

The Immanuel Approach (to Emotional Healing and to Life)

Chapter 39: Frequently Asked Questions

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If more pages are fine for two volumes, then include more text here. If trying to conserve pages, then shorter notes here with reference to more thorough text on website

Frequently asked questions addressed in this chapter:

- Is the Immanuel approach consistent with/supported by scripture?
- How/where can I get training regarding the Immanuel approach?
- How/where can I find someone to facilitate Immanuel approach sessions for me?
- Can I use the Immanuel approach by myself?
- What is the Immanuel lifestyle?
- What “homework” can I do to prepare for Immanuel approach work?
- How long does it take to get healed?
- Can the Immanuel approach be used with children?
- Can the Immanuel approach be used with non-Christians?
- Is the Immanuel approach effective for attachment trauma?
- How do you include the Immanuel approach in the care of people with clinical mental illnesses?
 - In the care of people taking psychiatric medications?
- What about physical touch?
- Isn't the Immanuel approach really just the same as other approaches to emotional healing, such as Theophostic or Sozo?
- Is there empirical research verifying the effectiveness of the Immanuel approach?
- As a mental health professional, can I bill insurance for Immanuel approach sessions?
- Should I obtain informed consent from my clients before using the Immanuel approach?
- Are Dr. Lehman and/or Pastor Charlotte available for individual Immanuel sessions?
- Additional thoughts for those who are dealing with especially difficult situations

Additional questions addressed on the FAQ page of the Immanuel approach website:

- Do you ever see physical healing with the Immanuel approach?
- Is there material regarding the Immanuel approach that has been translated into other languages?
- Is it legal for lay people to charge for facilitating Immanuel approach sessions?
- How do lay people providing Immanuel approach sessions identify themselves?
- What kind of fees do lay ministers charge?
- Is Dr. Lehman available for office, phone, or e-mail consultations?
- Probably others: Additional FAQs have probably been posted since this book was published.

Is the Immanuel Approach Consistent with/Supported by Scripture?: As the Immanuel approach has become more widely known, people have appropriately raised the question, “Is it Biblical?” Our perception is that the Immanuel approach, for emotional healing and for life, is clearly consistent with and strongly supported by the Christian scriptures. For a much more thorough discussion of this question, see chapter thirty-five, “Is the Immanuel Approach Biblical?”

How/where can I get training regarding the Immanuel approach? It probably won't surprise anybody to hear that an increasing number of people have been contacting us with questions along

the lines of: “I would like to use the Immanuel approach to emotional healing in my _____ (psychotherapy practice, ministry, church, small group, family, marriage, etc.). How/where do I get training that will enable me to do this?” As mentioned earlier, at this time we do not have any kind of training institute, we do not offer internships/apprenticeships, and we are not providing any *regular schedule* of seminars designed to train people to use the Immanuel approach. (We do, *occasionally*, provide training events related to the Immanuel approach, and all relevant information regarding these seminars will be posted on the “Events” page of the Immanuel approach website, www.immanuelapproach.com.) In the absence of these kinds of Immanuel approach training packages, Appendix C offers a summary of the resources that *are* currently available, and then describes how to use these resources in putting together a do-it-yourself Immanuel approach training program.

Also, information regarding other trainers will be increasingly available through the Immanuel approach network directory (accessed from the “Referrals” page of this same website) as self-identified trainers post profiles.

How/where can I find someone to facilitate Immanuel approach sessions for me? It probably won’t surprise anyone to hear that we also receive many, many requests for assistance in finding a therapist/emotional healing minister who can facilitate Immanuel approach emotional healing. We are working hard to train Immanuel approach facilitators, and to get these people to post profiles on the network directory, but the small number of facilitators we are aware of are profoundly unable to provide sessions for the large number of people who want them. At least for now, many people will need to find or recruit their own Immanuel approach facilitators. See Appendix D, “Finding/Recruiting Your Own Immanuel Approach Facilitator” for our thoughts regarding how one might pursue doing so.

Can I use the Immanuel approach by myself? The very short answer is “Yes,” but there are a number of important concerns that you should be aware of. See chapter thirty-seven for a careful discussion of this important question.

What is the Immanuel lifestyle? Through the chapters of this book, I have talked about recalling past positive experiences and deliberately stirring up appreciation as a way to get our relational circuits online and warmed up. I have talked about how getting our relational circuits online and warmed up prepares us to connect with God. I have talked about how reconnecting with memories for specific past positive experiences with God provides an especially good starting point for establishing a fresh, current interactive connection with the Lord. I have talked about how Jesus – *Immanuel* – “God with Us” – is *always* with us and wanting to connect with us. I have talked about how we should *always* be able to connect with Jesus’ living presence, as long as any hindrances have been identified and resolved. I have talked about how traumatic memories are an especially important source of hindrances. And I have talked about how we can deliberately, systematically build faith that will help us establish good, interactive connections with the Lord.

