter with them. But I do not worry about that any more. He brings to me the people that he wants me to see. Now that part of the practice, I have just kind of let that go.
>
> And the Holy Spirit [is there] for guidance. If I ask in my heart, "Okay, what do I do now?" or "What am I going to do?" He always comes through, always.

Ryan explained that, before his Inner Healing experiences, he was worried about his ability to effect therapeutic change in his clients. However, since his Inner Healing experiences, he has learned to rely on his alliance with Jesus. Ryan stated his alliance with Jesus simply: "I don't need to save the world anymore. That is Jesus' job. My job is to just do what He wants Ryan to do."

Theme three: Increased discernment. The third theme identified under Change in Practice was Increased Discernment. The participants in the study reported that, as a result of Inner Healing interventions and, specifically as a result of receiving interpersonal and intrapersonal insight from Jesus, their level of discernment increased. Two categories were identified under Increased Discernment. The first was Discerning Transference and Triggering. The second was Discerning Spiritual Forces.

Category one: Discerning transference and triggering. All of the participants reported reactive triggering. Often, the researcher observed that the participants began sessions by presenting problems that they reported were exacerbated by emotional content from painful implicit memories. Often, while viewing archival recordings, the researcher observed a change in affect when the participants became aware of implicit memory that was driving behavior.

Barbara reported, in her second research interview, that after she received healing from a father wound, she no longer transferred the thoughts associated with that wound onto her clients. She said:

> One thing is I always knew – now I have done this for 30 years, only 10 years ago have I started doing Theophostic – if I had a man, older, and I mean older, older than me, business suit type guy, authority figure come in, I had a hard time keeping my position of a therapist rather than just wanting him to be happy with whatever I did. And I knew that that was all dad transference stuff.
>
> I would make conscious decisions not to give into things, but I would kind of have to fight it, like this person is really not going to like it, but I am going to have to really have to say this **. . . .** Whereas I might not have even have thought about it had it been a different [gender].
>
> That was significant. I mean I don't even experience that anymore. I somehow got to please my daddy so that he will like me. That does not even happen anymore. That doesn't even enter my radar screen.

Magdalena explained, in her second research interview, that as a result of her Inner Healing experiences and her work as a facilitator, she has gained an understanding of how reactive triggering affected behaviors and her practice, saying:

> I am in inside the healing community. Many of my unofficial mentors and my official mentor very much stress that everybody has unresolved stuff, and we need to deal with our stuff. So in the early days, I used to pray, and ask God to show me when I was triggered because I was able to jam it down again so fast that I did not even know that I was triggered.
>
> Over the course of time, and working with other people on their stuff, I have just gotten to where I am pretty good at telling when I am triggered. And I know when other people are triggered too. It used to be that I always thought that it was this person standing in front of me who was the source of all my pain, and, in recent years, I have become more aware.

In his Skype interview, Ryan explained that once he became aware of how many of his behaviors were resultant of reactive triggering, he learned how to become more gracious toward his clients. He said that he gained "patience with people who don't see."

Rebecca said, in the focus group, that she gained a greater ability to empathize with clients after discovering, in her combined Inner Healing experiences, her reactive triggering. She said, "Whenever you feel love from God, that is healing, and it allows you to empathize with others." The participants reported an increased efficacy as facilitators by gaining a deeper recognition of their reactive triggering.

Category two: **Discerning spiritual forces.** The second, and final, category under the theme Increased Discernment, within the meta-theme Change in Practice, was Discerning Spiritual Forces. An analysis of the data revealed that, because of their Inner Healing experiences, the participants reported an increased ability to discern spiritual forces. In her second research interview, Patricia explained her understanding of the influence of demonic spiritual forces. This understanding came as a result of both her

first and her second archival sessions, in which it was revealed to her, that she had made agreements with evil spiritual forces. Patricia reported that these agreements hindered Patricia from achieving the "great plans God had for her." The following excerpt from Patricia's second interview captured the meanings that she made from her Inner Healing experiences:

> Whatever is a person's destiny/calling, there is a specific attack to kind of pull you away from that. I believe there is a specific attack to implant lies, to plant trauma. The enemy's goal is to do that from the very beginning. Like he is not going to wait until you are an adult. And I think that a lot of times in the churches they always want to put the training pastor with the kids. You don't really have to be strong or knowledgeable [to work with the kids], and what you really need is the most sound, the most knowledgeable people to be working with the kids because the devil is not waiting until they are adults. So you need a hard-core adult to run these ministries. It is not a fluff job for your junior pastor. You need someone with some experience so that you don't just sing some songs. You do need to teach them that. But you need to have someone good so that you get strong adults.
>
> You need to teach them that they have an enemy, and ask them the kind of stuff like what kind of things have you been dreaming, etc., because many of them have had influence, demonic things. Oh, the adults might just say this is a bad dream, but if you don't have a spiritual background, then you really don't know what to do with it. But if you really sit down and talk to kids, and ask them what kind of thoughts do you have, what kind of things come into your mind, or what kind of things do you see at night, and really kind of take it seriously, and not say, "Oh, of course, everything is not demonic." But if you really talk to them and ask God for direction/discernment, you would find out that they are being attacked, and you would find out how, and be able to help equip them. But . . . we don't take kids seriously.
>
> If you talk to people, and ask them, "What is there . . . woundedness?" You would find what gifts and callings have been released. It is interesting, when you talk to pastors, and find that they hate to speak, or they hate to be in front, or they think that they sound really bad. And if they would have stayed with those lies, then they really would have never done it.
>
> The researcher asked, "So a large part of your practice is with children?"

Patricia responded:

> Yes, I am board certified in child psychiatry as well as adult. But, yeah, there are a lot of attacks that just come, and it makes sense. You are not going to wait until they are strong when they can know you and really recognize you. You want to hit somebody when they are really unaware, when their parents are not really aware.
>
> When you talk to people, and when they get free of stuff, that is part of the fruit. Once the lie is done, and you can see what showed up in their lives, a lot of times, it is kind of amazing what gets released that has never got a chance to express itself because this lie was holding it down.

Barbara explained, in her Skype interview, her understanding of discerning spiritual forces:

> I have some people who see a demonic presence, cloak and dagger. I don't ever remember having that. Mine was more a sense of, I am aligning this part of my life with a lie, and as long as I do that, the enemy is going to be able to keep lying to me.
>
> And there are different degrees of that. I am thinking of some of my people who cut themselves, and the more they cut themselves, the harder it is for them to stop. Every time they say, yes, the harder it is for them to stop. And so it goes into a downward spiral. Likewise, you have people that keep saying yes to the demonic, and so it becomes harder. I hate to use the word possession, but there seems to be much more control. It's not a control, control because they [demons] can't violate your will, but, boy, you are stuck in that [pattern].

The researcher asked Barbara, if she, as a psychology professor, at the university level, had any thoughts regarding the difficulties in doing scholarly work on supernatural forces. She replied, "The whole healing approach is within the Christian theological context and it is not any weirder than talking to people that there is a Jesus."

In the third meta-theme Change in Practice participants reported: (a) greater Peace and Confidence, (b) a change in Therapeutic Alliance, and (c) Increased Discernment. One significant finding was the Co-therapeutic alliance with Jesus that was identified in all of the participants" narratives.

Ryan's brief summary of the change he experienced in his practice as a result of his Inner Healing experiences, saying "I don't need to save the world anymore. That is Jesus' job. My job is to just do what He wants Ryan to do." is an example of a participant narrative in the Change in Practice meta-theme that was not as developed as in the first two meta-themes Therapeutic Change in Session, and Narrative and Life Change. This level of processing exemplifies other narratives in this study in which participants had not yet brought the same level of coherent positive resolution (Pals, 2006) to their Change in Practice narratives as they brought to the other meta-themes that identified personal change themes. This level of processing clearly indicates that although the participants have made meanings of their Inner Healing experiences in their personal lives, they are still wrestling with making meanings of their Inner Healing experiences in their professional lives.

Common Threads

During the course of the study, three meta-themes emerged from the participants" narratives: (a) Therapeutic Change in Session, (b) Narrative and Life Change, and (c) Change in Practice. However, two common threads were found running throughout all the meta-themes. Not only were these threads found throughout all the meta-themes, but they were also found to be woven throughout the fabric of all the sub elements that comprised these meta-themes.

The first was the common thread of Attunement: As a result of their Inner Healing experiences, participant narratives reported and evidenced an attuning relationship with Jesus. The second was the common thread of Joy: As a result of their Inner Healing experiences, participant narratives reported and evidenced significant joy. Attunement

and Joy were the essential unifying elements within the narratives from which the meta-themes, themes, categories and subcategories were identified.

First common thread: Attunement. The first common thread that was identified in participant narratives, as a result of their Inner Healing experiences, was the development of an attuning relationship with Jesus. This attuning relationship with Jesus was characterized by (a) interactive, contingent communication, (b) sharing mutual minds, (c) cooperation, and (d) wonderment. Seigal (2003) described attunement as a mutual mind state between two individuals. He offered a description of attunement in neurobiological terms:

> This process often involves the sharing and coordination of nonverbal signals (eye contact, facial expression, tone of voice, gestures, bodily posture, timing, and intensity of response). Such a nonverbal resonance likely involves a connecting process between the right hemispheres as they mediate nonverbal signals in both people. (p. 117)

Lehman (2011d) said, ". . . the positive relational experience of attunement includes having somebody understand you, share your feelings, and be glad to be with you" (p. 15).

The researcher identified a shift in personal narratives and in the group narrative after Magdalena's lingering experience, when he observed, by reviewing the archival recordings, specific interventions that were utilized to develop an attuning interactive relationship between the participants and Jesus. As the participants began to establish a deeper, more intimate, attuning relationship with Jesus, the researcher observed the participants, in the second round of archival sessions, and the facilitator, deferring to Jesus direction more than they had previously. The researcher observed, and noted this change, in the second round of archival sessions, as Jesus began to direct sessions more

than He did in the first round of archival sessions. This change in the relationship with Jesus was also reflected in the day-to-day lifestyle of the participants outside of the context of Inner Healing sessions.

Magdalena reported such an experience with Jesus:

> It seems like He is standing off to the left of the store man . . . . Part of the dynamic is that I was just a little kid, and they were all adults on a higher level. I had to look up . . . . it seems like Jesus is over here (Magdalena points to the side). The thing that is coming to me is that He is looking at me, and He understands perfectly everything that is happening inside me. He is understanding the way that I am processing this incorrectly, and the effect that it is having on me, and the effect that it will have on me. And He seems sad. He knows what is happening on the inside of me.

Outside of Inner Healing sessions, participants" narratives also changed. Patricia explained, that as a result of her Inner Healing experiences, she now experiences Jesus" presence in the day-to-day. She said:

> I think I could find God's presence in worship [in the past], but I think now [since doing personal Inner Healing work] I am more aware of his presence in just going through the day. That opens up possibilities that has led to what else is there to discover, which led to discovering other options and possibilities. I have seen firsthand that it is true. God really does want to talk to us, and it is not just when I am in a session. I can be driving, or talking to people, and get a sense of his presence or his thoughts.

Even when Jesus provided correction in sessions, the participants received His correction with Joy. For example, when Ryan received correction from Jesus in his second session he appeared happy to receive Jesus correction. In the session Ryan explained his common pattern of avoiding of conflict when confronted by difficult people:

> In college I studied abroad in Costa Rica. I was hyper-vigilant about who was around me, same anxiety was there. At any moment I could get jumped. That is the fear.

> [I was] at an internet café. This guy was looking at porn. The Lord told me to explain to him that that stuff will ruin your ability to love. The Lord repented me, turned me around and gave me the words to say.
>
> But there are a lot of times in Nyrobe, Costa Rica, Chicago, there comes the fear that a threat is there. Jesus is not there. How is He going to take care of me? Going back to the image of being on Jesus" back, I want it to feel that same way when I am in the dangerous places.

In the focus group, Ryan called this a, "co-therapeutic healing relationship."

As a result of their Inner Healing experiences, participants displayed a change in narrative evidenced by a relationship with Jesus that was depathologized. Instead of seeking to perceive the presence of Jesus solely to resolve trauma, participants also sought to perceive the presence of Jesus because they simply wanted to be with Him. When deliberate attempts were made to build an interactive relationship with Jesus, and when participants began to experience an interactive relationship with Jesus, they reported and exhibited more joy. Likewise, when deliberate attempts were made to introduce joy in the sessions, participants reported a greater capacity to connect with Jesus and a greater capacity to establish an intimate relationship with Jesus. This joyful relationship with Jesus, in which one lingers with Him, and interacts with Him, has been called by the participants, as common jargon, the Immanuel lifestyle.

The shift in joy that was described in Magdalena's session paralleled the introduction of relationship-building interventions within the group. It seemed that joy and interactive relationship with Jesus were synonymous. When the participants reported an interactive attuning relationship with Jesus, then they also reported and evidenced more joy.

Second common thread: Joy. Joy and perceiving the presence of Jesus seemed synonymous to the researcher. The scripture: "You will show me the path of life; In Your

presence is fullness of joy; At your right hand are pleasures forevermore." (Psalm 16: 11 NKJV), confirms the data that emerged from participant narratives. However, a review of the literature revealed that authors found Joy difficult to define. Wilder, Khouri, Coursey, and Sutton (2013) attempted to define joy by describing its outward evidences. They said:

> Joy means someone is glad to be with me. The real signature of joy is the sparkle in someone's eye when they see us that makes their face light up. Joy is children jumping up and down when their dad or mom comes home from work or when they see their grandmother . . . . Joy is children playing, tumbling and giggling together.

Thomas (2011) explained that joy is a decision that we must make. She said, "Joy is a feeling and an action, But learning to live in everyday joy means that we choose the action of joy regardless of how we feel" (p. 13). Warren (2012) also believed that joy is decision, a decision that we make when we choose God. However, Wilder, et al. explained that joy can be developed through relationships with both God and other individuals. The authors contrasted the work of Thomas and Warren by explaining joy was more than a decision:

> The really good news is that no matter where we start, we can acquire new joyful skills and bonds, as well as strengthen joy bonds that we already have. We can expand our capacity for joy and spread joy to others.

Wilder et al. (2013) delineated three ways in which we can, "grow joy" (pp. 23 -26): (a) Growing joy with God, (b) Two-way joy bonds, and (c) Three-way bonds

In participant narratives Joy seemed to be an intangible emotion that not only held all of the other meta-themes together, but also seemed to be the change agent that caused the other themes to emerge as predominant. The researcher identified a shift in personal narratives, and the group narrative, when specific joy-building interventions were utilized in sessions. Participants' narratives became more joyful and they displayed more joy on

their faces. This shift occurred approximately at the same time when Magdalena enhanced the perception of Jesus she encountered in a Theophostic-based session by lingering with Jesus further. The researcher observed that when Magdalena lingered with Jesus, she became more joyful. She began to smile, her eyes began to open wider, and her voice exhibited fewer monotones and more sing-song inflections.

Participants specifically named joy in their reporting; and, the participants" narratives expressed emotions of joy; however, it was the overwhelming evidence of joy the researcher observed on the faces of the participants that made the naming of joy noteworthy. This joy was also reflected in the participants" personal archived sessions reviewed for this study that were in reality Inner Healing sessions. In Patricia's second research interview she named and described an experience of joy:

> All the little kids were climbing around on His lap . . . . Somewhere there is delight and joy . . . . And they were all saying, "Feed me. Feed me. Feed me." And they all want attention, and they all want to have Jesus give it to them personally. . . . I assume they are all me.

In Ryan's first archival session he named joy and also expressed emotions of joy:

> I think Jesus was giving me the idea that something different was going to happen, and we are going to meet at this place where we are going to have fun. I don't have to convince my brothers that it would be fun to be with Jesus. It is a joy motivation. It is cool to be with Jesus. So we went out to these hay bales out near the forest that we would have fun on. Jesus was, "hum, it feels good to be together again."

In her first research interview, as the researcher observed Magdalena lingering with Jesus, while watching the first archival session conjointly with Magdalena, the researcher and Magdalena noticed that she became more joyful. She began to smile. Her eyes began to open wider. Her voice exhibited fewer monotones. Her voice became more

sing-song in its inflection. These observations made the researcher more joyful as well. It seemed that the common experience of joy was transferable.

Summary

In the profile section of this chapter, the researcher conducted a thorough exploration of both an early, and a late Inner Healing experience for each of the five participants. First, the researcher offered salient portions of the participants' archival recordings. Next, the researcher offered salient portions of a two-phase structured and semi-structured interview. From these data sources, both the participants' personal narratives and the Lehman Mentoring Group's narrative emerged. The reader was invited into the changes that occurred in the participants' lives and the changes that occurred in the group. The summaries offered at the end of each participant profile identified these changes. Additionally, the summaries conceptualized the change in practice of the group and the effect of that change on the participants' narratives.

Three meta-themes were identified in the narrative stories of the participants. In the Skype interviews and in the focus group, the researcher and the participants labored as co-researchers to identify the themes that emerged in the participant narratives. Viewing the data under the lens of integration between faith and science added complexity to this work. At the end of the focus group, the three meta-themes were identified and defined. The participants agreed upon the names presented by the researcher: (a) Therapeutic Change in Session, (b) Narrative and Life Change, and (c) Change in Practice. Additionally, while finalizing the Data Analysis section of this chapter, two common threads were identified. These threads were interwoven throughout the participant narratives. The common threads of Attunement and Joy were found to be

the essential element comprising the fabric of the meta-themes, themes, categories, and subcategories.

Through the reading of the meta-themes, and the common threads, the reader was invited into a candid and transparent narration of how five elite participants made meaning of their Inner Healing experiences over time. Some of these experiences were very painful; however, all five participants reported significant healing and life changes as an end result. The participants reported the value of sharing their stories in the hope that interested readers would benefit from their experiences, and that their stories would further the body of research surrounding Inner Healing, and effect a change in the meta-narrative of Inner Healing.

CHAPTER IV

DISCUSSION

The purpose of this qualitative narrative study was to explore the Inner Healing experiences of five mental health care professionals over the time they were members of the Lehman Mentoring Group. The intent of Chapter IV is to discuss (a) a summation of the findings in this study, (b) the limitations in this study, (c) the implications of this study, (d) suggestions for future research, and (e) final conclusions. The format for discussion in Chapter IV follows the pattern established in Chapter I, which examined the literature by mirroring the research questions, and which was continued in Chapters II and III as exploration was organized and then conducted by mirroring the four research questions. Likewise, in Chapter four the format for discussing the data gathered from participant stories mirrored the four research questions in this study. In this discussion only minimal data examples will be shared, as no new data will be offered. The reader is encouraged to refer to the parallel sections in Chapter III for further evidence of the data.

The first section, Research Questions Discussion, presents a synthesis of the results of the data gathered to answer the four research questions. The second section, Limitations of the Study, presents a discussion of the limits of the study. The third section, Implications of the Study, presents a discussion of implications of the meanings

that the participants made of their Inner Healing experiences. The fourth section, Suggestions for Future research presents bullet point suggestions for future research. The fifth and final section, Conclusions, presents a final discussion of the change in narratives as a result of the participants' Inner Healing experiences.

Research Questions Discussion

This study began by asking the following research questions:

1. What therapeutic themes, if any, emerged in the reported chronological episodic Inner Healing experiences of the participants?
2. As a result of Inner Healing experiences in a clinical setting, what change, if any, occurred in the narratives and in the lives of the participants?
3. How do the meanings the participants make of their Inner Healing experiences effect, if at all, their professional practices?
4. What intersections, if any, do the themes that emerge from participant narratives have with relevant literature?

These four research questions guided the data-collection, the interview questions and the theoretic lens of integration between faith and psychology that was placed, as a framework, over the entire study. Therefore, as a result, the data that emerged paralleled the research questions and fell into four lines of delineation: (a) Research question number one was answered in Meta-theme One: Therapeutic Change in Session, (b) Research question number two was answered in Meta-theme Two: Narrative and Life Change, (c) Research question number three was answered in Meta-theme Three: Change in Practice, and (d) Intersections, which pertained to the theoretic lens which was placed over the entire study, and which was specifically introduced in Skype interview for

further discussion in the focus group. These intersections were addressed throughout the study. The identification of intersections began with the narratives examined in the Review of Literature in Chapter I, continued in the Rationale for Theoretical Lens: Integration of Faith and Psychology in Chapter II, in Participant Narrative Profiles in Chapter III, and then was highlighted in the Implications section of Chapter IV.

Further, a thorough analysis of the data revealed two common threads that were interwoven throughout the data gathered from participants' narrative stories. The first thread was Attunement and the second thread was Joy. These two threads unified the data, ranging from the meta-themes to the subcategories, into a cohesive whole. Attunement and Joy will be explored in the Research Questions Discussion section, and the implications of Attunement and Joy will be explored in depth in the Implications section.

A conceptual map containing diagrams of the meta-themes, themes, categories and subcategories as well as the common threads is offered in Appendix F. This map provides an overview of the large amount of data offered in this study. This map may aid the reader in understanding the interrelationships between the various concepts.

Question One: Therapeutic Change in Session

The first question for exploration in this study was: What therapeutic themes emerged in the reported chronological episodic Inner Healing experiences of the participants? These themes were addressed under the first meta-theme Therapeutic Change in Session in Chapter III.

Of the four research questions, the first question related to Therapeutic Change in Session was answered most thoroughly by the data. There was a greater amount of data

gathered from narratives accounting for therapeutic change in session than the data that emerged in narratives that explained the changes that occurred in the participants' lives and professional practice lives. The Therapeutic Change in Session meta-theme contains the salient themes that were identified in narratives that made for therapeutic change in the participants' lives. Under Therapeutic Change in Session, themes emerged and were identified as: (a) Memory Reconsolidation, (b) Level of Reactivation, and (c) Hindrances to Memory Reconsolidation. The predominant theme that all of the participants noted, which had previously been known as the Healing of Memories, was more accurately was identified in the focus group as the Reconsolidation of Memories. This new name reflected what the participants' attributed to their current understanding of neruoscientific explanations of memory. Ecker, Ticic, and Hulley define Memory Reconsolidation as a three step process in which a memory is (a) reactivated, (b) corrected, and (c) new learning is established. Memory Reconsolidation accounted for the greatest therapeutic change in and because of sessions.

It was noted from watching the archival tapes and analyzing the transcribed data that when joy-based interventions were introduced in sessions, the participants gained a greater capacity to reactivate and reconsolidate memories. Additionally, when deliberate attempts were made to foster a living, interactive relationship with Jesus, the participants found that Jesus directed the work of memory reconsolidation more effectively than the facilitator.

An excerpt from Magdelena's second session provides an example of the three step memory reconsolidation model (Ecker, Ticic, & Hulley) that was identified by Ryan in the focus group and subsequently utilized by the group and the researcher as a

structure to organize the data that emerged from participants' narratives. In the following quote Magdelena experienced (a) memory reactivation, (b) corrective emotional experience, and (c) new learning. She reported:

> He [Jesus] reframed this incident and put a focus on the role that she [Magdelena's sister] played in a way that I had never seen before… I was a spacey little kid, and she had been taking care of my hat and my mittens. He was showing me that… I can see how appreciation came to play a lot in this memory.

The second theme under Therapeutic Change in Session was Level of Reactivation. The section on Level of reactivation answered the first research question by defining the themes which were salient to participants initiating the memory reactivation process. The following excerpt from Rebecca's first archival session is an example in the way a participant, Rebecca, navigated through three different levels of reactivation (a) Autobiographical Recall of Explicit Memory, (b) Explicit Recall to Implicit Re-experience, and (c) Re-experiencing of Implicit Memory without Distinctions of Time or Place in the same session.

First, Rebecca recalled a recent birthday memory from a present perspective of time and place, as one reporting Autobiographical Recall of Explicit Memory. She said:

> Last Wednesday, it was my birthday . . . . My daughters gave me gifts, my husband got me a gift, but it was still kind of a forgotten type of thing. In every one of their birthdays, I did something special, made them a cake, got them something they wanted. But with me, it was, nothing . . . . They could have gone anywhere to get a cake, and stuck a candle on it, but nothing

Then, Rebecca reported from a past perspective of time and place, as one transitioning from Explicit Recall to Implicit Re-experience of a memory. She said:

> What comes to me is a memory of my third birthday. I was sitting in the kitchen, and my mother was combing my hair. And there were balloons and tables outside. And I don't know if this came from my mother but I think it did the words, 'I hope someone comes.' I was afraid of that, and it was intense.

Finally Rebecca reported another birthday memory without clear distinctions of time and place, as one who was Re-experiencing Implicit Memory without Clear Distinctions of Time and Place.

> I see a long dark hallway . . . . I am supposed to go down it. There is like an inky darkness at the end that is palpable . . . . I am like walking through it and it is like a heavy mist, only it is a black, wet darkness.

The third and last theme under Therapeutic Change in Session was Hindrances to Memory Reconsolidation. The section on Hindrances to Memory Reconsolidation identified the common themes that the participants reported which blocked the reconsolidation process. Defenses against Pain and Spiritual forces were the two categories of hindrances. In her Skype interview Barbara reported a defense she used to guard against the pain of abandonment:

> I used anger to manage hopeless despair. If I get mad enough, maybe I won't feel that, or maybe I will get you to do what I want you to do. So I think that there was something about going through that [healing session] that was cleaning things out. Those memories were just so locked in.

Barbara also described how her anger was enhanced by the agreements she made with demonic forces to aid in preventing her from feeling pain:

> They are subconscious decisions that I have made at three or four years old. In the spirit world, unfortunately, when you are three or four years old, there are consequences for those decisions. And that seems totally unfair because, if you are three years old, and you decide not to trust anybody, it seems unfair that a demonic spirit can attach itself to that.

As a result of receiving Inner Healing interventions over the course of their membership in the Lehman Group, participant narratives reflected a change in the way they made meaning of their in-session experiences. In their second archival sessions, participant narratives reflected a greater depth of understanding and integration than had been observed in the first sessions, as participants gained the ability to articulate: (a)

memory reconsolidation, (formerly known as healing of memories) in a satisfying way that made sense to them, (b) a systematic methodology to reactivate unprocessed memories, and (c) an understanding of how to remove the defenses that they had enacted to block pain.

Question Two: Narrative and Life Change

The second research question put forth for exploration in this study was: As a result of Inner Healing experiences in a clinical setting, what change occurred in the narratives and in the lives of the participants? These changes were addressed in the themes that were identified under the second meta-theme Narrative and Life Change in Chapter III. This second research question addressed the effect of the participants' Inner Healing experiences on their narratives and their personal lives. Participants reported these changes in two distinct areas: (a) Attachment Pattern Reconstruction, and (b) New Lifestyle

First, the participants began to reconstruct their attachment patterns by forming a secure attachment to Jesus. This attachment to Him fomented a change in their other relational templates. Their relationships became joyful. In Rebecca's first archival session, she reported what Jesus conveyed to her that secured her attachment to Him. She reflected on her experience of attachment when talking about her first archival session in the interview, saying:

> He loved who I was, the essence of me from the very beginning. But the facilitator or I did not see that at the beginning [in the session], when it was taking place, looking back it was like, wow! He had plans for me, and what I am doing . . . . Even before I joined the group, had prepared me for the work that I am doing.

Second, the participants developed a new lifestyle as they reported a de-pathologizing of their relationship with Jesus. Instead of seeking to connect with Jesus in

order to resolve painful memories, the participants reported that they simply wanted to be in a relationship with Jesus. Magdelena named spending time with Jesus as "lingering." This lingering led to a different lifestyle. Rebecca explained her change in lifestyle:

> Rather than, "Oh, I got to read these bible verses. I have got to sing these songs. I've got to say "Our Fathers. I got to do this, and do that." I really do not do that anymore.
>
> Now . . . I still get up because that is the most precious time . . . . And it is early morning, at least an hour and half of just being with the Lord.
>
> I have always done that. But in the past, it was more rote; it was more ritualized. It was more, okay, now I'm gonna pray to heaven, now I'm going to read the scripture, now I'm going to lay my petitions before the Lord, all of these more scripted type things, which were not bad. They were a beginning.
>
> It is just free to be me. Understand that God loves who I am and that I can have confidence that God guides me. I really have confidence that I can trust Him.

Another participant, Patricia, also described her new lifestyle:

> I think now I am more aware of his presence in just going through the day. That opens up possibilities that has led to what else is there to discover, which led to discovering other options and possibilities. I have seen firsthand that it is true. God really does want to talk to us, and it is not just when I am in a session. I can be driving, or talking to people, and get a sense of his presence or his thoughts.

Participants' narratives changed from their first sessions to their second sessions. Painful emotional content was not as prevalent in their second sessions; thus, participant narratives displayed higher degrees of positive coherent resolution, evidencing that they had made meaning of painful life experiences. The predominant life change they reported was a deeper and more secure attachment to Jesus which led to what the participants called an Immanuel lifestyle.

Question Three: Change in Practice

The third research question put forth for this study was: How do the meanings the participants make of their Inner Healing experiences effect their professional practice? These meanings were addressed in the themes that were identified under the third meta-theme Change in Practice in Chapter III. This third question addressed the effects of the participants' Inner Healing experiences on their practices. Meanings that the participants made of the effects of Inner Healing experiences on their practice were identified in three areas: (a) Peace and Confidence, (b) Therapeutic Alliance, and (c) Increased Discernment.

The question pertaining to the Change in Practice themes yielded the least data of the four research questions,. The exception for this is Magdelena, who reported utilizing Inner Healing interventions in her practice to a higher degree than the other participants. The other participants did report however that they are only slowly incorporating Inner Healing interventions into their practices. It appears that the participants understood the therapeutic change themes as a result of processing their in-session experiences. It also seems that the participants had processed the effects of these changes, (the changes they reported in their interviews) on their personal lives. However, the data pointed to participant narratives, excluding Magdelena, which had not processed the effects of these changes on their professional lives.

Patricia's experience is representative of the participants' struggle to integrate their experiences into their practices. She reported significant personal benefits from receiving Inner Healing interventions over an eight-year period. She reported that these changes helped her become a better therapist. She said:

> Globally, these sessions have helped me be more present and more empathetic with people, and, in some cases, more patient in getting were they are coming from, where they get stuck in these little places . . . being aware.

Nevertheless, Patricia reported that she is only beginning to incorporate Inner Healing into her clinical practice and that "I wish I was better at that." She also said:

> But it is a little bit scary. One of the things that I have noticed recently . . . is . . . pushing the borders. . . . When I tell people about it [Inner Healing], it does feel kind of scary and crazy, and, like, who is going to believe that you can connect with God, and get this healing? So it feels really weird to say it. But the more I have been saying it to people, the more it sounds less odd.

Overall, the participants reported that they were less fearful and anxious in their practices. As Barbara simply said, "I know He [Jesus] has my back." The participants began to initiate new endeavors such as non-for profit organizations and expanded practices with less apprehension and with a sense of joy. An excerpt from Patricia's first session exemplifies the common feeling of boldness the participants reported: Patricia reported a vision that was given to her:

> It is a vision of greatness . . . . My personality is big and my calling is big . . . . I am standing in front of people teaching them . . . . Jesus told me that He wanted me to stand out.

Even though the participants had made meaning of their personal experiences, the data indicated that they, (except Magdelena) had not yet incorporated Inner Healing interventions into their practices. One possible explanation is that the participants are waiting for evidence based, outcome studies to be conducted to further inform their practices.

Question Four: Intersections

The fourth and final question asked for this study was: What intersections do the themes that emerge from participant narratives have with relevant literature? These

intersections were addressed throughout the study; however a discussion of salient points of intersection will be offered throughout the discussion in chapter IV.

The forth research question addressed intersections between Inner Healing and relevant literature. Throughout the study, participant narratives were examined under the theoretic lens of faith and applicable literature. Additionally, the participants, while in the focus group, were given the opportunity to explain their understanding of the intersections between their experiences and relevant scientific research. The predominant theme that emerged was the meanings that they made of implicit memories.