When we build these principles and tools into our *day-to-day lives* as *habits*, we get what I call the Immanuel approach to life, or the Immanuel *lifestyle*. In my journey with this Immanuel approach to life, or Immanuel lifestyle, building these principles and tools into my day-to-day life has translated into the following practical, behavioral habits:

- Learning to be more consciously aware of my relational circuits, taking responsibility for getting them back on when I notice that they are off, and deliberately pointing them towards the Lord.
- Regular times of deliberately establishing interactive connection with the Lord, and also learning to be more consciously aware of spontaneous connection.
- Regular, ongoing troubleshooting to remove hindrances.
- Regular, ongoing work to resolve trauma, as an especially important source of hindrances. And,
- Deliberately accumulating faith-building experiences and stories.

Note: There are others in the wider Immanuel approach community who talk about the Immanuel *lifestyle*. Every version of the Immanuel lifestyle I have seen described includes the most central core of regular times of deliberately establishing interactive connection with the Lord, and also learning to be more consciously aware of spontaneous interactive connections. My version of the Immanuel lifestyle (or the Immanuel approach to life) is the doctor-Lehman-obsessively-thorough-“take no prisoners” version.

For a much more detailed discussion of my thorough version of the Immanuel lifestyle, see “The Immanuel Lifestyle and Sustaining Joy for a Lifetime,” available as a free download from the “Special Subjects” section of the “Resources” page of www.immanuelapproach.com.

How long does it take to get healed? The short answer is that this can be tremendously variable between different people with different healing agenda. A person with a phobia of driving that is linked to the traumatic memory for a single, recent car accident might resolve this single traumatic memory (and the associated phobia) in a single session. In contrast, a different person might come in with longstanding fears and dysfunctional reactions that are deeply anchored in thousands of traumatic memories that are spread out through her entire childhood. And these traumatic memories will probably be heavily guarded by long-practiced defenses. Furthermore, this person might have a much lower capacity. In this second scenario, the recipient might need to have regular Immanuel sessions for years – in order to build her capacity, to dismantle the blocking defenses, and to steadily shovel away at the huge pile of trauma.

Another part of the short answer is that we all have a lot more medium sized and minor trauma than we realize. When minor trauma is included in the consideration, I have never yet met a person that I perceived to have zero remaining trauma. If our goal is to fully resolve all of the medium sized and minor trauma, then we should embrace Immanuel approach emotional healing as a lifestyle that we expect to continue as long as we live.

For a more thorough discussion of this question, see the essay, “How Long Will it Take for Me to Be Healed?” on the “Resources” page of www.immanuelapproach.com.

What homework can I do to prepare for Immanuel approach work?: People often ask about any preparation they can do to get ready for their first Immanuel approach session, and they also often ask about any “homework” they can do between sessions to increase their ability to cooperate fully with the process during sessions. See chapter thirty-eight for discussion of these excellent questions.

Can the Immanuel approach be used with children? One of the exciting things about the Immanuel approach is that it provides an especially gentle, safe, and effective tool for doing emotional healing work with children, and we are getting a steady stream of stories from many different people who are getting good results. As described in chapter two, widows in Colombia have been using the Immanuel approach to facilitate healing for psychological trauma in their children, the people that Dr. Wilder trained in Asia have been using the Immanuel approach to facilitate emotional healing for traumatized children, the Calhouns used the Immanuel approach to facilitate emotional healing for thirteen-year-old Sarah, and Sarah used the Immanuel approach to facilitate emotional healing for twelve-year-old Claire. As described in chapter five, the Immanuel approach enabled three-year-old Zevian to resolve intense, persistent fears about monsters in his closet. As described in chapter nine, a friend of ours was able to use the Immanuel approach to release healing for his granddaughter, Emme. And as described in chapter twenty-seven, a team we trained saw beautifully positive results when using the Immanuel approach in ministering to children who had been rescued from human trafficking.

Furthermore, we are now also getting stories from parents who are incorporating the Immanuel approach into day-to-day family life, such as the story about Ian bringing Immanuel into the mix when his four-year-old daughter was having a juice emergency melt down.¹

As of April 2015, the summary from all the information we have gathered is that the Immanuel approach for emotional healing is particularly safe and effective when working with children to resolve psychological trauma. Special safety and effectiveness for emotional healing work makes sense, since helping the child establish an interactive connection with the Lord at the beginning of the session, coaching her to focus on Jesus and keep going back to Jesus throughout the session, and having the initial positive connection as a safe place she can go back to if she gets stuck would all be expected to contribute to making the Immanuel approach especially gentle and safe. For all of these reasons, we strongly encourage using the Immanuel approach when doing emotional healing work with children. We especially encourage using the Immanuel approach, with generous initial time “just” being with Jesus, if the child has had negative experiences with any other emotional healing tools.

As of April 2015, the information we have gathered also indicates that even children as young as two to three years old can embrace the Immanuel approach to life, and when they do this it provides an ideal foundation for routine parent-child interactions (and every other aspect of day-to-day life).

We are hoping to eventually present a much more thorough discussion of using the Immanuel approach with children. In the mean time, see the essay, “The Immanuel Approach with Children” (available as a free download from the “Special Subjects” section of the “Resources” page of www.immanuelapproach.com) for what we have available at this time.

Can the Immanuel approach be used with non-Christians? This may surprise some readers, but we have seen *consistently* positive results when using the Immanuel approach with any non-

¹ See chapter two, pages ****fill in****, for the details of this fun story.

Christians who are willing to try it. In fact, willingness to try it seems to be the only pre-requisite.² When discussing the option of using the Immanuel approach with someone who is not yet a Christian, I explain what would be involved and then offer an invitation along the lines of, “You don’t have to agree with me, and you don’t have to believe this stuff, but would you be willing to try it? Would you be willing to let me pray in this way, let Jesus be with you (if He actually exists), and then simply describe whatever happens?” Initially I didn’t know what to expect, but I decided to go ahead and try it and I’ve been thrilled with the results. In my personal experience, almost every non-Christian who has been willing to “just go ahead and try it” has eventually³ been able to perceive the Lord’s presence and experience some kind of positive interaction with him.

And many others have had similar experiences. For example, when a ministry team we trained went to India to work with girls who had been rescued from human trafficking, all of the girls in the safe house they visited decided to try the Immanuel approach. And even though a number of them were Muslims and Hindus, ever single one of the girls experienced profoundly positive interactions with Jesus. (See chapter twenty-seven for a much more detailed version of this story.)

We also have a number of stories in which people were willing to try the Immanuel approach, *even though they were not yet Christians*, and then decided to give their lives to the Lord after having powerful, beautiful encounters with Jesus in the context of the emotional healing session. Dr. Wilder’s Immanuel approach training seminar in Asia, described earlier,⁴ provides a good example. As you may remember, two of the people attending the seminar started the week as non-Christians. However, even though they were not Christians they were still willing to try the exercises; and by the end of the week both of them had experienced the Lord’s living, personal, Immanuel presence, received healing from him, and decided to follow him.

Our May 2009 seminar in Panama provides another example.⁵ As you may remember, a non-Christian mental health professional found one of the flyers for the seminar and decided to attend. However, even though he was not a Christian he was still willing to participate in the Immanuel approach group exercise that we included at the end of the seminar; and he was astonished by the results—he experienced God as a loving father for the first time in his life, he went to several traumatic memories and received profound healing in each of them, and then he ended the exercise by deciding to follow the Lord.

Rhonda and Danny Calhoun’s experience with Sarah and Claire provides a third example.⁶ As you may remember, when her non-Christian friend asked her for help, Sarah suggested they try Immanuel prayer. However, even though she was not a Christian she was still willing to try it; and

² Note that “willingness to try it” does not mean going through the motions externally, with no agreement or cooperation internally.

³ An initial block of trouble-shooting has been necessary in many of these sessions, before the person was able to perceive Jesus’ presence, and then more trouble shooting has sometimes been necessary before the person was able to have positive interactions with him.

⁴ See chapter two, pages ****fill in****.

⁵ Also described earlier, see chapter two, pages ****fill in****.

⁶ Also described earlier, see chapter two, pages ****fill in****.

after “close encounters of the Jesus kind,” she said yes in response to a direct invitation from the Lord to be part of his family.

Another phenomenon that we have observed with respect to non-Christians is that many of them have chosen to turn away from Jesus in response to traumatic experiences with Christians/Christianity. The good news is that when we identify this history and help them resolve it, they often embrace Jesus gladly. As I write this, I’m working with two people who are having exactly this experience. In a recent Immanuel approach session with one of these people, he commented spontaneously, “Everything that has felt true about God, for my whole life, . . . [describes many details, all negative] – it’s totally different than what I’m experiencing with the Jesus I’m encountering in these prayer sessions, . . . [describes many details, all positive].” At the end of another recent session, he popped out with, “Wow! This is actually *good* news!”

Is the Immanuel approach effective for attachment trauma?: Many people have asked whether the Immanuel approach is effective in working with attachment trauma. In short, our perception is that the Immanuel approach is the most effective intervention we are aware of for every form of attachment trauma we are aware of. See chapter thirty, “Rita, Attachment Trauma, and Immanuel” for additional discussion of the Immanuel approach and attachment trauma.

How do you include the Immanuel approach in the care of people with clinical mental illnesses? In the care of people taking psychiatric medications? These important questions are addressed in the essays below (all available as free downloads from www.kclehman.com).

“ADD/ADHD and Emotional Healing.”

“Bipolar Disorder and the Immanuel Approach/Theophostic®-based⁷ Emotional Healing: General Comments and Frequently Asked Questions.”

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

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

“Mind *And* Brain: Separate but Integrated.”

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

Obsessive Compulsive Disorder (OCD) and the Immanuel Approach: General Comments and

⁷ Theophostic Ministry is a trademark of Dr. Ed Smith and Alathia Ministries, Inc., of Campbellsville, Kentucky. We use the term “Theophostic®-based” to refer to emotional healing ministries that are built around a core of Theophostic® principles and techniques, but that are not identical to Theophostic® Prayer Ministry as taught by Dr. Ed Smith. Our own ministry prior to 2007 would be a good example of a “Theophostic®-based” emotional healing ministry – it was built around a core of Theophostic® principles and techniques, but it sometimes also included material that was not a part of what we understand Dr. Smith to define as Theophostic® Prayer Ministry (such as our material on dealing with curses, spiritual strongholds, generational problems, and vows, our material on suicide-related phenomena, and our material on journaling, spiritual disciplines, and medical psychiatry).