In this section the scientific work that has informed Inner Healing experiences will be reviewed. And, the faith-based work that has informed Inner Healing experiences will also be reviewed. Intersections will be explored. This discussion will be centered on the literature that the data presses against and not a complete exploration of all the literature pertinent to the discussion of Inner Healing.

Yalom (2005) foreshadowed the change in psychology that has occurred in the last decade because of resent neurobiological research on implicit memory (e.g., Hupbach, 2011; Monfils, Cowansage, Klan, & LeDoux, 2009). Yalom wrote:

> In fact there is much reason to question the validity of our most revered assumptions about the relationship between types of early experience and adult behavior and character structure . . . . For one thing, we must take into account recent neurobiological research into the storage of memory. Memory is currently understood to consist of at least two forms . . . "explicit memory" . . . . It has historically been the focus of exploration and interpretation in psychodynamic therapies. A second form of memory, "implicit memory," houses our earliest relational experiences . . . this memory . . . shapes our beliefs about how to proceed in a relational world . . . .
>
> Psychoanalytic theory is changing as a result of this new understanding of memory. (pp. 51 – 52)

Yalom concluded by explaining that here-and-now experience in the therapeutic relationship is the "engine of change" (p. 52). His forward observations point to the current scientific work on implicit memory that has informed the participants' Inner Healing work.

Scientific work that has informed contemporary Inner Healing work. The elite participants have extensive evidenced-based scholarship and training in current scientific psychological literature. However, the meanings that the participants made of their experiences point to (a) Memory Reconsolidation, and (b) Attachment Theory as the predominant two bodies of knowledge that informed their work.

Memory reconsolidation. The scientific work that has informed the work of contemporary Inner Healers has been informed by the work of scientists who have identified the effects of implicit memory content on behavior. These implicit memory systems require reconsolidation in order to change behavior. Since the reconsolidation of implicit memory requires therapies which employ experiential learning, theoretic approaches that provide corrective emotional experiences to activate right-brain emotional learning, provide some of the same necessary ingredients for therapeutic change that Inner Healing provides. Speaking of the processes inherent in memory reconsolidation, Ecker, Ticic and Hulley (2012) stated:

> An extremely broad range of techniques can be used to carry out the process . . . . No single school of therapy, "owns" the therapeutic reconsolidation process because it is a universal process inherent in the brain. Quite a few existing systems of psychotherapy are compatible with carrying out this process . . . and carrying it out *knowingly* can significantly increase the practitioners' frequency of achieving powerful therapeutic results. (p. 5)

The participants reported that the reconsolidation of painful implicit memories was an important agent for therapeutic change. In Ryan's first interview; he described an experience with Jesus that provided a corrective emotional experience:

> Jesus had to display His power, which was helpful to me to remember that Jesus was in control at the time in my life when things seemed out of control . . . . And [for me to] receive the revelation of Jesus shooting lightning out of his hands, just very similar to the biblical image of the transfiguration and when I realized how powerful Jesus was, I suddenly felt the relief [of knowing] that I didn't have all the skills to cope, I could rely on His much larger capacity and skill set.

Ryan reported significant healing as a result of his subjective here-and-now experience even though the experience happened internally, rather than in the physical environment. Consistent with Ryan's experience, researchers Kreiman, Koch and Fried (2000) demonstrated that the emotional brain, which houses implicit memory, makes slight differentiations between physical and perceived, imagined realities. These authors point to the "common processes" utilized in both mental imaging and visual input. They stated, "Vivid visual images can be voluntarily generated in our minds in the absence of simultaneous visual input" (p. 357).

Attachment theory. The second predominant psychological work that participants reported as central to informing their practice was attachment theory. When the participants reactivated early childhood memories, the predominant corrective emotional experience they reported was that of Jesus providing the essential elements (e.g., trust, secure base, attunement) necessary for secure attachment, that had been absent at the time of trauma. For example, Rebecca explained a corrective experience in which Jesus provided these elements. She said:

> I just see this little girl with the little girl resting her head on Jesus' shoulder. He is protecting her from all this stuff . . . . I am protected. The memory is not gone,

> but I feel protected in the memory. The little girl who had the thought that, "What if nobody comes? Jesus said, "We will have fun: we will dance."

The term attachment was coined by Bowlby (1973) to describe the bond between mother and infant that is safe, enduring and nurturing. Ainsworth (1967) conducted hallmark research with the children of Uganda to understand the common themes inherent in a secure attachment. However Bell (2010) moved attachment research in the direction of the study of biological processes. He viewed attachment and caregiving through a neuroscientific lens, explaining that the capacity to attach and to caregive can be understood by the density of attachment and caregiving neurons in the brain. Bell (2012) stated:

> More density means more capacity. Individuals who have received high levels of appropriate nurturance will have developed dense, consolidated neurons in the caregiving and attachment systems, and they will have high capacity to activate and express those motivations. Other individuals without experiences of nurturance may never have developed the neurons. Still others may have developed the neurons, but their systems may be suppressed by fear or other motivations. These neuronal developments determine the capacity for caregiving and attachment. But at any moment, one of these systems can be inactivated, can be partially activated, or can be fully activated (p. 279).

Kirkpatrick (1999) drew parallels between infant behaviors, such as reaching out toward parents, and certain Christian behaviors, such as reaching hands toward heaven in attempts to connect with attachment figures. Robbins (2000) suggested, "The model of the child/parent relationship that is presented in attachment theory also possesses representations of as to how our heavenly father expects us to relate to him" (p.156).

The participants in this study reported Inner Healing experiences that were consistent with the re-parenting that Robbins (2000) described. The participants also reported increased capacity consistent with Bell's (2010) findings on increased capacity when they reported perceiving the attuning presence of Jesus. And the participants also

reported experiences that were consistent with the earned secure attachment to God that Thompson (2010, p. 133) described. For example, both Patricia and Rebecca reported profound corrective experiences when they reactivated implicit infant memories. In both of their experiences, they reported that Jesus provided a secure base and a haven of safety. They reported the experience of Jesus re-parenting them. In the Skype interview, Patricia said that her experiences were from, Type A trauma. She explained that her trauma was resultant of her being abandoned by her grandmother. She said that Type A trauma stems from the absence of good experiences. Wilder (2014) explained Type A trauma:

> Type A trauma is often referred to as "neglect" but the absence of the basic necessities in our lives produces traumatic effects of its own. Type A traumas include malnutrition, abandonment, insecure bonds and a lack of joy in the home (p. 3).

Regarding trauma, van der Kolk (2001) explained that the loss of the ability to regulate the intensity of feelings is the most far-reaching effect of early trauma and neglect.

Before Patricia received Inner Healing, she reported that she was "disorganized." She explained the corrective emotional experience that helped her to regulate her feelings and organize her emotions. Magid and McKelvey (1987) found that one of the conditions for securing attachment is creating trust. In the following excerpt from Patricia's interview, she described conditions which helped foster trust in Jesus. She said:

> The picture is Jesus in a rocking chair holding this baby, and maybe it is a nursery room. But there is a circle of light, and He is in the light, and there is darkness around the children. The darkness is in all the corners, but there is a spotlight in the middle of brightness. But there is darkness all around, and somehow there is joy close by . . . .
>
> I assume that they are all me. I don't know. Why they are so many? It seems kind of weird. But I have a feeling that they are all me . . . . There could be nine or 10.

> It is a big group of kids . . . . Since He [Jesus] is in a rocking chair . . . I assume it is a nursery.

Patricia attributed her ability to organize her internal emotional states to what she described as "securing an attachment to Jesus."

Faith-based work that has informed the practice of Inner Healing. The participants reported that their Inner Healing practices had a common developmental journey. The first faith-based work that informed the participants' practice was the Theophostic model of Inner Healing developed by Smith (2000). The second was the Life Model developed by Wilder (2012). The third was the participants' biblical understating of forgiveness, which varied among the participants.

Theophostic. The Theophostic model of Inner Healing was utilized exclusively by Lehman Group at its formation. All of the participants were very familiar with Theophostic interventions and all of the participants received formal training in the Theophostic process. The Theophostic model of Inner Healing was described in the review of literature and was illustrated by example in the first Inner Healing experiences of Barbara, Patricia, Rebecca, and Magdelena.

Life Model. Lehman (personal communication, October 20, 2013) met with Wilder weekly in a collaborative relationship. In these meetings, the works of prominent researchers (e.g., van der Kolk, 1994a; LaDoux, 1996; Shore, 2003a; Seigal, 2007) were analyzed to inform and advance the practice of Inner Healing. As a result, the additions of joy-based interventions were added to the Theophostic model. Also, the addition of interventions that provided attunement and relational connection were added to the Theophostic model. The outcome of these meetings was the development of Immanuel Model of Inner Healing.

Forgiveness. Barbara's narrative illustrates a participants understanding of forgiveness. In order to move forward in her healing journey she reported that she had to renounce a defense pattern and ask for forgiveness. She prayed a prayer suggested by the facilitator:

> Lord, I confess using my feelings to try to control things, to get what I want, to control people to manipulate things . . . . I ask for your forgiveness and I ask you to give me your heart and your mind. I cover myself with your blood and I ask you to cleanse me from this pattern.

Forgiveness was a common experience in all five of the participant narratives; therefore, the meanings that the participants made of forgiveness warrants further exploration. In the Implications section, the Suggestions for Future Research section and in the Conclusions section forgiveness will be examined further.

This study focused on the contextual meaning of Inner Healing experiences as perceived by elite participants. The explored experiences through participants' words may assist interested professionals by informing integration of faith-based approaches into their practices. This also may help form a more supportive relationship with clients who desire an integrative approach in their treatment. Additionally, this study addresses issues of faith not commonly addressed in relevant professional literature; therefore, it presents to the literature new insights on integration.

Limitations

There were several limitations in this study worthy of noting in this study. As in all qualitative studies, a limiting factor in this study was that narrative research designs cannot be generalized to other populations. Another limitation of this study was that in narrative research the methodology precipitates the involvement of the researcher as an

instrument for data collection and data analysis. The final limitation of the study to be presented here deals with the constellation of the participant population.

Research Design

This narrative research examined the participant experiences through the wide lens of participant stories (Creswell, 2009). In this methodology, the researcher worked to create a discursive holding space from which the stories emerged (Campbell, 2010; Hendry, 2009; Whelan, 1999). Chan (2010) advised the narrative researcher to create a space for participants to openly tell their stories so that they may view them from a distance. Atkinson and Delamont (2006a) found that the narrative researcher interacts with data at a deep level, narrating both participant stories and the researcher's experiences of interacting with the data. Thus, a limiting factor is that the researcher in this study interacted with the data as suggested, and, as such, he may have become closer to the data than researchers who utilize different methodologies.

Researcher as Instrument

The researcher was a member of the Lehman Mentoring Group; therefore, while this study utilized member-checking, and triangulation by critical colleague interviews to improve credibility and trustworthiness, the results are subject to the researcher's interpretation (Marshall & Rossman, 2006). The researcher attempted to present extensive portions of the participants narratives in order to let the data speak for itself, and in order to eliminate researcher bias in reporting; nevertheless, it was beyond the scope of this study to present all 250 pages of their transcriptions. Therefore, the portions of the narratives that were utilized to comprise the participants' story were also subject to the researcher's interpretation.

Replication of Study Difficult due to Unique Population

Another limitation of the study is that it would be difficult to replicate because of the unique characteristics of the five participants. The participants in this study had High Level of Integration. They had High Capacity. They had a strong Community.

High level of integration. The participants in this study were unique in that they had considerable experience in both faith-based psychological interventions and non faith-based interventions. For example, Ryan, who is the youngest, and who has the least amount of experience in a professional practice, grew up on the mission field. Therefore, in his formative years, Ryan experienced the deep, rich experience of a caring multi-generational community as he watched his parents provide care for highly traumatized populations in third-world countries. Nevertheless, he holds a master's degree in community counseling, from a secular accredited university, and is a professional counselor. Future researchers who may attempt to replicate the study may have difficulty finding elites, who have years of Inner Healing experience, similar to the participants.

High capacity. The participants have received interventions in numerous Inner Healing sessions. Therefore, it is likely that they have developed a higher capacity to reactivate painful memories in a single session than most people.

Community. The participants in this study were all involved in a community dedicated to healing that was characterized by a culture of support. This support provided the resources necessary to process painful events. Additionally, this culture was characterized by both participants and mentors possessing what Wilder (2012) called "elder" maturity skills. These skills are characterized by members standing with others in times of pain, and sharing painful emotions without binging diminished by this pain. The

participants in this study form a community in which the contents that emerges in Inner Healing sessions are held up for analysis and are viewed critically. These elder maturity skills also helped navigate the exploration of previously unresearched integrations of faith and psychology.

Implications

The meanings that the participants made of their Inner Healing experiences were explained in the Data Analysis section of Chapter III. Since the participants are elites in the field of Inner Healing, and since the participants are also experienced mental health care providers, these meanings have implications for the practitioners of Inner Healing, for those who seek to integrate faith-based interventions with traditional psychological therapies, for traditional mental health care providers, and for researchers interested in investigating the reconsolidation of painful implicit memories. As stated in the Purpose of the Study section in Chapter I, it is the intent of this study to utilize the meanings that the participants made from their Inner Healing experiences to develop guiding principles that may form a rational basis for the discussion of, and inquiry into the theory and practice of Inner Healing. It is the intent of the Implications section to highlight the implications of these meanings.

Attunement and Joy were identified as unifying themes that ran like common threads throughout the data. The data revealed that, when interventions that fostered Attunement and Joy were introduced in sessions, there were implications for all of the other meta-themes, themes, categories and subcategories. Therefore, the common threads of Attunement and Joy will form two headings that will organize the discussion of the implications.

Implications of Attunement

As the participants shared the meanings that they made of their Inner Healing experiences, the common experience of developing an attuning relationship with Jesus emerged and was articulated. The participants shared their awareness of the development of this attuning relationship with Jesus. This ranged from almost no awareness of attunement being offered by Jesus in their first Inner Healing experiences to an awareness of a strong, interactive relationship in which Jesus was happy to be with participants in their second Inner Healing experiences.

Attunement is the positive relational experiences of having somebody understand you, share your feelings, and be glad to be with you (Lehman 2011d). Seigal explained emotional attunement between a parent and a child:

> The process of emotional attunement enables us to achieve a direct connection between our children and ourselves. This alignment is a form of interpersonal integration. At the heart of this attuning is the sharing of nonverbal signals, including tone of voice, eye contact, facial expressions, gestures, and timing and intensity of responses (p. 249).

The implications of the meanings that the participants made of their Inner Healing experiences suggests a paradox: The participants all reported increased therapeutic benefits when they developed a deep attuning relationship with Jesus, characterized by deferring to Him for direction in sessions. However, they also reported that they needed help to perceive His attuning presence by first developing an attuning relationship with the therapist in sessions. This section will explore Implications of Attunement with the Therapist and Implications of Attunement with Jesus.

Implications of attunement with the therapist. The participants reported that the attunement provided by the facilitator helped them to perceive the attunement that

was being offered by Jesus, but the attunement that was being offered by Jesus was one that they had not been able to perceive until the facilitator first offered attunement. In her first interview Patricia described the attunement she received from the facilitator:

> I think that if [the facilitator] had not been so loving, patient and unconditional with me, I don't think that I would have stuck with it. I experienced the love of Jesus through [the facilitator] . . . and that helped me to experience the love of Jesus.
>
> I think that it works better if you have the love of Jesus. With my woundedness, if you do not love me, I am going to pick that up, and I will chew you up, and spit you out.

The meanings that the participants' made of establishing an attuning relationship with the facilitator as a bridge to establishing an attuning relationship with Jesus has implications for Inner Healing and those who seek to integrate faith and psychology.

Implications of attunement with Jesus. Four years from Barbara's first recorded session, due, in part, to Magdelena's second Inner Healing experience, the Lehman Group began the practice of lingering with Jesus. Magdelena described the attunement she received from Jesus in what she described as "simply wanting to be with Him" in a lingering experience:

> His eyes were on me and he was filled with tenderheartedness and compassion. I felt affection in his gaze, it made me sob. He was pouring out his love and his tender hearted compassion toward me, my only response was to cry.