Frequently Asked Questions

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

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

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

What about physical touch? We often get questions about whether or not the facilitator should ever offer physical touch, such as a hand on the shoulder, as part of offering comfort and encouragement in an emotional healing session. One possible approach is to simply say “No physical touch, ever, under any circumstances.” This is certainly the safest, easiest guideline, from a certain perspective, and it is the approach taken by some emotional healing ministries; but this policy is also costly, since physical touch can be a valuable resource in certain situations. Our approach has been to teach that you need to be VERY careful when including physical touch in emotional healing work, but that it is *not* always, universally problematic. Hopefully the reference points presented below will be helpful as you discern this point for your own ministry.

1.) Physical touch can be a valuable resource: Even if we don’t understand any of the underlying psychoneurobiology,⁸ we are all intuitively aware of the truth that physical touch can sometimes be a valuable resource. If your sister is crying because her dog got hit by a car, you give her a hug. If your son comes home from the playground crying and upset, you hold him on your lap as you offer comfort and encouragement. And if your friend is struggling through difficult issues at work, you reach out to offer an encouraging pat on the back or a comforting hand on the shoulder. Similarly, careful physical touch during an emotional healing session can express comfort, communicate encouragement, enhance the sense of connection, and facilitate attunement, and these relational phenomena can augment both the person’s capacity and the person’s maturity skills.⁹

2.) Physical touch can also be very problematic: Even without formal training in mental health care, law, or ethics, we are also all intuitively aware of the truth that physical touch can sometimes be problematic. For example, in some situations physical touch will be triggering and/or distracting instead of helpful. The risk of inappropriate relationships developing in the context of emotional healing presents another concern. Emotional healing work can be a

⁸ There is an extensive collection of case studies and research demonstrating connections between our physical bodies, our thoughts, and our emotions, and many of these case studies and research projects reveal powerful connections between physical touch and psychological processing. For example, see Sacks, Oliver. *A Leg to Stand On*. (Touchstone: New York, N.Y.) 1984; and Damasio, Antonio, R. *Descarte’s Error: Emotion, Reason, and the Human Brain*. (New York, NY: Avon Books), 1994 for discussions of the amazing connections between our physical bodies, our thoughts, and our emotions. See Schore, Allen N., Ph.D. *Affect Regulation and the Origin of the Self*. (Hillsdale, NJ: Lawrence Earlbaum Associates, Publishers), 1994 for discussion of connections between physical touch and psychological processing.

⁹ In addition to these more straight-forward considerations, people with severe dissociation sometimes find that physical touch can help them maintain anchoring in the present.

powerfully intimate and bonding experience, and physical touch greatly increases the risk that this intimacy and bonding might slide into inappropriate connection. In the worst case scenario, the therapist/ministry facilitator initiates inappropriate touch out of his woundedness, immaturity, and sin, and the client participates as part of reenacting dynamics from unresolved childhood sexual abuse memories.

Therefore, if you feel led to use touch as a resource for augmenting connection and attunement (which can then boost capacity and augment maturity skills), please be VERY careful, and prayerfully consider the recommendations presented below. If in doubt, err on the side of offering *verbal* comfort and encouragement, but avoiding physical touch.

3.) The presence of others provides protection: Including touch in emotional healing work is much safer when others are present. The observation and accountability protections provided by the presence of a chaperone are pretty straight-forward, and Dr. Wilder's insights regarding family bonding versus pair bonding provide additional reasons for why touch is much less risky in situations where three or more people are present.¹⁰ Therefore, when lay-ministers¹¹ feel led to include physical touch as a resource in their emotional healing work, we STRONGLY encourage them to work with a team and/or have each client bring a support person (such as a spouse, friend, sibling, parent, pastor, etc).

4.) The specific relationship context is significant: The specific relationship between the facilitator and recipient also contributes to what feels right and helpful, as opposed to inappropriate. For example, when I facilitate Immanuel sessions for my brother, John, I often put my hand on his shoulder as a way to express encouragement and support (especially if he is experiencing intense emotions and crying). When I facilitate Immanuel sessions for my Mom, I often hold her hand, again as a way to express encouragement and support. When Charlotte and I facilitate Immanuel sessions for my sister, if she connects with intense negative emotions I might hold Emily's hand while Charlotte puts her hand on Emily's shoulder. And when Charlotte and I facilitated an Immanuel session for our young nieces a number of years ago, all four of us were sitting together on a large couch, with Miranda leaning against Charlotte and Madelyn leaning against me. The strong, long-standing family bonds in each of these situations made it particularly easy for all involved to feel comfortable with physical touch as a way to provide comfort and support.

Similarly, if I am facilitating a session for a close friend, with "family" bonds (as opposed to pair bonds) already in place, a hand on the shoulder will usually feel safe and appropriate. Furthermore, Charlotte and I are very deliberate about including each other in the relationship circle whenever we have friendships with members of the opposite sex, and this especially

¹⁰ The short summary is that when you and one other person spend time together on a regular basis the bonding circuits in your brains will tend strongly towards pair bonding, and pair bonding tends towards increasingly sexual physical touch. In contrast, when three or more people spend time together the bonding circuits in their brains tend towards family bonding, and family bonding tends towards *non-sexual* physical affection as opposed to sexual touch (multiple personal communications with Dr. E. James Wilder, 2009).