As they practiced lingering with Jesus they reported enhanced relationships with Him related to the lingering. Instead of a faint awareness of his presence, the participants began to report interactions with Jesus that characterize the sharing of mutual mindedness described by Seigal and Hartzel (2003) in attuning relationships between people. In the study, receiving attunement from Jesus had implications for (a) Memory Reconsolidation, (b) Attachment, (c) Forgiveness, and (d) Deliverance.

Implications of attunement with Jesus for memory reconsolidation. The first implication of the meanings that the participants made of receiving attunement from Jesus was enhanced memory reconsolidation. The results of this study indicate that when the participants attuned with Jesus there were implications for both secular and faith-based theories on (a) memory reactivation, and (b) corrective emotional experiences.

Implications of attunement with Jesus for memory reactivation. Memory reactivation is the first step in the process of reconsolidation of memory. The results of this study have implications for two tenants of implicit memory reactivation (see Ecker Ticic, & Hulley, p. 29 for discussion): (a) the identification of symptoms, and (b) the retrieval of learning that targets the irrational beliefs contained in memories.

It was reported by the participants and observed by the researcher that the perception of an attuning relationship with Jesus had implications for symptom identification. Symptom identification was accomplished, prior to participants developing an attuning relationship with Jesus, by utilizing insight through a cooperative relationship between the participant and the facilitator. For example, in Barbara's first session, after the facilitator and Barbara discussed symptom identification, she replied, "I think it is some of my "Dad stuff." I long for a safe place." However, later in the group's existence, after attuning relationships were established with Jesus, symptom identification was accomplished by utilizing a co-therapeutic alliance with Jesus. For example, in Ryan's second session the facilitator instructed Ryan to focus his attention on the time when he was able to perceive the presence of Jesus. The facilitator said, "Ask the Lord to remind you of His presence and a time that He would want you to focus on."

Retrieval of target learning was accomplished, prior to the participants developing an attuning relationship with Jesus, by utilizing painful emotional cues in the present as a bridge to reactivate painful memories in the past that contained similar emotions. For example, in Barbara's fist session, after Barbara reported that she thought it was her "Dad stuff," the facilitator tried to enhance the painful emotions associated with her "Dad stuff" in order to retrieve emotionally charged target learning.

However, after an attuning relationship was established with Jesus, retrieval of target learning was accomplished by asking Jesus what He wanted to target. In an example that provides contrast, Ryan's second session, shortly after the facilitator said, "Ask the Lord to remind you of His presence and a time that He would want you to focus on." Ryan reported that he perceived Jesus' presence in a boyhood camping memory. Ryan said, "Jesus was cooking breakfast for us [my family]."

Subsequently, Ryan reported several other target memories were brought to his awareness by Jesus. Later, Ryan and the facilitator reported that they were amazed at the elegant interplay between the targeted memories and the common beliefs that were contained within all of them. The meanings that the participants made of the experience of allowing Jesus to direct the retrieval of target learning is that He has access to unlimited background information that is not at the disposal of the facilitator. The implications of the meanings that the participants made of allowing Jesus to select target learning are noteworthy for practitioners.

These findings regarding memory reactivation also have direct implications on the criticisms aimed at Inner Healing regarding false memory, iatrogenic implantation, and guided imagery (See Gumprecht, 2010 for discussion of criticisms.). After the

participants developed an attuning relationship with Jesus, they relied more heavily on His direction and guidance during the sessions. The implication of deferring to Jesus' direction in sessions is that it mitigates criticisms that stem from facilitator inexperience, facilitator error, or unresolved issues in the facilitator.

Implications of attunement with Jesus for the corrective emotional experience. The second step in the reconsolidation of memories is the provision of the corrective emotional experience. The meanings that the participants made of the corrective emotional experiences that were provided by Jesus have implications for the understanding of this experience. The participants reported that Jesus provided contradictory experiences that unlocked prior maladaptive learning in the implicit memory system. Next, the participants reported that Jesus provided juxtaposition experiences that led to new learning in the implicit memory system. The results of this study have implications for understanding the process for unlocking prior learning in the implicit memory system in order to provide the corrective emotional experience. The results of this study also have implications for the understanding of the effects of an attuning relational connection with Jesus on the provision of contradictory and juxtaposition experiences (See Ecker Ticic, & Hulley, p. 59, for discussion of juxtaposition experience).

In this study, prior to participants developing an attuning relationship with Jesus, unprocessed implicit memories were reactivated by facilitator-initiated, pain-based methods. Once foundational memories were accessed, further facilitator-initiated, pain-based methods were utilized to identify the irrational beliefs that were contained in the implicit memory. Once the belief was identified, it was then verbalized to Jesus in prayer

with the hope of a juxtaposition experience being provided by Him. For example, in Barbara's first session, after the facilitator and Barbara accessed a memory and identified the irrational belief in the memory which was characterized by the phrase, "He never comes, no matter what." The facilitator said:

> You try to be good. You wait. You cry. And eventually you wear yourself out, and you are better off just going to sleep. Lord, what do you want Barbara to know about all this, "It never stops, he never comes?"

However, after an attuning relationship was established with Jesus, the juxtaposition experience was provided by utilizing a co-therapeutic alliance with Jesus. For example, during Ryan's second session, after he reported that Jesus helped him retrieve the previously mentioned boyhood camping memory. He reported that Jesus began to provide an experience that contradicted feelings of powerlessness:

> Jesus was cooking breakfast for us [my family], and I jumped off the counter and jumped onto His back. I did not know where we were going, but was along for the ride. The thought that He was in control . . . was good.

Then, Ryan reported for the next 60 minutes of the session, Jesus carried him, in strategic order, to eight different memories that all contained the emotional content of fear and the resultant behavior of conflict avoidance.

Regarding sources of contradictory knowledge that provide a juxtaposition experience Eckert, Ticic and Hulley stated:

> We estimated, based upon our clinical experience, that between half and two-thirds of all clients (in a general, non-specialized therapy practice) already harbor some visceral personal knowing that can be used to contradict their pro-system schema (p.70).

However, the meanings that the participants made of their contradictory and juxtaposition experiences were that the experiences were outside their power to imagine, by themselves. The participants reported that the experiences Jesus offered, which

contradicted their prior learning about the memories, and provided the corrective emotional experience, surprised them and seemed to come from outside themselves. Therefore, the observations of memory reconsolidation in this study are consistent with the protocols utilized in other secular therapies that seek to reconsolidate implicit memories; however, the results of this study imply that efficacy is increased dramatically when faith-based methodologies are utilized.

Implications of attunement with Jesus for attachment. The second implication of the meanings that the participants made of receiving attunement from Jesus was an increased secure attachment. The results of this study indicate that when the participants attuned with Jesus, there were implications for both secular and faith-based theories on attachment. Addressing attachment, Ecker, Ticic and Hulley stated: "In order to change negative attachment patterns therapeutically, new attachment experiences are required in the client-therapist relationship" (p. 32). Addressing change in attachment patterns, Thomson (2010) said:

> The way we understand and make sense of our story is reflected in the wiring of our brain. This networking (via Hebb's axiom: neurons that fire together wire together) tends to reinforce our story's hardwiring, in this case at the location of the pre-frontal cortex, and will continue to do so unless substantially acted upon by another outside relationship (p. 163).

Ecker, Ticic, and Hulley prefaced their discussion on the efficacy of memory reconsolidation for attachment transformation (pp. 93-125) by also referring to Hebb's axiom; in contrast, they explained that Hebb's axiom primarily expresses the paradigm of pre-reconsolidation brain science that informed therapies of counteractive change not transformational change in implicit memory systems. They stated:

> Whereas counteractive methods rely centrally on Hebb's law for creating new neural linkages through extensive repetition over a prolonged period,

> transformational change through the erasure sequence does not rely on extensive repetition over time to effect change. The swiftness with which deep, decisive, lasting change occurs through the therapeutic reconsolidation process (and through therapies that embody it) challenges traditional notions of the time required for major therapeutic effects to come about (p. 32).

The results of this study confirmed the need for an outside relationship to alter attachment patterns. The participants reported the meanings they made from the attunement they received from the facilitator. The meanings that the participants made of their experiences confirmed that the Immanuel process embodied the therapeutic reconsolidation process. However, the results of this study imply that Jesus acted swiftly to produce substantial and transformational change in attachment patterns.

For example, in the focus group, Rebecca explained, in her second archival session, Jesus showed her that, as an infant, when she was bonding to grandma, "Everything good you bonded to in grandma was coming from Me and going through her." Rebecca explained further, "Everything good I was bonding to in grandma was actually coming from Jesus and being transmitted through grandma." Rebecca described what it looked like to her in the session:

> Jesus became more visible. It's almost like a double image of my grandmother and Jesus. Like they were transparent with each other; like one was within the other and that's when I saw that God, that Jesus, had given my grandmother the gift of being able to nurture me and love me. But it wasn't her gift. It was Jesus himself, so Jesus was actually the original.

Rebecca's narrative has implications on attachment pattern reconstruction because it contradicts two of the rules of attachment theory. The first is that an infant will accept no replacement for their primary caregiver (Bowlby, 1982). The second is that it takes extensive repetition to effect change (Eckert, Ticic & Hulley).

Implications of attunement with Jesus for forgiveness. The third implication of the meanings that the participants made of receiving attunement from Jesus was that their understanding of forgiveness changed. The new meanings included the understanding of a paradox in which forgiveness sometimes started with a decision, and sometimes with an experience. The participants' narratives pointed to a non-linear conceptualization of forgiveness.

Enright (2009) presented an abbreviated four-step process of forgiveness consisting of (a) uncovering, (b) deciding to forgive, (c) working on forgiveness, and (d) discovery and release from emotional prison. Worthington Jr. (1998) and Luskin (2002) found that forgiveness can be learned, people can forgive for good, and forgiveness affects health and well-being. The meanings that the participants made of their interactions with Jesus confirmed Enright's research on forgiveness which posited that forgiveness is a process initiated by making a cognitive decision. For example, in Barbara's first session, she sought healing from issues surrounding her father's lack of attunement. The healing process began with a willful decision to forgive her father. Once she relinquished unforgiveness as a defense against pain, Barbara was able to access a painful memory that contained irrational beliefs which continually hindered Barbara's relationships.

However, in contrast, Rebecca described, in the focus group, an interactive experience with Jesus that gave her insight about her mother led to a deep forgiveness: Rebecca concluded a story of her mother's malevolence by saying, "In my mind I see this little girl . . . she's just the three-year-old . . . wanting attention, and I could no more be upset with her than I could with my granddaughter who is three." I would have replied to

her in an angry way . . . . I would have been more reactive. I'm less reactive . . . now I can think back on what she said . . . God has given me the ability to be sad for her.

Barbara described the emotional experience of forgiveness, and a "natural" release from an emotional prison. She followed Rebecca's comment in the focus group:

> What Rebecca was saying was a story of what I was thinking . . . . Because it seems to me that what changes in forgiveness is that ability to see the person the way Jesus sees them. Jesus sees Rebecca's mom as a wounded girl or He [Jesus] saw my dad as a wounded little three-year-old who couldn't have rescued me no matter how much he wanted to. And when He opens our hearts to see the truth of where the behaviors are really coming from, we naturally let go of the bitterness and resentment because it's like, "Of course," So it's that truth-based, "Of course" that . . . is the shift that then enables. The forgiveness just flows naturally out of that. And that doesn't go away . . . . It stays and something has fundamentally shifted, and it's permanent.

When Jesus showed Barbara her father's and her mother's maturity level in that memory, Barbara said that forgiveness became natural. She reported a newfound mercy toward her mother and her father because she realized that they were trying to do the tough job of parenting without the resources to do so.

In another example of a participant's narrative that conceptualizes Enright's (2009) forth step in the forgiveness model, discovery and release from emotional prison, Magdelena explained how she was able to forgive by seeing her parents' true hearts:

> It just kind of seems that this is the way it was. My expectations did not match my parents, and they had limited means. And just the way they handled me was the way that they handled us, and they were not attuned to the implications that I was taking in. They were just parenting in the way that they knew how.
>
> It is almost like the whole thing was just a big misunderstanding . . . . That kind of makes it feel better. It was just kind of a big misunderstanding on both parts.

The participants reported the common experience that forgiveness finally "felt real" when Jesus showed them the "true heart" of the persons that offended them. As a result of their Inner Healing experiences, the participants reported the release from

emotional prison that Enright described as the final step in forgiveness. The change in participant narratives implied that the development of an attuning relationship with Jesus has implications for the study and application of forgiveness.

Data gathered from participant narratives imply that that forgiveness may be initiated by a conscious decision; however, the data also points to the paradox that forgiveness may also be preceded by an experience with Jesus. The data demonstrated that, when participants developed an attuning relationship with Jesus, participants who entered sessions with an intent to forgive were finally able to complete the process; however, the data also demonstrated that other participants who entered sessions with an intent to resolve painful memories, but not a specific intent to forgive, found that forgiveness was a surprising, unintended, and natural result of the experience.

Implications of attunement with Jesus for deliverance. The fourth implication of receiving attunement from Jesus was the change in the meanings participants made of deliverance. The results of this study confirm the practice of the enforcement of authority over demonic forces described in the Deliverance Inner Healers section under The Review of Literature in Chapter I. However, the results of this study provide additional insight to the spiritual warfare model that is characterized by overpowering demonic forces with shouting and commanding. For example, the opening prayer in the participants' Inner Healing sessions was informed by the practices of Kraft (1993), along with Sandford and Sandford (1982), who advocated for the use of verbal commands and intercessory prayer to enforce authority over demonic forces. However, the meanings that the participants made of negotiating new agreements with spiritual forces have

implications for the practice of deliverance. Patricia explained, in her interview, her understanding of demonic attacks:

> You really do have an enemy that is fighting against you . . . . They bring in attacks that really try to hamstring you from what God wants you to do . . . . They really are . . . targeted, pinpointed attacks that really try to blind you and call you away from the destiny and calling that you have.

When participants developed an attuning relationship with Jesus, and interacted with Him in their memories regarding the agreements that they made with evil spiritual forces in times of vulnerability, Jesus offered the participants a better defense against pain. For example, in Barbara's first interview, she said:

> If you are three years old, and you decide not to trust anybody, it seems unfair that a demonic spirit can attach itself to that. Unfortunately, in the spirit world, we reap the consequences for those decisions that we made. We reap the spiritual consequences of those unconscious decisions that we make, which seem to me, totally unfair because that is the only thing we can do to survive.
>
> I have some people who see a demonic presence, cloak and dagger. I don't ever remember having that. Mine was more a sense of, I am aligning this part of my life with a lie, and as long as I do that, the enemy is going to be able to keep lying to me.

The results of this study have implications for deliverance which is characterized by a warfare model in which the battle with demonic forces is waged and needs to be won by excessive use of emotion. The results imply that the exercise of pre-established authority is augmented when understanding into original agreements forms the basis for new agreements. The results also imply that decisions to renounce demonic forces do not necessarily need to be filled with emotion. The results of this study are consistent scriptures regarding the authority of Jesus (e.g., Mathew 10:1; Luke 10:19). Thus, the results of the study neither contradict Jesus' directive to cast out demonic forces (Mathew 10:8) nor disconfirm his authority over demonic forces (Luke 4:36). They follow the

biblical admonition that all things be done in an orderly manner, absent of the confusion demonstrated in the revivals of the early 1900's and others of recent.

Implications of Joy

As the participants shared the meanings that they made of their Inner Healing experiences, there was a collective experience of joy that emerged and that was articulated in the second round of interviews, in the Skype interviews and in the focus group. The participants shared their awareness that joy provided motivation to do ongoing work. In the study, joy was found to be an emotion that provided a catalyst for change. Participants named joy in their narratives as the mark of being connected to others and Jesus. Wilder, Khouri, Coursey and Sutton (2013) defined joy by describing its outward evidences. They said:

> Joy means someone is glad to be with me. The real signature of joy is the sparkle in someone's eye when they see us that makes their face light up. Joy is children jumping up and down when their dad or mom comes home from work or when they see their grandmother . . . . Joy is children playing, tumbling and giggling together.

A predominant finding of the study was the change that occurred once joy-based interventions were introduced as a starting-place in Inner Healing sessions. Prior to the introduction of joy, the Inner Healing meta-narrative, the Lehman Group narrative and the participants' personal narratives evidenced a predominant belief that interactions with Jesus must first be preceded by painful emotional experiences. For example, the founder of the Theophostic model, Smith (2000) wrote, "I encourage people to immerse themselves deeply into the painful memory and focus on the lies which are causing so much pain" (p. 134).

As described in the review of literature, this predominant view in the meta-narrative of Inner Healing, that pain must preclude an encounter with God, originated with of the Revivalists at turn of the century. For example, Seymour (Welchel, 2006), the leader of the Azuza street revival, placed a crate on his head in an act of humility before he preached. Following this view, the pain-based techniques utilized at the formation of the Lehman Group originated in the Theophostic technique of entering deeply into painful emotions before encountering God. For example, Smith also wrote, "I soon discovered that it is at the end of the rope where God dwells. He resides in the center of our hopeless dependence on Him" (p. 38). Barbara's personal narrative illustrated the belief that pain was a first step in perceiving Jesus. In her first session, the facilitator utilized over 60 minutes of pain-based interventions before Barbara experienced a slight perception of Jesus.

Thus, the results of this study confirmed that pain-based interventions eventually reactivate and reconsolidate painful implicit memories. However, the results of this study imply that when joy-based interventions are utilized, there are implications for (a) memory reactivation, (b) attachment, (c) deliverance, and (d) God image.

Implication of joy for memory reactivation. In addition to the results that pointed to the implications of an attuning relationship on memory reactivation, the results also pointed to the implications of joy on memory reactivation. The first implication that the participants made of experiencing joy was a change in memory reactivation. According to Ecker, Ticic and Hulley (2012) memory reactivation is the second step in the process of memory reconsolidation. As the participants shared the process of reactivating painful memories, the meanings they made of their experience was that when

joy-based methods were utilized, they became much more motivated to reactivate painful memories. When they started sessions by first reactivating a joyful memory, the participants gained a greater capacity to reactivate painful memories. When they enhanced that joyful memory to one in which they perceived the presence of Jesus, they gained the ability to interact with Jesus, and thus make make inquiry as to what He wanted them to know about the painful memory. Often, they reported that they were able to become mutually minded with Him, gaining His perspective on the matter, by asking Him questions regarding the painful memory from the vantage point of the positive, joy-based memory.

Implication of joy for attachment. The second implication of the meanings that the participants made of their joyful Inner Healing experiences was the safe base and the safety net that were provided when interventions to produce joy were introduced. The joyful safe base and safety net have implications for attachment theory and therapies that are informed by attachment theory. Attachment theorists Ainsworth and Bell (1970) first examined the relationship between the strength of a child's internalized safe base and their ability to explore stressful situations. Robbins (2000) and others (Cline, 1992; Kirkpatrick, 1999; Thompson, 2010) drew associative links between foundational the attachment theorists' (e.g., Ainsworth, 1967; Bowlby, 1982) concept of a safe base, and the safe base that is provided by a joyful relationship Jesus.

Approximately three years after the earliest archival recorded Inner Healing experience, which was Barbara's first recorded experience, the facilitator began to start sessions by remembering a place of joyful connection to Jesus. The researcher observed the facilitator begin to develop more systematic methods for coaching the participants to

reactivate joyful memories at the start of sessions. Two implications of the meanings that the participants made of their attachment experiences are on safe base and safety net.

Implication of joy for the safe base. As the participants shared the meanings that they made of their experiences of joyful memories and of joyful memories in which they were able to perceive the presence of Jesus, they articulated a common experience similar to the construct of a safe base which attachment theorists (e.g., Ainsworth, Bowlby, Robbins) described between a child and a significant caregiver. The participants reported utilizing joyful memories as a safe base from which to reactivate painful memories. When the participants were able to perceive the presence of Jesus in those joyful memories, they reported that the safe base gave them a great sense of security. Another meaning that the participants made of their experiences was that they were able to internalize the memory of the safe base and then transfer it into places and relationships outside of the Inner Healing sessions.

An exchange between the facilitator and Rebecca, in her second session, provided an example of developing a joyful, secure base at the start of a session to build capacity, and then conducting the session from this safe base to reactivate painful memories. The following excerpt highlights her experience of this process:

The facilitator said, "My thought is to establish positive connection [with Jesus] and if you are able to do that . . . we will ask Him about the whole package."

After Rebecca established a positive connection, she described how Jesus built joyful capacity within her by gently holding her hand to prepare her for a difficult session:

> The Lord brought to my mind that, if I hold my hand out, He [Jesus] will hold my hand. It's like surgery. Even though it is painful, it is something that will be better afterward, and it is something that I need to deal with. He will help me.

The researcher observed the participants first speaking of the joyful memory; second, connecting to Jesus in that place of joy; third, holding the picture of the joyful memory with Jesus in it, in their mind; and then, from that place, reactivating the painful memory. This technique seemed to allow the participants to view a once painful memory while enacting joyful emotions. A continuation of the previous excerpt from Rebecca's second session provided an example of starting from a secure base, and then making a foray into a painful memory to do the work of reconsolidation:

> Jesus shows me that Mom was only three [years old, maturity level]. What Mom needed was someone to come and hug mom, and tell her that they loved her. But I was only seven so I could not do that.

The experience of reactivating a joyful memory that was utilized as a safe base has implications for the study of attachment theory. The experience of upgrading and enhancing the effectiveness of that safe base by perceiving the presence of Jesus in the joyful memory has implications for those interested in integrating traditional psychological methodologies with faith-based Inner Healing approaches.The experience of an internalized safe base with Jesus that the participants reported has implications for the study of attachment theory, for the theory and practice of Inner Healing, and for the spiritual formation development within the body of Christ.

Implication of joy for the safety net. The results of the participants' first sessions confirmed the criticisms that pain-based Inner Healing methodologies often reactivate implicit memories without providing the conditions necessary (e.g., capacity, perception of Jesus' presence) to reconsolidate that painful implicit memory. Before the participants

developed a joyful safety net, they were not able to process the content from their implicit memory systems that became reactivated, and they left sessions feeling overwhelmed. For example, in both Barbara's and Patricia's first archival sessions they reported a sense of "dread" and they expressed a desire to quit several times during the session. Barbara told the facilitator, "I am just so tired." Both Barbara and Patricia cried throughout these first archival sessions, and they ended the session with tears in their eyes and distant looks upon their faces.

The meanings that the participants made of their experience of joy in Inner Healing experiences was that joy also acted as a safety net to which they could return if the process of reconsolidating painful memories became overwhelming. When the intensity of the traumatic memory exceeded their capacity to process the memory, the participants developed the technique of returning to the secure base as if it were a safety net.

Prior to introducing the safety net in session, the meanings that the participants made from their Inner Healing experiences was that clients often reactivated implicit memories from which they could not reconsolidate. The process of leaving painful memories reactivated without completing the reconsolidations process drew warranted criticisms from families, pastors, and mental health care providers who were left to carry the burden from the effects. Often clients left Inner Healing sessions overwhelmed to the point of needing additional outside services.

The meanings that the participants made of being overwhelmed, before they began conducting sessions from a base of joy and without a safety nest, was looking toward future sessions with a sense of dread. This has implications for practitioners of

Inner Healing. According to Lehman (personal conversation April,1, 2014) practitioners have historically utilized the powerful spiritual tools that reactivated painful implicit memories without the understanding of the science of attachment that informs bringing clients back to a safe base when they do not have the capacity to reconsolidate painful memories.

However, the second round of the participants' Inner Healing experiences, reported in Chapter III as Exploration of Second Inner Healing Experience, has implications for reactivating painful implicit memories in Inner Healing sessions. It was demonstrated in the data that in the second round of archival sessions, the facilitator sought to conduct the sessions from a safe base. When clients became overwhelmed with disturbing emotions, the facilitator used the safety net to bring the participants back to a joyful secure base. This implies that, if Inner Healing practitioners are able to effectively return clients to a place of joy by utilizing the safety net, then, clients will not begin to decompensate because of overwhelming emotions.

Implication of joy for deliverance. The third implication of the meanings that the participants made of joy was the difference joy made on deliverance. In addition to the results that pointed to the implications of an attuning relationship on deliverance, the results also pointed to the implications of joy on deliverance. The results of this study imply that when the participants were able to experience joy, their capacity level increased to a level that exceeded their level to process traumatic memories. It seemed that when clients were able to perceive the presence of Jesus while in a joyful state, that capacity level increased to an even greater level that superseded the emotions that accompanied their most painful memories. It seemed that as the participants became

mutually minded with Jesus (see Siegal, 2006; 2007, for discussion of mutual mindedness with others, and Thompson, 2010; for mutual mindedness with God), that sharing of minds increased their capacity greatly.

Thus, this increased capacity increased the participants' ability to reactivate extremely painful memories in which they made internal agreements with demonic forces. For example, in Patricia's second archival session, when she was able to perceive the presence of Jesus in the joyful place of "sitting in the rocking chair with all the little children surrounding Him," then she also was able to access previously inaccessible memories that elucidated the agreements she had made with demonic forces to aid her in mitigating pain. When the participants felt a strong sense of joy, they gained the capacity to stay connected to the memory, renounce the previous agreements that they made with demonic forces, and then make a more informed decision based upon the new information that Jesus provided.

Implication of joy for God image. The fourth implication of the meanings that the participants made of joy was the change it made on their image of God. As the participants reported their common experiences of starting sessions in a place of joy, they also reported that they no longer attributed their faulty internalized representations of significant caregivers onto Jesus.

Garzon (2007) built upon Gabbard's (2006) neuroscientific work on transference to make links between an individual's internal models of significant caregivers, implicit memories and how a counselor may use the therapeutic relationship to modify a client's "God image" (p. 142). Garzon (2007) said, "Thus, contrasts between one's conceptual knowledge of God as loving and as a discrepant subjective emotional experience of that

reality (a negative God image) have neurological underpinnings in the implicit memory coding system" (p. 146).

Patricia's second session provided an example of a participant whose God image was altered resultant of a joyful experience with Jesus. She reported:

> And the whole thing that you [Jesus] are not going to leave me . . . is the image of Jesus showing me that the disciples fell asleep. "But I [Jesus] am not going to fall asleep.
>
> I was worried that he was not going to be there. So by showing me the garden, He showed me that He knew what it was like to be alone, and sad, and that He was not going to be like the disciples and fall asleep on me. So that was a big thing, and a big part of attachment . . . . That was very intimate, very personal.

The results of this study imply that the utilization of joy to activate neural network associations has implications for the correction of a faulty God image.

Implication Summary Statements

The implications of this study are centered on the data that emerged in the study on Attunement and Joy. The results of the study indicated that when deliberate interventions were introduced by the facilitator to develop a joyful emotional state within the participants, and an attuning relationship between the participants and Jesus, there were implications for (a) Memory Reconsolidation, (b) Attachment, (c) Forgiveness, (d) Deliverance, and (e) God Image.

The results of this study indicate that when deliberate interventions were introduced by the facilitator to develop a joyful emotional state within the participants, the participants were able to receive attunement from Jesus with greater clarity than they had been able to before the introduction of Joy. Further, the participants were not only able to perceive the presence of Jesus with greater clarity; the participants were able to receive attunement from Jesus with greater interactive relational connection than they had

before the introduction of interventions to build attunement. Nevertheless, it seemed that joy and attunement with Jesus coincided and were difficult to separate. An attuning relationship with Jesus has implications for (a) Memory Reconsolidation, (b) Attachment, (c) Forgiveness, and (d) Deliverance.

Suggestions for Future Research

- The lack of exploration around salient themes in Inner Healing is at an impasse (Garzon & Paloma, 2005). Immediate future research should seek to replicate this study to verify and expand on the themes that were identified by the participants in this study.
- The themes in this study, such as Joy, need to be empirically researched with quantitative pre and post test methodologies and evidenced-based instruments to determine if the themes identified in this study contribute to therapeutic change.
- Immanuel interventions were developed as a result of first utilizing the Theophostic (Smith, 2000) model. Future studies should investigate the correlation between Theophostic tools and Immanuel tools.
- Since the participants in this study all had previous exposure to Theophostic based interventions, before being introduces to Immanuel interventions, future studies should investigate if the efficacy of joy-based Immanuel Interventions is dependent on receiving Theophostic Interventions.
- After observing that the participants seemed to reframe irrational beliefs as a result of perceiving the presence of Jesus, the researcher offers five designs that may further the understanding of this phenomenon. These designs range from the basic to the complex. The researcher offers the only a simple overview of these

designs, from which the interested researcher, ranging from the undergraduate student to the Post-Doctoral student, must expand the design.

1. A 2 by 2 Chi Square to determine a true correlation between (a) perceiving the presence of Jesus and (b) reframing irrational beliefs. The predictor variable is, perceiving the presence of Jesus, and the Criterion variable, as nominal data, is reframing irrational beliefs.
2. A Paired t-ratio to determine if there is significant difference between the two distributions from the pre and post test. The Independent variable is Inner Healing on two conditions: Inner Healing in which pain-based interventions are utilized to reactivate memories, and Inner Healing in which joy-based interventions are utilized to reactivate memories. The dependent variable is irrational beliefs measured by the Irrational Beliefs Test (IBT, Jones, 1969).
3. A Within Subjects ANOVA to compare distribution of scores: The independent variable is Inner Healing on four conditions: 0 months, 3 months, 9 months and 15 months. The dependent variable is the irrational beliefs measured by the IBT.
4. A Factorial MANOVA to determine the differences between the three Independent variables measured on categorical data and the differences between the three Dependent variables measured on ratio data: The Independent variables are: 1. Orthodox, 2. Evangelical, 3. Charismatic. The Dependent variables measured on ratio data are 1. Irrational beliefs (IBT). 2. Perception of the presence of Jesus (Self

report scale). 3. Ability to reactivate traumatic memories (Therapist report).

5. A Logical Regression test to predict which variables contribute to and predict which participant will be able to perceive the presence of Jesus: The Independent variables, as measured nominal, ordinal, and interval are: 1. Unforgiveness measured by the Enright Forgiveness Inventory, (EFI), 2. Vows as measured categorically, 3. Bitterness as measured by ratings, 4. Judgements measured by observations and ratings by therapist and participant. The Dependent variable, as measured categorically/nominally, is the ability to perceive the presence of Jesus.

Conclusions

The archival recordings from the participants' Inner Healing sessions in the Lehman Group spanned a time period of approximately eight years. For example, Barbara's first archival session took place seven years before her second archival session and eight years before Magdelena's second archival session, which was the latest recording utilized in the study. Over the eight-year-period the sessions were conducted the researcher saw a change in: (a) the participants' narratives, (b) the Lehman Group narrative, and (c) the meta-narrative of Inner Healing.

Participant Narratives

Barbara reconstructed a maladaptive relational template she established early in childhood, a template she was utilizing as an overlay, to frame her interactions with her husband. She reported a renewed love toward her husband. Patricia eliminated defenses

against pain and allowed, as an alternative, the pain ameliorating love of Jesus. She reported a greater capacity to experience positive emotions and a greater zest for life. Rebecca gained a deep, secure attachment to Jesus. She reported that this new attachment has led to a lifestyle characterized by lingering with Jesus. Magdalena integrated the part of her that was tired of getting thrashed by her clients with the part of her that was taught to be self-sacrificing in ministry. She reported a synchronization that renewed her strength. When Ryan experienced Jesus displaying His power, Ryan's feelings of powerlessness and avoidance of confrontation were eliminated. Ryan reported this change led to having a son.

Group Narrative

A thorough analysis of the four different data sources, archival recordings, face-to-face interviews, Skype interviews and a focus group, identified two predominant changes in the group narrative. The first was Change in the Inner Healing Model. The second was Depathologizing Relationships.