¹¹ Many practical logistics result in the current reality that mental health professionals often provide therapy in the context of sessions where others are not present. Fortunately, the risks associated with physical touch, and corresponding appropriate boundaries regarding physical touch, are extensively addressed in mental health care training programs.

encourages family bonding as opposed to pair bonding.

5.) Ask the client regarding whether or not it is helpful: As mentioned above, touch can sometimes be a valuable resource that augments both capacity and maturity skills, but at other times it can be triggering and/or distracting. One of the simplest ways to address this concern is to talk with recipients regarding touch. Explicitly name that touch can sometimes be helpful but at other times disruptive, and ask for their perceptions and preferences – would they experience touch in the emotional healing setting as a helpful source of encouragement, support, connection, and capacity augmentation, or would it be distracting/detracting in any way? It is also important to realize (and discuss with recipients) that touch can be helpful while working with one set of memories, but disruptive while working with a different set of memories. Therefore it is important to both periodically ask regarding whether or not the person is experiencing touch as helpful, and also to constantly observe for non-verbal feedback.

6.) Watch for your own triggering, address the underlying issues: In our experience, the most common reasons for a facilitator to initiate unhelpful touch are a combination of unconscious motivation caused by his own unresolved issues and impaired judgment caused by his own unresolved issues. For example, attachment pain coming forward as implicit memory can cause both the desire to initiate touch and the subjective perception that it would be “right” to do so. Another common scenario is for the facilitator to feel that touch would be helpful, important, and “right” in a given situation, but in reality the recipient’s negative emotions are triggering his own unresolved issues, and he is comforting her in an unconscious attempt to reduce his *own* discomfort.

Therefore, we **STRONGLY** encourage you to watch for clues indicating that you might be triggered,¹² and then diligently work to resolve the underlying sources of any triggered content you become aware of. We also encourage you to get in the habit of asking yourself questions such as “Why am I touching the recipient?,” “Where is the energy/impulse towards reaching out with touch coming from?,” “Are her negative emotions making me uncomfortable in some way?,” “Am I reaching out with physical comfort in order to manage my own anxiety?,” and “Am I reaching out with physical touch in order to meet my own needs in some way?”

Again, if in doubt, err on the side of offering *verbal* comfort and encouragement, but avoiding physical touch.

Isn’t the Immanuel approach really just the same as other approaches to emotional healing, such as Theophostic or Sozo?: The good news is that there are many spiritual exercises and interventions that can help people perceive God’s presence and connect with God, and many people all over the world have been using these various exercises/interventions for many years. This is a good thing – it’s evidence of God’s grace to reach out to us in many different ways. And any exercise or intervention that tries to help people perceive God’s presence and connect with God has the same central objective as the Immanuel approach. However, it is also important to note that every prayer, worship service, devotional exercise, or other intervention that enables a person to experience and connect with the living presence of God is not necessarily the exact

¹² For a detailed discussion of clues indicating that you might be triggered, see chapters fourteen through sixteen and appendix D in Karl Lehman, *Outsmarting Yourself* second edition (Libertyville, IL: This Joy! Books, 2014).

same thing as the Immanuel approach. The Immanuel approach is a very specific set of principles and tools for deliberately, systematically helping people to consistently have this kind of experience, and the Immanuel approach is particularly simple, particularly safe, particularly effective, and particularly transferable.

There are many other exercises and interventions that do include *some* of the same pieces that are included in the Immanuel approach. However (at least so far), every time someone has said, “Oh, that’s what we’ve already been doing – we’ve been doing that for years,” they have been using an approach that includes *some* of the same components as the Immanuel approach but they have not actually been using what I consider to be the Immanuel approach. There have always been one or more important pieces of the Immanuel approach that they have not been using. (For example, no other technique I am aware of includes the safety net of starting with positive memories, appreciation, and initial connection with Jesus, and then returning to this if the recipient gets in trouble.) And/or there have always been components in their approach that we have deliberately *not* included in the Immanuel approach. (For example, several other approaches include guided imagery or having the facilitator lead the session with prophetic words of knowledge).

It is important to be aware of these differences because other ministries will miss the blessing from the new Immanuel approach pieces if they don’t even realize that there are new pieces.

Also, leaving out some of the pieces can result in negative experiences, such as disappointment from lack of results, or being re-traumatized by getting stuck in a traumatic memory that gets activated but then cannot be resolved. And if facilitators leave out important components but still (erroneously) call what they are doing the Immanuel approach, then the negative experiences that can result from leaving out these components will be wrongly associated with the Immanuel approach. Furthermore, there are components that we carefully *do not* include in the Immanuel approach (such as guided imagery and the facilitator leading with prophetic words of knowledge) that are associated with a variety of problems, concerns, and disadvantages. And if facilitators include these components but still (erroneously) call what they are doing the Immanuel approach, then the problems, concerns, and disadvantages that can come with these other components will be wrongly associated with the Immanuel approach.

So we don’t just get problems, concerns, disadvantages, and negative results, we also get what I call the inoculation effect. If you inoculate people with a weakened form of an infectious disease, their immune systems will develop a resistance to the disease. And then if they encounter the real, full strength disease at some point in the future their immune systems will quickly repel it. Similarly, if a person or ministry team or pastor or church board has a negative experience with one of these other techniques that was erroneously called the Immanuel approach, they will develop a resistance to the Immanuel approach. And then if someone comes up to them at some point in the future, and says, “Hey, I’ve just discovered a wonderful new approach to emotional healing – it’s called the *Immanuel approach!*” Those who have been inoculated will have an immediate, involuntary negative response, and will reply with something along the lines of, “No thank you. We already know about that. We tried it and had a bad experience with it.”

Version for book FAQ: For additional discussion of the similarities and differences between the Immanuel approach, traditional prayer for emotional healing, and Theophostic, review again the material from chapter three. And for additional cautions regarding ministries that claim to be offering the Immanuel approach but aren’t, see the essay, “The Immanuel Approach Referral

Network: Important Requests, Recommendations, and Cautions” on the “Referrals” page of www.immanuelapproach.com. This essay also provides practical help regarding how to determine whether or not a ministry (or yourself) are actually providing the Immanuel approach.

Version for website FAQ: For additional discussion of the similarities and differences between the Immanuel approach, traditional prayer for emotional healing, and Theophostic, see the material from chapter three of the draft version of “The Immanuel Approach (to Emotional Healing and to Life) on the “Getting Started” page of www.immanuelapproach.com. And for additional cautions regarding ministries that claim to be offering the Immanuel approach but aren’t, see the essay, “The Immanuel Approach Referral Network: Important Requests, Recommendations, and Cautions” on the “Referrals” page of www.immanuelapproach.com. This essay also provides practical help regarding how to determine whether or not a ministry (or yourself) are actually providing the Immanuel approach.

Is there empirical research verifying the effectiveness of the Immanuel approach?: We do not have empirical research verifying the effectiveness of the Immanuel approach, but carefully documented case studies provide support for the Immanuel approach, and there is also indirect support for the effectiveness of the Immanuel approach based on similarities between the Immanuel approach and psychotherapy modalities that *do* have empirical research support.

Regarding case study support, it is a very common practice, in all branches of medicine, in mental health care, and in emotional healing ministry for care providers to use a new treatment method on the basis of positive case studies, even though the effectiveness of the new intervention has not yet been confirmed by empirical research. There are usually many years between the case study description of a new treatment method and confirmation of the new method with empirical research. In fact, empirical research, such as blinded, controlled studies, are often undertaken only after many practitioners have begun to use a new treatment on the basis of case study reports, and enough patients report positive results to justify embarking on more systematic research (which is tedious, time-consuming, and very expensive). Millions of patients have been effectively treated with interventions on the basis of positive case study results, even though the new interventions have not yet been confirmed by empirical research.

And with the Immanuel approach, we have a growing pile of carefully documented case studies showing dramatic, long-lasting positive results. For example, our Live Ministry Session DVDs, such as *Renaë: Healing Helps Parenting*, *Rita #3: Jesus Is Better than Candy*, *Maggie #3: Labor & Delivery Trauma*, and *Ian: “I’m not enough* provide examples of carefully documented Immanuel approach case studies with lasting positive results, and most of the true story examples in this book come from carefully documented Immanuel approach case studies with long-lasting positive results.

Regarding indirect support, the Immanuel approach shares a number of important principles and techniques with psychotherapy interventions that *do* have strong empirical research support. As of May 2015, extensive medical and psychological research shows that EMDR (Eye Movement Desensitization and Reprocessing), exposure therapy, and cognitive-behavioral therapy significantly reduce the signs and symptoms of a number of mental illnesses, including Post

Traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD), and panic disorder.¹³ And my assessment is that the Immanuel approach includes many of the most important principles and techniques from each of these other modalities.

For example, recognizing that distorted, negative cognitions can be anchored in traumatic memories, recognizing that these distorted, negative cognitions are very disruptive, and deliberately working to resolve these distorted negative cognitions are important principles and objectives shared by the Immanuel approach, cognitive-behavioral psychotherapy, and EMDR. And deliberately helping a person to successfully process past painful experiences that have been carried as traumatic memories is one of the central objectives of both the Immanuel approach and EMDR.¹⁴

These other psychotherapies have strong research support for efficacy, and the Immanuel approach includes many of the most important principles and techniques from these psychotherapies. The research demonstrating that these other psychotherapies are effective therefore provides strong *indirect* research support for the efficacy of the Immanuel approach.

For additional discussion of the validity of case studies as supporting evidence, and also for additional discussion of the indirect support of shared principles and techniques between the Immanuel approach and research confirmed psychotherapies, see “The Place of the Immanuel Approach/Theophostic-based Emotional Healing In the Treatment of Clinical Disorders.” And for VERY detailed Immanuel approach case studies and EXTENSIVE discussion of the principles and techniques that the Immanuel approach shares with well established psychotherapies, see the doctoral thesis recently completed by Mark Hattendorf, Ph.D.¹⁵

As a mental health professional, Can I bill insurance for Immanuel approach sessions?: An increasing number of mental health professionals have been asking questions along the lines of “Is it appropriate/acceptable/legal to bill insurance for Immanuel approach sessions?”