Change in the Inner Healing model. Over the eight-year period, from which the data originated, the Inner Healing model, that the group utilized, evolved from the Theophostic model to the Immanuel model. The data demonstrate that three salient changes were identified that marked the evolution of the Immanuel model from the Theophostic model. The first was Lingering with Jesus. The second was Interacting with Jesus. The third was Starting from Joy. The fourth was From Deliverance to Decision-making.

Lingering with Jesus. Magdalena's second session signaled a turning point in the evolution of the Inner Healing model. From that point, the participants began to make

deliberate attempts to enhance their interactive, relational connection with Jesus. As they interacted with Jesus, participants reported that they gained more insight into the beliefs they had adopted in times of historical painful events and memory reconsolidation was enhanced. The participants also reported that many times Jesus simply wanted to be with them and even prevented them from reactivating memories further. After Magdelena's lingering session the participants actively practiced interacting with Jesus. As a result of this practice, it was clear from the data that, the participants and the facilitator became less directive in their approach. When the participants lingered with Jesus, subsequently they were able to reactivate painful memories that were previously inaccessible. It seemed that the joy that resulted from interacting with Jesus built strength and a greater capacity to access places of pain.

Attuning with Jesus in an interactive relationship. This study provided a number of opportunities for participants to give voice to their experiences and understanding of lingering with Jesus (i.e. review of archival sessions combined with research interviews, Skype interviews in which the data was checked by individual participants, and a focus group which included candid discussion further verifying the data analysis). These various data collections methods brought forth the participant understanding that when participants started the practice of lingering with Jesus, they developed what Ryan named contingent communication with Jesus. On a few occasions, and in a most gentle manner, the participants reported back to the facilitator that Jesus had suggested a different strategy. After a few of these occurrences, the facilitator, who worked hard to establish a therapeutic alliance with the participants, deferred to the suggestion that the participant reported Jesus offered. After Magdelena's lingering experience, oftentimes the facilitator

and the participant would ask Jesus for his direction. This signaled another change in the evolution of the group narrative. The group began to defer to Jesus for direction and developed what was named by the researcher and accepted by the participants in the focus group as a co-therapeutic alliance with Jesus.

Starting from Joy. As the group formed a co-therapeutic alliance with Jesus the facilitator and the participants stopped utilizing pain-based techniques to reactivate painful memories. In the archival sessions, the research interviews, the Skype interviews and the focus group, the participants reported that Jesus gave them great joy. The participants reported that this Joy gave them great strength.

Borrowing heavily from the work of Wilder (2010) the facilitator and the participants collaborated in experimenting with starting the sessions from a place of joy and appreciation. The researcher observed in the archival recorded sessions that, after the participants had evoked strong memories of times of appreciation and joy, they were encouraged by the facilitator to perceive the presence of Jesus. The group found that this eliminated several problems associated with a faulty god-image.

Another benefit of starting with Joy, as seen by the progression of the methodology demonstrated in the selected archival sessions and in the interactions with those sessions by the participants, was the establishment of a safety net when participants became overwhelmed with painful emotions and could no longer stay connected to their painful memories. The safety net proved to be a place where participants could return instead of abreacting or what Magdelena described in the Skype interview as "going on fire."

From Deliverance to Decision-making. As a result of forming a co-therapeutic alliance with Jesus a change in the way the group dealt with demonic forces was observed by the researcher in the archival recordings. Prior to forming this alliance with Jesus, the facilitator and group members sought to reactivate painful memories before they had the capacity to do so. This was clearly evidenced in the data that emerged from Barbara's first Inner Healing experience reviewed in Chapter III. When the participants were unsuccessful at reactivating painful memories, or when the participants were not even able to identify a target memory that might contain the foundational-irrational beliefs that were plaguing them in the present, the group would resort to previous Theophostic techniques aimed at removing clutter that blocked memory reactivation. The practice of removing clutter was clearly demonstrated in Patricia's first archival session reported in Chapter III. Oftentimes the blockage was demonic forces. This phenomenon was observed by the researcher in the archival recordings taken from Barbara's, Patricia's and Rebecca's first archival sessions and explored further in Barbara's, Patricia's, and Rebecca's research interviews as reported in Chapter III.

However, as the group became more skilled at forming a co-therapeutic alliance with Jesus, the focus on demonic forces became less pronounced. This contrast was clearly evident by comparing the data taken from the participants' first archival session with the data taken from the participants' second archival sessions. In the second archival sessions, the facilitator addressed the demonic forces directly only in the opening prayer. When the need to take authority over demonic forces did arise in the second archival sessions, the facilitator commonly deferred to Jesus. Then, Jesus directed the process by elucidating the dynamic that preceded the entrance of the demonic entity, and then He

offered a better solution to the participant. In this scenario, deliverance became a reenactment of past agreements and an establishment of new agreements with the enforcement of Jesus.

Depathologizing of relationships. The second change that occurred in the group narrative was the depathologizing of relationships. Because the participants observed a different way in which Jesus interacted with them in their places of trauma, the participants began to view their relationships differently.

Relationships with family. The participants became more gracious toward family members with whom they had past painful experiences. Many times when Jesus gave the participants revelation regarding family member's true hearts, they reported a greater capacity to forgive. One participant said that forgiveness finally feels real. The participants reported that they saw their family members with pity and sadness instead of with the prior emotions of disgust or contempt, because they saw them in their woundedness for the first time.

Relationships with others in the group. The group members reported that they became more social. This change was noted by researcher as he was trying to schedule the focus group. The participants seemed to enjoy each other's company and became delighted at the thought of meeting together for the purposes of the focus group. In the focus group, they displayed no evidence of shame or judgments toward each other when talking about their stories. The group members reported that a true evidence of healing is the ability to say without fear or shame, "This is my story."

Relationship with Jesus. Another change in the group narrative is how they talk about their relationship with Jesus. Whereas in the early archival sessions they seemed to

talk about Jesus as distant and unapproachable, in the later archival sessions, they talked about Jesus as if he were close and approachable. Also, in conversations in the focus group, the participants seemed to talk about Jesus as if he were present, and in the conversation. For example, over the course of the research interviews, the Skype interviews and the focus group, the researcher observed the group members conversing with Jesus as if He were present. Of course, being mental health care professionals, the participants are somewhat discreet. However, it was not uncommon for the participants to stop in the middle of a conversation and begin to speak to Jesus because they felt the need for (a) direction, (b) clarification, or (c) simply because they felt the need to do so. After much observation of this phenomenon, Karl Lehman (personal conversation April 1, 2014) has named this phenomenon The Immanuel Lifestyle. The Immanuel Lifestyle is characterized by a deliberate, living, interactive, relational, connection with Jesus.

Summary

- Research Question One: Regarding Therapeutic Change in Session was answered by pressing the data that emerged from participant narratives against current relevant research on memory reconsolidation.

- Research Question Two: Regarding Narrative and Life Change was answered by pressing the data that emerged from participant narratives against the current relevant research on Attachment. Participant changes were noted in Attachment Patterns and in a New Lifestyle characterized by a living, interactive relationship with Jesus.

- Research Question Three: Regarding Change in Practice was the question that generated the least amount of data and answered to a lesser degree than the other research questions. However the findings that emerged were important. Participants became more peaceful and confident in their practices, developed a greater therapeutic alliance with Jesus in their practices, and gained increased discernment in their practices as a result of their Inner Healing experiences.

- Research Question Four: Regarding Intersections between Faith and Relevant Research was answered throughout the study. The primary scientific work that informed the practice of Inner Healing came from Memory Reconsolidation and Attachment theory. The primary faith-based work that informed the practice of Inner Healing was (a) The Theophostic Model, (b) The Life Model, (c) Biblical Forgiveness Principles.

- The implications of the study centered on the two common threads, Attunement and Joy, that were identified throughout participant narratives.

- Attunement had implications for (a) Memory Reconsolidation, (b) Attachment, (c) Forgiveness, and (d) Deliverance.

- Joy had implications for (a) Memory Reactivation, (b) Attachment, (c) Deliverance, and (d) God Image.

- The results of this study clearly demonstrated that as a result of the participants' Inner Healing experiences there were changes in their personal narratives, and in the Lehman Group narrative.

- One significant change in the Lehman group narrative was the utilization of joy-based interventions instead of pain-based interventions to facilitate healing.

- Perhaps the most significant change in both personal narratives and the Lehman Group narrative was the story of the development personal and group interventions that facilitated an attuning interactive relationship between the participants and Jesus.

It is the intent of this researcher for the participants' candid stories to be utilized for presentation and future presentation to progress the theory and practice of Inner Healing beyond the scope of this dissertation. The transparency and vulnerability with which the participants narrated their Inner Healing experiences is reminiscent of the manner with which Sanford (1947) courageously first told of her Inner Healing experiences. The researcher is appreciative that the participants engaged in this study with this same courageous authenticity as their benchmark, narrating their candid experiences without reservation.

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Appendices A-E

Appendix A: Participant Instructions

Appendix B: Face-to Face Interviews: First and Second, Two Phase

Appendix C: Skype Interviews

Appendix D: Focus group: Two Phase

Appendix E: Informed Consent Form

Appendix F: Conceptual Maps

Overview for Appendices

It is intended that the format presented in this appendix will be utilized to provide consistent structure to the interview throughout the data collection process. The transcription template for the viewing of the archival recordings will consist of double spaced word documents intended for the convenience of the researcher for notation. These documents will be used as field notes to aid in interviews and later in data analysis.

The first two phase face-to-face interview will be utilized to collect data from the participants' earliest Inner Healing session. It will be between one and one and half-hours in duration. The phase one structured portion of the interview will consist of four questions and will be approximately 15 to 30 minutes in duration. The phase two semi-structured portion of the interview will consist of open-ended questions with leads and will be approximately 60 minutes in duration. The second face-to-face interview will be utilized to collect data from the participants' latest Inner Healing session. The interview protocol will be the same as the first face-to-face interview. The Skype interview will consist of validating predominant themes identified by the researcher and will be approximately 15 minutes in duration. Finally, the two phase focus group will be 90

minutes in duration. The first phase will be utilized to collect data regarding the predominant salient themes in participants' Inner Healing experiences. The second phase will be utilized to collect data regarding intersections between faith and relevant psychological research.

Appendix A: Participant Instructions

Pre-Interview Instructions to be delivered to the participant two months before the study.

You are to select two archival recordings from your Inner Healing sessions while in the Lehman Group. The first selection will be from one of your earliest Inner Healing sessions in the Lehman Group. This selection should be a recording within your first year of participation in the group. For you second selection, you are to select one of your most recent archival recordings. Once selected, the researcher will make provision to obtain copies. For the first face-to-face interview, you are to review the earliest recording not more than three days and not less than one day within our interview. You are to do the exact same thing for our second face-to-face interview with the most recent recording.

Our face-to-face interviews will be centered on the personal episodes of your two episodic Inner Healing experiences. However, the overall changes that happened in your life as well as the effects of these sessions on your personal and professional live is also important. The purpose of your review is so that you will have the memory of the sessions primed. As you review the recording, you may choose to take notes if that would help you to remember points that you would like to discuss. It is important that you watch the whole session.

You will be sent an informed consent with spaces to sign for: face-to-face, Skype, and focus groups as well as a separate line for permission to record. At the start of all the interviews and the focus group I will ask

permission to record. After you review the informed consent, bring it with you to our first face-to-face interview. We will read the document together; I will give you opportunity to ask questions; and then if you are willing you will sign it. You will be given a copy.

Appendix B: Face-to Face Interviews: First and Second, Two Phase

Introduction and Greeting

Phase one: 15 minute structured interview questions

The interviewer will engage in a short informal greeting to relax the interviewee. After a five minute period in which the participant enters the office, sits down, and becomes comfortable, the researcher will begin the semi-structured interview. This interview will begin the interview by saying:

> **This is a two-phase interview that will last between one and one and a half hour. I want to thank you for being willing to take the time and put forth the effort necessary to participate in this study. During the first phase of this interview, I will ask you four questions about the session you reviewed recently. The first phase will take about 15 minutes. In phase two, we will play the archival recording from the session. While watching the recording, you may freely describe what is happening within you at the time of the session, within your inner experience as you are watching, or what has happened as a result of the session. You may request me to stop the recording in order to clarify, reflect or for you to add additional comments. If necessary, I may also ask questions that may clarify or further add to my understanding of the story. As indicated in the informed consent, this interview will be recorded. Shall I start the recording and begin the interview?**

Phase one: 15 minute structured interview questions

Interview Questions

1. **Can you give me an overview of what happened in the session?**
2. **How, if at all, has this session affected your life and your healing journey?**
3. **How, if at all, has this session affected your practice?**

Phase two: 45 minute semi-structured interview

After the participant has answered the three questions listed above, the researcher will conduct the semi-structured interview. At this point the researcher will read this script to the participant:

> **In this portion of the interview we will watch the tape that you reviewed recently**. **While watching the recording, I would like you may freely explain and describe what is happening within you at the time of the session, within your inner experience as you are watching, and/or what has happened as a result of the session. While we watch this archival recording, you may request me to stop the recording in order to clarify, reflect or for you to add additional comments. If necessary, I may also ask questions that may clarify or further add to my understanding of the story. Shall we begin the archival recording?**

After this explanation, the researcher will start the recording and the unstructured interview portion will be conducted. The entire phase one interview will be recorded on a hand-held, digital audio recorder. The entire audio recording will be transcribed.

Appendix C: Skype Interviews

One 15 minute Skype interview will be conducted for each of the five participants after the first and second two phase face-to-face interviews have been conducted. The use of the Skype interview will be used primarily as a member check to validate data from individual face-to-face interviews. In the Skype interview the primary researcher will review the predominant themes that he has identified in the narrative stories taken from the participant's interview. This will be done by naming the themes one-by-one and asking the participant to comment on the theme.

Introduction and Greeting

The interviewer will engage in a short greeting to relax the interviewee and begin the Skype interview by saying:

> **This is a 15 minute Skype interview to validate the data taken from your two individual interviews. Again, I want to thank you for being willing to take the time and put forth the effort necessary to participate in this study. During the interview I am going to name a predominant theme that I identified in your narrative story. After I name that theme, I invite you to make comments that may validate, contradict, or clarify my understanding of your personal experience. After discussion, we will move on to the next predominant theme and so forth. The intent of this interview is for me to get an accurate understanding of your personal experience so that I may capture the essence of your story for the reader. I invite you to freely share anything you deem necessary to aid in this process.**

After the interview has been conducted, the researcher will say to the participant:

Thank you for your participation. In closing I would like you to think about the Intersections between the faith based intervention of Inner Healing and relevant psychological research before the focus group convenes. Please consider these intersections as they pertain to your personal Inner Healing experience, your personal, professional training and research, and your private practice. Please be willing to share your thoughts when the focus group convenes.

The entire Skype interview will be recorded on a hand-held, digital audio recorder. The entire audio recording will be transcribed.

Appendix D: Focus Group

In the last stage of data collection, the primary researcher will conduct a 90 minute, two phase focus group. The focus group will be conducted in an unstructured format. In narrative methodology the participant take on a role as co-researchers. The purpose of the focus group will be to: (a) utilize participants for member checks to validate the data taken from the individual face-to-face interviews and the individual Skype interviews by presenting it to the participants in a group format. (b) Continue to collect data regarding the first three research questions pertaining to therapeutic themes, change in narratives, and effects on personal and professional lives. And (c) collect data regarding the fourth research question pertaining to the intersections between faith and relevant psychological research.

As the participants enter the room, they will be given a marker and a pad of five by seven inch post-it notes so that when discussion ensues they may post comments for group discussion. These comments will be utilized in the first phase of the focus up as researcher presents the themes that were identified as common in the Skype interviews to the group by writing them down with a marker on five by seven inch post-it notes and then placing them on a whiteboard.

Introduction and Greeting

The interviewer will engage in a short greeting to relax the participants and begin the focus group by saying:

> **This is a 90 minute, two part focus group. The first 45 minute phase will be utilized to validate the data taken from your two individual interviews and your Skype interviews as well as to gain more insight into your Inner Healing**

journeys collectively. The second 45 minute phase will be utilized to gain understanding into your integrations of faith and psychology. Again, I want to thank you for being willing to take the time and put forth the effort necessary to participate in this study. During the first phase I am going to post a predominant common theme that we identified in your narrative stories. After I post that theme, I invite you to make comments that may validate, contradict, or clarify our understanding of that experience. I invite you to respond and interact with the data.

You may also present your ideas by placing post-it notes on the board.

I will moderate as we move from theme to theme until 45 minutes have passed. After phase one, we will take a short break and reconvene for phase two. The intent of this interview is for me to get an accurate understanding of your personal experience so that I may capture the essence of your story for the reader. I invite you to freely share anything you deem necessary to aid in this process.

Examples of leads to foment discussion in phase one

- **In the interview portion of the study, three out of five of the participants reported, (x) as a common therapeutic theme. Would anyone like to comment on this?**

After the 45 minute break

After the participants have had a five minute break, returned to their seats and gotten comfortable the researcher will say:

The second 45 minute part of the focus group will be utilized to explore your understanding of intersections between Inner Healing and relevant psychological research. **At the conclusion of the Skype interview you were asked to think about these intersections as it pertains to your personal Inner Healing experience, your personal training and research, and your private practice. Please take five minutes to write down the thoughts you have considered on the five by seven post-it notes. After you have written down your thoughts we will post them on the whiteboard, one-by-one for discussion.**

Examples of leads to foment discussion in phase two.

- **What intersections do you see between your Inner Healing experience and your understanding of relevant psychological research?**
- **What new stories have emerged as a result of the viewing of the Inner Healing experience under the theoretic lens of relevant research?**
- **What new epiphanies have emerged regarding your psychological training as a result of the restoring and multiple retelling of the story?**

The interview will end with the following statement containing final information about the reporting of the data and a word f thanks from the researcher. Read the following statement:

I am very grateful for your participation in this study and appreciate your sharing your story with me. I want to say again that the data we have

recorded via audio-tape and the data that I have written down will be reported in a way that protects your privacy. The reporting of data will be about your Inner Healing journey. If in at anytime in the future you become concerned about this matter, please feel free to contact me. Again, thank you for your participation and giving me and all those who may benefit from it, the privilege of hearing your story.

The focus group will be audio recorded and selected portions will be transcribed that will make a contribution to further data analysis. Data from all four sources will be triangulated for the purpose of restorying for both the participants and for the metanarrative of Inner Healing.

Appendix E: Informed Consent

Informed Consent

Title of Study: *Immanuel: Narrative Case Studies Exploring Inner Healing in Clinical Settings.*

Purpose of Study: The purpose of this narrative study will be to understand and make new meaning of the episodic personal experience stories of the participants in the Lehman Inner Healing mentoring group. At this stage of the research, Inner Healing will be generally defined as a therapeutic intervention in which Immanuel/Jesus/God reconstitutes painful memories by providing a corrective emotional experience. In my research, which involves collecting the accounts of five mental health care practitioners who have over 50 years combined experience in the practice of Inner Healing, I am seeking to understand how the participants make sense of episodic Inner Healing sessions over time; how these inner healers construct these episodes into stories that make meaning to the change that has taken place in their lives. Additionally, the purpose of this study will be to understand how the participants have integrated these stories into their understanding of their professional practice. Finally, by understanding the experiences of these inner healers and by making meaning of their stories by identifying salient therapeutic themes, the researcher will attempt to identify intersections with relevant literature. Perhaps in the process new meaning will emerge for the participants that will lead to a restorying of the phenomenon of Inner Healing. Participants will also act as co-researchers in the study, identifying salient therapeutic themes, collaborating on the effects and relevant literature.

Participant Procedures: As a participant, you are agreeing to complete two face-to-face interviews, a Skype interview and a focus group. The face-to-face interviews will take approximately 90 minutes each. The Skype interview will take approximately15 minutes. And the focus group will take 90 minutes with a 15 minute break at the 45 minute mark. You will be asked about your experiences with Immanuel Interventions. The questions will be directed so that a greater understanding toward your Inner Healing experience will be understood. **Emphasis will be placed upon the process and perceptions of the process rather than the circumstances and specifics of your particular journey.** Each interview will be audio-taped and transcribed.

Participation Requirements: Participants need to be involved in any of the Lehman Mentoring groups.

Anonymity of Participants and Confidentiality of Results: The results of the interview will be analyzed by the members of the research team. Responses will be reported in a manner that will not identify individual participants.

Discomfort and Risks from Participating in the Study: The risks and discomfort of this study do not exceed that which an individual would incur during normal Inner Healing sessions**.**

Expected benefits: Participants in this study may benefit by gaining insight into their views about qualitative research as well as the satisfaction that comes from furthering the body of research in Inner Healing. Additionally, this research will advance the scientific base from which future empirical research may be conducted. Since at this time there have been no quantitative studies pertaining to the effectiveness of ANY inner healing models, and there are thousands of people, ranging from tribal chieftains to board certified psychiatrists practicing many different inner healing models the need for scholarly study is glaring.

Freedom to Withdrawal: You are free to withdraw from completing this study at any time without any penalty.

Use of Research Data: Group information from this research (not individual identifying data) may be used for scientific and/or education purposes. It may be presented at scientific meetings and/or published and republished in professional journals or books, or used for any other purposes which Regent University's School of Psychology and Counseling considers proper in the interest of education, knowledge, or research.

Approval of Research: This research project is approved by the Human Subjects Review Committee of the School of Psychology and Counseling at Regent University.

Participant's Permission: Regent university, its agents, trustees, administrators, faculty, and staff are released from all claims, damages, or suits, not limited to those based upon or related to any adverse effect upon you which may arise during or develop in the future as a result of your participation in this research. Please understand that this release of liability is binding upon you, your heirs, executors, administrators, personal representatives, and anyone else who might make a claim through or under you.

1. I have read and understand the above description of this study. I hereby acknowledge the above and give my voluntary consent for participation in this study.

2. I understand that I am being asked to complete two face-to-face interviews, one Skype interview and a focus group interview.

3. I understand that all interviews will be taped and all tapes destroyed at the end of the study.

4. I also understand that if I participate, I may withdraw at anytime without penalty.

Participant Name (please print) _____

Face-to-face interviews signature _____

Skype interviews signature _____

Focus group signature _____

Permission to record signature _____

Date _____

Researcher Name (please print) _____

Researcher Signature _____

Date _____

List of Researchers: Mark Hattendorf, MS; current Doctoral Candidate in Regent University's school of Psychology and Counseling. Email: markhat@regent.edu Phone: 847-772-6561

I understand that archival recordings of my Inner Healing session will be used for the purposes of this study and will be in the possession of the primary researcher throughout the study. I understand that only the primary researcher will have permission to view these archival recordings. I understand that the primary researcher will use transcribe these tapes for the purposes of this research study. I grant permission for the researcher to use these archival tapes for the purposes of this research.

Participant Signature _____

Date _____

I have obtained written permission to use these archival recordings for the sole purpose of conducting this study.

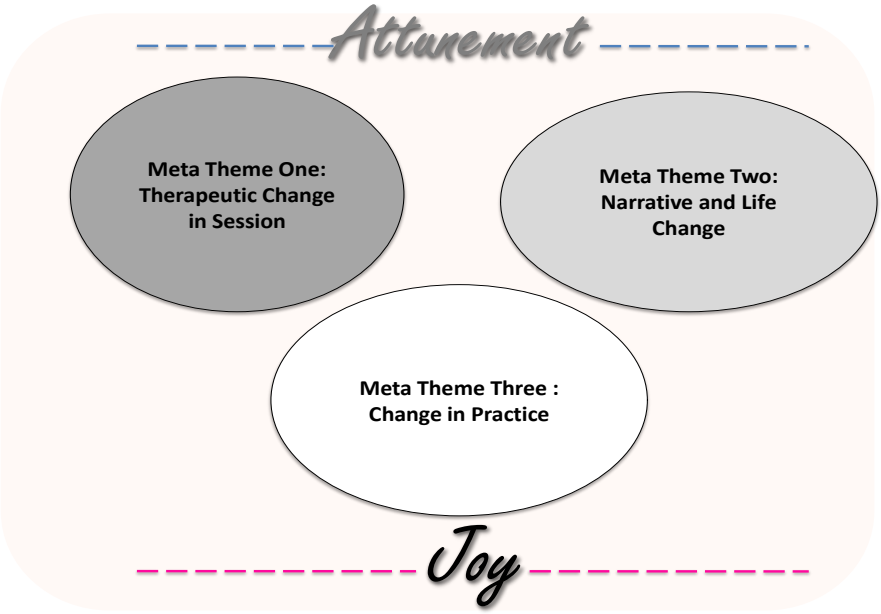
Researcher _____

Date _____

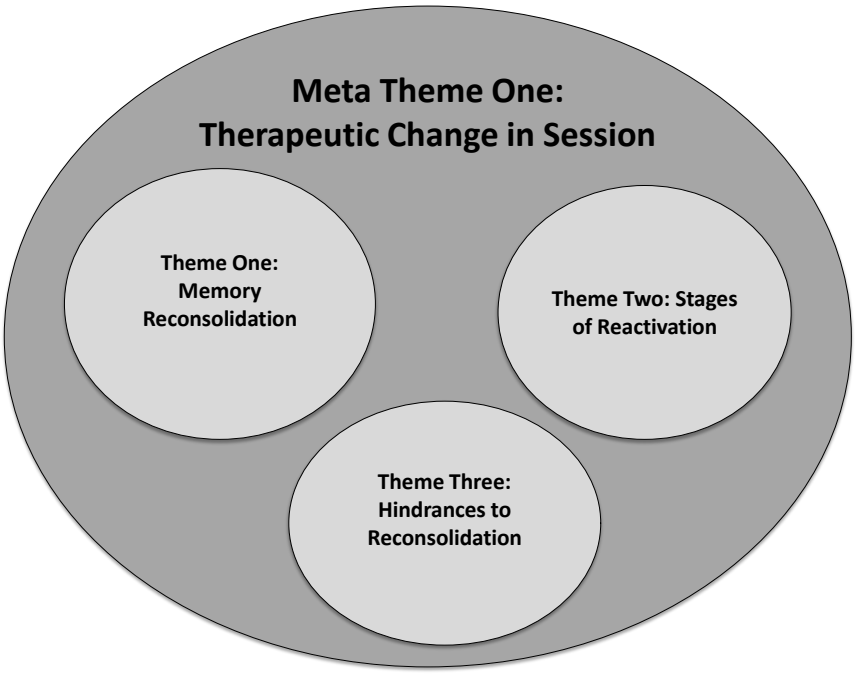
Please note: All tapes and transcriptions will be locked and secured. The purpose of the archival DVD will be: (a) to transcribe the story in order to analyze salient themes in the data (b) to gain understanding about the personal episodic experience story, (c) to watch with the participant as a means of understanding the personal experience through their perspective, and explore themes together and (d) to use as a tool for the personal interview to make more meaning of the story.

Appendix F: Conceptual Maps

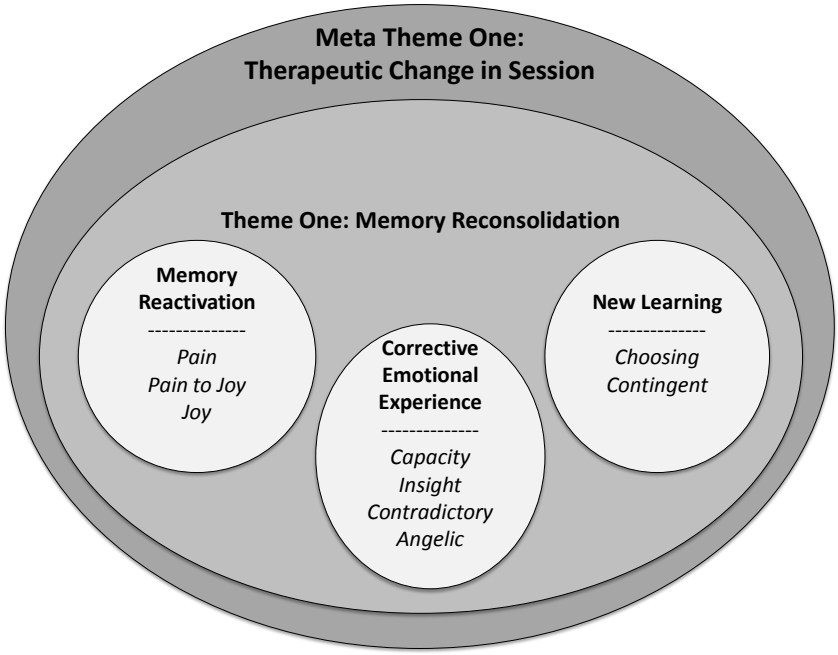
Conceptual Map of the Three Meta-Themes and the Two Common Threads of Attunement and Joy



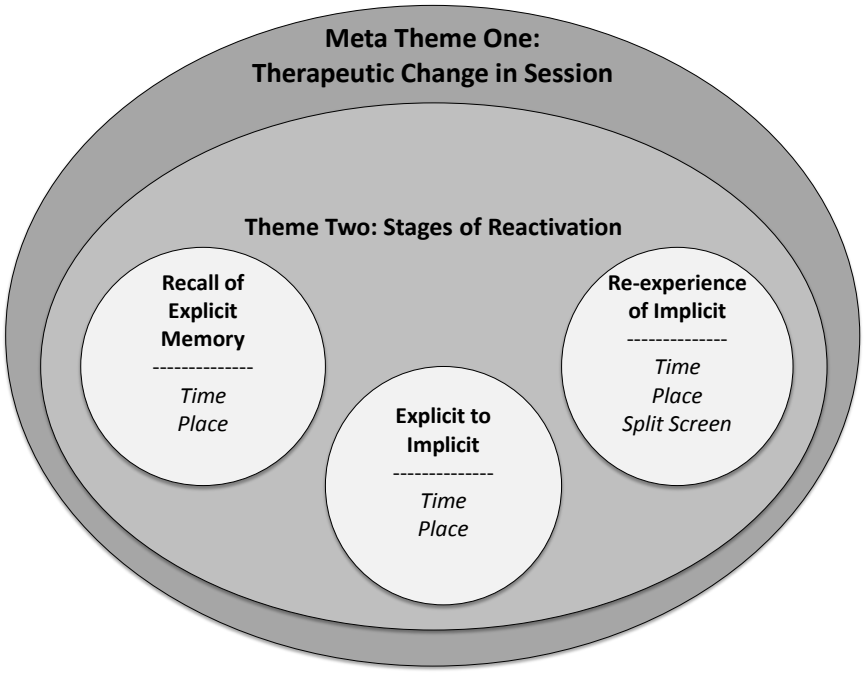
Meta Theme One Therapeutic Change in Session and the three Themes under it: Memory Reconsolidation, Stages of Activation, Hindrances to Reconsolidation.



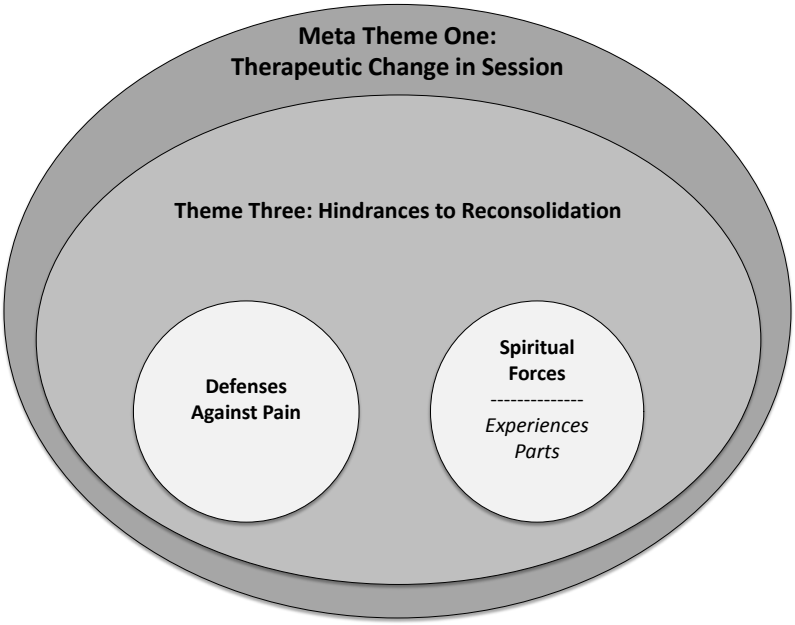
Theme One Memory Reconsolidation and the three categories under it: Memory Reactivation, Corrective Emotional Experience, New Learning, along with the Subcategories for each listed in italics.