As a psychiatrist, I bill Immanuel approach sessions as psychotherapy. And if anyone asks me to defend this practice, I honestly describe the Immanuel approach to emotional healing as a faith-

¹³ See, for example, Sherman, C. “Two Modalities Rival Prolonged Exposure for PTSD.” *Clinical Psychiatry News* April 2002, p. 40; Foa EB, Keane TM, Friedman MJ eds. *Effective Treatments for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies*. (New York: The Guilford Press), 2000; Ballenger, J. “Current treatments of the anxiety disorders in adults” *Biol-Psychiatry*. Dec 1, Vol. 46, No. 11 (1999), pages 1579-94. See also “The Immanuel Approach, Theophostic, & EMDR: F.A.Q.’s and Common Misunderstandings” on www.kclehman.com for additional discussion of the research regarding EMDR.

¹⁴ For additional discussion of principles and techniques that the Immanuel approach shares with cognitive-behavioral therapy, exposure therapy, and EMDR, see “The Immanuel Approach, Theophostic, and Cognitive-Behavioral Therapy,” “The Immanuel Approach, Theophostic, and Exposure Therapy,” and “The Immanuel approach, Theophostic®, & EMDR: F.A.Q.’s and Common Misunderstandings,” all available as free downloads from www.kclehman.com.

¹⁵ Mark Elliott Hattendorf, *Immanuel: Narrative Case Studies Exploring Inner Healing in Clinical Settings* (Ann Arbor, MI: ProQuest LLC, 2014). ****Correct form for footnote to doctoral dissertation?***

based psychotherapy that incorporates many of the key principles and techniques from mainstream psychotherapies, including those that are most strongly supported by empirical research (such as cognitive-behavioral therapy, exposure therapy, and Eye Movement Desensitization and Reprocessing (EMDR)). For example:

As already mentioned above, recognizing that distorted, negative cognitions can be anchored in traumatic memories (the result of failing to successfully complete the level 5 processing task of interpreting the meaning of the painful experience), recognizing that these distorted, negative cognitions are very disruptive, and deliberately working to resolve these distorted negative cognitions are important principles and objectives in both cognitive-behavioral psychotherapy and EMDR.

Establishing a “safe place” to go back to, as a psychotherapy safety net, is a technique used in EMDR (and in many other psychotherapy approaches that focus especially on resolving psychological trauma).

Helping people learn to recognize when they are being impaired by intense negative emotions (that is, helping them to recognize when their relational circuits are off), and training them to use calming tools (such as those described in *Outsmarting Yourself*) to help decrease the intensity of negative emotions when they notice that they are being impaired, is a technique used in cognitive behavioral psychotherapy. And with the Immanuel approach, we just use these interventions with the special focus of helping the person to get her relational circuits back on so that she can connect with Jesus.

Deliberately helping people to connect with painful memories, and then helping them to calm in the context of the memories using interpersonal connection (with both myself and Jesus), and relaxation tools (such as the calming tools described in *Outsmarting Yourself*) is consistent with exposure therapy (and this is also consistent with many other psychotherapy approaches that focus especially on resolving psychological trauma).

And deliberately helping a person to successfully process past painful experiences that have been carried as traumatic memories is one of the central objectives of EMDR (and of most other psychotherapy approaches that focus especially on resolving psychological trauma).

For additional discussion of using the Immanuel approach in the context of a professional psychotherapy practice, see “The Place of Immanuel/Theophostic-based Emotional Healing In the Treatment of Clinical Disorders.” And for additional discussion of the shared principles and techniques between the Immanuel approach and other mainstream psychotherapy approaches, see “Cognitive Therapy and the Immanuel approach/Theophostic®-based emotional healing,” “The Immanuel approach, Theophostic®, and EMDR: F.A.Q.’s and Common Misunderstandings,” “Exposure Therapy and the Immanuel approach/Theophostic®-based emotional healing,”¹⁶ and Dr. Mark Hattendorf’s doctoral thesis, *Narrative Case Studies Exploring Inner Healing in Clinical Settings*.¹⁷

¹⁶ These three essays are available as free downloads from www.kclehman.com.

¹⁷ Mark Elliott Hattendorf, *Immanuel: Narrative Case Studies Exploring Inner Healing in Clinical Settings* (Ann Arbor, MI: ProQuest LLC, 2014). ****Correct form for footnote to doctoral**

Should I obtain informed consent from my clients? In light of the fact that the effectiveness and safety of the Immanuel approach have not yet been confirmed by empirical research, mental health professionals sometimes ask whether they should obtain informed consent from their clients before using the Immanuel approach. I'm not a legal expert, but here is what I do in my own practice, and also some thoughts regarding other possible situations:

- If someone already knows about the Immanuel approach and comes to me specifically *asking* for it, I make sure that she has done enough preparatory reading to know what to expect, and I ask her to read and sign a short informed consent form regarding our practice policies and emotional healing work in general. But in these situations I don't go through a longer informed consent process specifically regarding the Immanuel approach. And at this point in my career, this is pretty much the only scenario that I encounter. There are so many people asking for Immanuel approach sessions and so few facilitators available that if people call and they are not asking for Immanuel approach work, I simply refer them to other providers.
- If you have a client who does *not* already know about the Immanuel approach, and you are the one to initiate discussion of the Immanuel approach as an options for treatment, I would encourage you to go through the informed consent process as described in the essay referenced below.
- If you are in an academic or professional setting in which your colleagues might be critical and/or skeptical, and especially if your academic or professional environment might be hostile towards a faith-based intervention, I would strongly encourage you to go through an informed consent process, such as the one described in the essay referenced below.
- I would also encourage you to go through an informed consent process if there is any reason to be concerned that the client might become adversarial and/or litigious. (For example, clients with borderline personality disorder or narcissistic personality disorder are more likely to turn on you if the therapeutic process does not go well.)

For additional discussion of informed consent, and also a sample informed consent form for the Immanuel approach, see "Informed Consent: General Comments and Sample Form for Immanuel Approach Emotional Healing," available as a free download from the "Resources" page of www.immanuelapproach.com.

Are Dr. Lehman and/or Pastor Charlotte available for individual Immanuel sessions? We get many requests for individual sessions, and we totally understand people's desire to work with someone with extensive experience and proven efficacy. Especially when they have a particularly difficult, complicated situation, and especially when they have already tried working with other ministries and/or therapists (even including others who facilitate Immanuel sessions). If I were in this situation, I would also ask for sessions with myself or Charlotte. Unfortunately, intense time constraints make it impossible for us to provide individual sessions. We are currently putting together several DVD projects, updating old essays, writing new essays, preparing seminar presentations, maintaining three web sites, and mentoring, supervising, and collaborating with others who are providing Immanuel-approach-related ministries. In fact, the need for more time for these training related activities is so intense that we have been downsizing our private practice,

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as opposed to taking on any new client responsibilities. It saddens us to say no to so many earnest requests, but we just can't find a way to fit more than 24 hours into each day.

Additional thoughts for those who are dealing with especially difficult situations: We get a steady stream of e-mails describing extremely difficult, complicated situations and asking for help along the lines of individual sessions and/or consultation input. As just described, I'm not able to provide individual sessions or consultation for specific, personal situations, but I would like to offer several additional thoughts that we hope will be helpful for people dealing with especially difficult, especially complicated situations:

A. Get your own healing, keep your relational circuits on: When you are helping with an especially difficult, complicated situation, it is strategically important to optimize your own discernment, capacity, and maturity skills. As discussed at length in *Outsmarting Yourself*, triggering and losing access to your relational circuits will dramatically impair your discernment, capacity, and maturity skills. And when you are helping with an especially difficult, complicated situation you need your discernment, capacity, and maturity skills to be at peak performance. Therefore, it is especially important to watch for triggering and loss of relational circuits at the difficult points where you have not yet been able to discern an effective plan/facilitate some kind of progress. Notice the strategic points at which you get triggered and/or lose access to your relational circuits, and then work on your own stuff (find and resolve the underlying memories/issues) and use the tools described in *Outsmarting Yourself* to keep your relational circuits online.

B. Help others in the system to get healing and keep their relational circuits on: When working with an especially difficult, complicated situation, it is strategically important to optimize the whole support network. With respect to the wider support network, it is tremendously helpful to have as many people as possible functioning at peak performance with respect to discernment, capacity, and maturity skills. Therefore, try to get as many people as possible to watch for where they get triggered and/or lose access to their relational circuits, and then work on their own stuff and use the tools described in *Outsmarting Yourself* to keep their relational circuits online.

C. Optimize connection to Jesus and let Him lead: Use the Immanuel approach whenever possible, with the ideal being for both the facilitator and the recipient establishing an interactive connection with the Lord. To the extent that the facilitator and recipient can receive guidance from the Lord, He can make all of the toughest clinical judgment calls. For example, Jesus can make the judgment calls regarding when to deliberately build capacity, when to rest, and when to push into painful memories, Jesus can make the judgement calls regarding which memories to work on when, and Jesus can make the judgement calls regarding which internal parts to work with, how to navigate complex internal systems, etc.

D. Build capacity by “just” spending time with Jesus: If you are struggling with complicated, severe, difficult problems, where the need for more capacity is part of the picture, use the Immanuel approach to establish an interactive connection and spend time “just” being with Jesus. This is one of the best ways we have found to build capacity. Also, work with a facilitator who can help any internal parts that come forward get to the point where they can perceive the Lord's presence and allow Him to come close (or, at least close enough that they can receive benefit). I have worked with situations in which we spent every session for months

just helping part after part identify and resolve blockages, so that an increasing number of internal parts were able to perceive the Lord's presence and allow Him to come close. And then one day we started going to memories and the whole healing process started moving forward. (Prior to this we had tried every other troubleshooting technique we could think of, but the internal parts would not allow us to go to memories).

Remember the FAQ section of the Immanuel approach website: Remember that the FAQ section of the Immanuel approach website (www.immanuelapproach.com) provides an ongoing resource. I will continue to add additional frequently asked questions as more strategic questions are identified and as I am able to formulate answers.