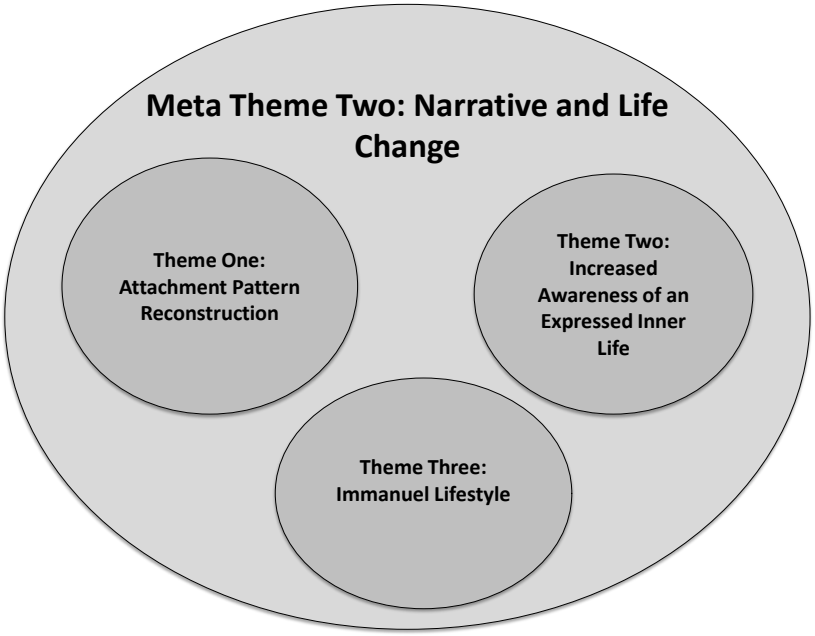
Theme Two Stages of Reactivation and the three categories under it: Recall of Explicit Memory, Explicit to Implicit, Re-experience of Implicit, along with the subcategories for each listed in italics.



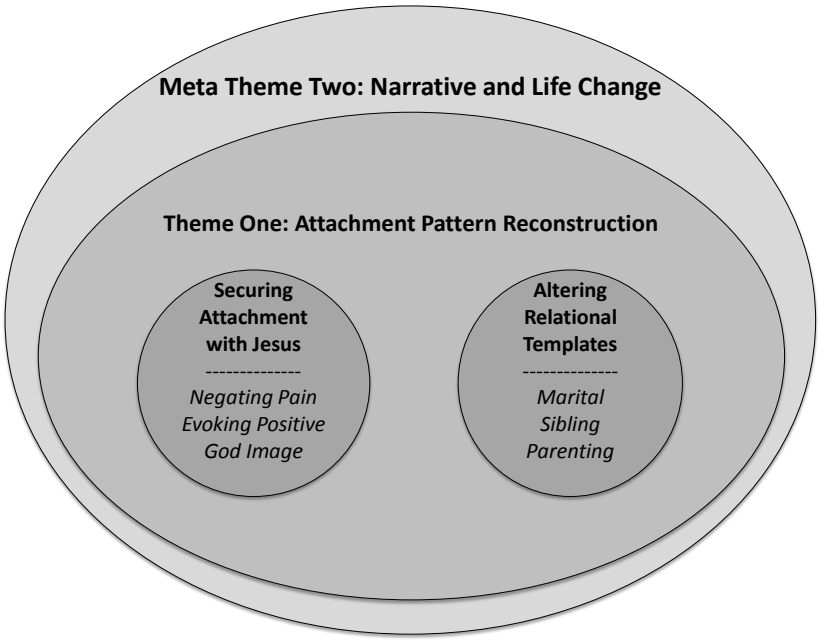
Theme Three Hindrances to Reconsolidation and the two categories under it: Defenses against Pain, Spiritual Forces, along with the subcategories for Spiritual Forces listed in italics.



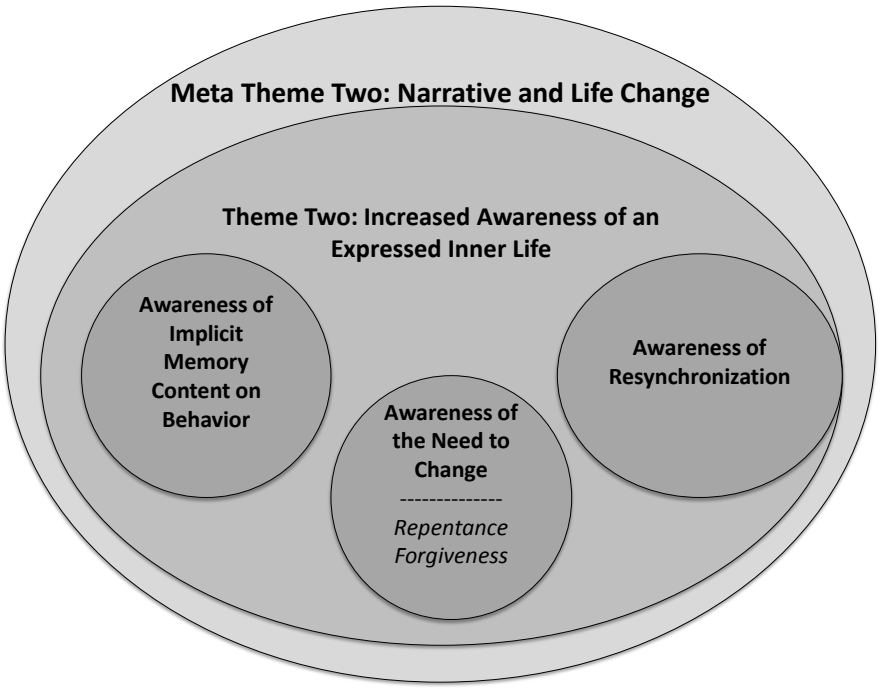
Meta Theme Two: Narrative and Life Change and the three Themes under it: Attachment Pattern Reconstruction, Increased Awareness of an Expressed Inner Life, Immanuel Lifestyle.



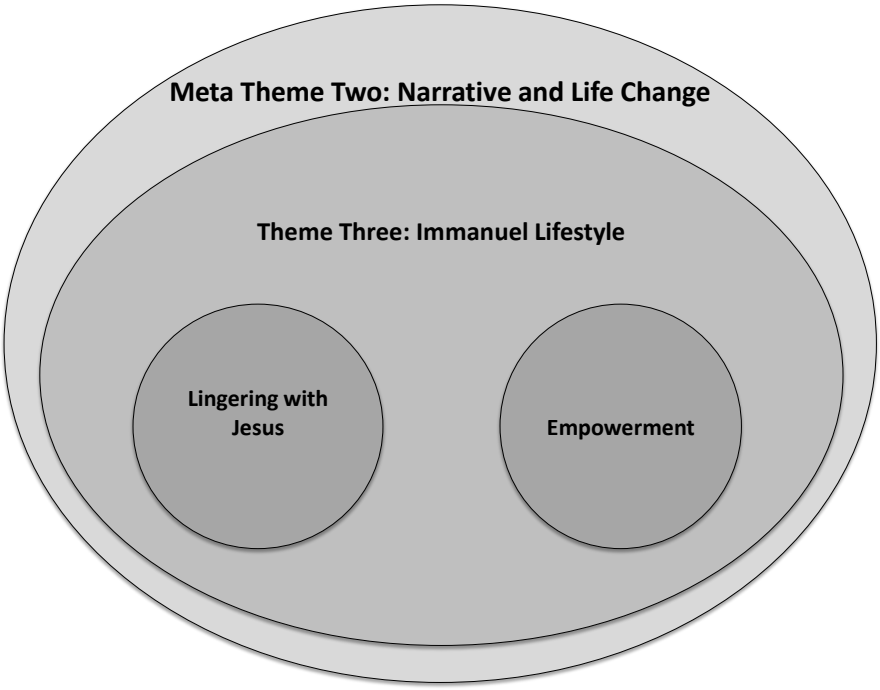
Theme One Attachment Pattern Reconstruction and the two categories under it: Securing Attachment with Jesus, Altering Relational Templates, along with the subcategories for each in italics.



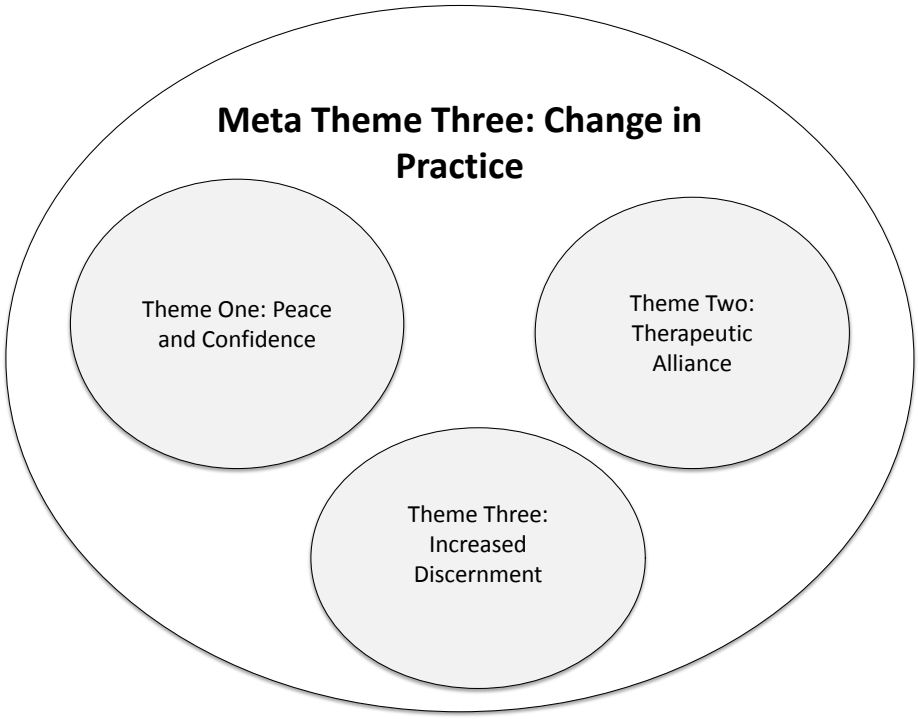
Theme Two Increased Awareness of an Expressed Inner Life and the three categories under it: Awareness of Implicit Memory Content on Behavior, Awareness of the Need to Change, along with its subcategories in italics, and Awareness of Resynchronization.



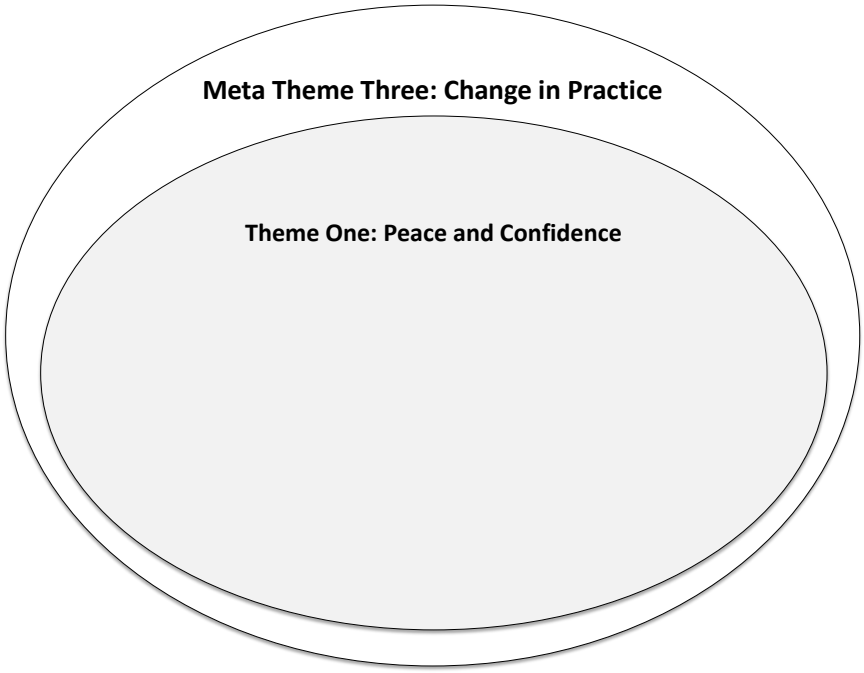
Theme three Immanuel Lifestyle and the two categories under it: Lingering with Jesus, Empowerment.



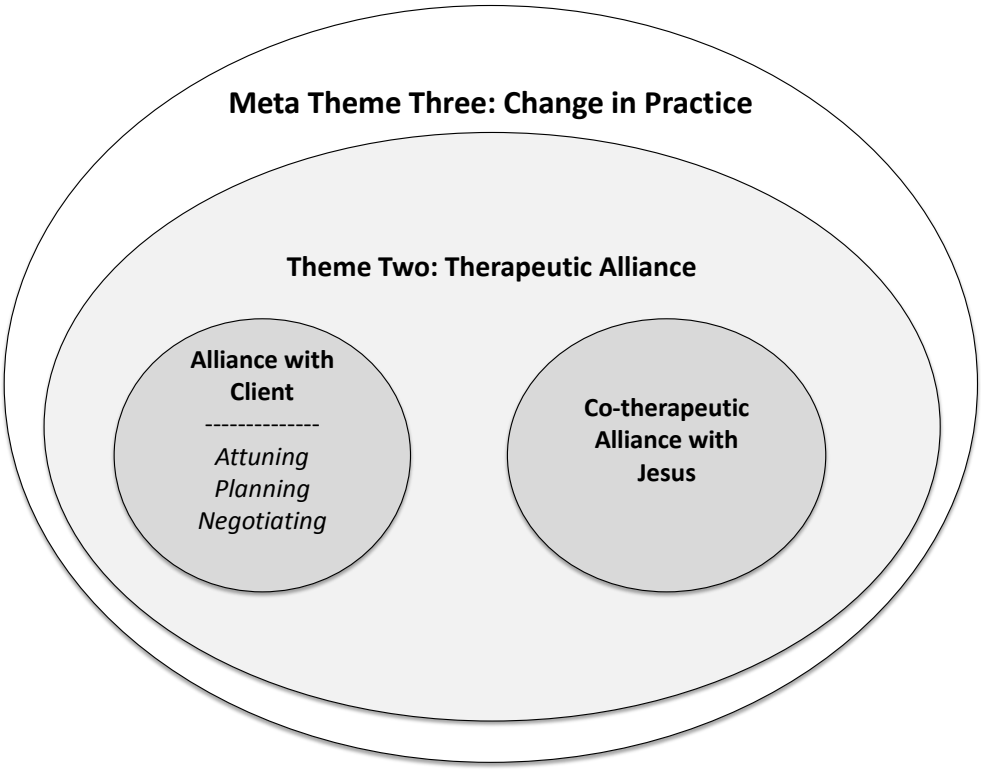
Meta Theme Three: Change in Practice and the three Themes under it: Peace and Confidence, Therapeutic Alliance, Increased Discernment.



Theme One Peace and Confidence.



Theme Two Therapeutic Alliance and the two categories under it Alliance with Client, along with its subcategories, and Co-therapeutic Alliance with Jesus.



Theme Three Increased Discernment and the two categories under it: Discerning Transference and Triggering and Discerning Spiritual Forces.