

The Immanuel Approach (to Emotional Healing and to Life)

Chapter 1: Eileen, Absence Wounds, and Ice Cream

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DRAFT

Ever since she was a young woman, Eileen had struggled with eating more than she needed, and was then also burdened with a corresponding chronic unhappiness with her weight. She had been able to lose weight on many occasions, but had never been able to maintain her eating and weight at a good place. In fact, she had spent much of her adult life either dieting to lose weight or gaining it back again. (Her chagrined estimate is that she lost and then regained the same 15 to 25 pounds at least fifteen times.) For as long as she could remember, Eileen had also had a vague sense that something was missing – a sense that there was something she needed, but could never quite get – a restless, empty, unsatisfied feeling that she could never quite focus or resolve. And this vague, empty, restless, unsatisfied feeling was connected to her struggle with overeating because she would feel better, at least temporarily, when she would eat.

This is where ice cream comes in, because she would *especially* feel better when she would eat ice cream. She wasn't actually consciously aware of how she was self-medicating a chronic, aching emotional pain, but she was certainly aware of how much she liked ice cream: "I have always loved ice cream, as long as I can remember. And not just one little dish, but huge amounts....I could eat an enormous amount of ice cream....I couldn't seem to get enough of it....It would satisfy some kind of craving deep inside of me." She would keep four half-gallon containers of ice cream in her freezer at all times, after having a great big bowl in the kitchen, she would sneak upstairs, hide somewhere, and eat more ice cream in secret because she was embarrassed to be eating so much, she would eat ice cream whenever she was upset, and she had more ice cream every night before going to bed. Unfortunately, when you have a compulsive, addictive pattern of self medicating emotional pain with a frozen mixture of fat and sugar, you tend to be unhappy with your weight.

In may of 2005, these pieces all came together when Eileen received Immanuel approach emotional healing in one of our training group demonstration sessions. In the first part of the session, Eileen went back to memories of being a small child, wanting and needing emotional connection with her mother, but instead of receiving positive attention and emotional connection she was chronically unseen, ignored, and unwanted. From the inside of one particular memory, Eileen reports, "I'm three. I'm in the kitchen. My mother is by the counter. I need her, [but] she's ignoring me, and there isn't anything I can do to get her attention....I'm crying, but she's not hearing me....It's like she doesn't know I'm here," "I see her, but she's absent," "I've been waiting a long time for her to notice me and want me," and "I just keep hoping that she's going to pay attention to me....I keep hoping that I can do something to break through....There's like a wall. I can't break through the wall that's around her. I can see her [but I can't get to her]." Reflecting on these same memories from the perspective of her adult self, Eileen reports: "My mother...was a very depressed person, and very withdrawn....She was somewhere else – she wasn't there." Eileen does not have a single memory of her mother holding her, or of her mother saying, "I love you."

And for as long as she could remember, Eileen had had an empty, unsatisfied feeling – a sense that something was missing – a sense that there was something she needed, but could never quite get.

Thankfully, Jesus can heal "absence wounds" (wounds left by the absence of things we need but

don't get).¹ With troubleshooting at several points to remove blockages, three-year-old Eileen was able to experience Jesus' living, healing presence with her in the kitchen, where she had been stuck for so long, needing and longing for connection that she could never get. Jesus gave the little girl in the memory the things that she had not gotten from her mother. Where her mother had not noticed her or wanted to be with her, Jesus focused on her intently and was glad to be with her. Where her mother had never said "I love you," Jesus said "I have loved you...from the beginning of time." And where her mother had never held her, Jesus picked her up, set her on His lap, and held her so closely that she could feel His heart beating. Jesus cared for and filled the places where she had previously always felt empty and unsatisfied. Immediately after the session, Eileen wrote in her journal, "I feel loved, wanted,...cared for, connected, wonderful, not hungry, not tired, content,...peaceful, and joyful."

The subject of ice cream, over-eating, and excess weight never actually came up during the session, but a couple of months afterward she realized that she was no longer eating ice cream. "I'd be driving home from work and I'd think, 'I'm gonna go get some ice cream.' And then another part of me would say, 'I don't want any ice cream.'" At a followup interview seven months after the initial Immanuel approach session, Eileen reported, "I really have not had ice cream hardly at all – I have some in my freezer right now. It's been in there since Thanksgiving. I have not had any. I hardly even remember it's there. I see it and it doesn't mean a thing to me." And then she commented spontaneously, "...on some very deep level I've been comforted by something other than ice cream, and I don't need ice cream any more." At a followup interview in May of 2006, a full year after the initial session, Eileen reported that she had lost ten pounds since the change in her attitude and behavior with respect to ice cream. Furthermore, these ten pounds had melted away without any dieting, exercise program, or any other weight loss intervention, and she seemed to be staying at this new, lower weight without any thought or effort.²

Finally, Eileen sits in front of me today, nearly eight years after the session in our training group, forty pounds lighter and feeling good about herself. She reports that ever since the healing interactions between herself and Jesus in the three-year-old kitchen memory, she has continued to feel satisfied in the place where she had always previously felt emptiness and craving. And her compulsive, addictive pattern of ice cream consumption has never returned. The additional thirty pounds did not melt away effortlessly, like the first ten (she has participated in the Curves program, with deliberate discipline regarding both eating and exercise since 2006), but this is still the first time in her life that she has been able to maintain her weight at such a stable, healthy place.³

¹ The concepts of "type A," or "absence trauma" (trauma from the absence of good things that you needed but didn't get), and "type B" trauma (trauma from the presence of bad things that should not have happened) come from *The Life Model: Living From the Heart Jesus Gave You*, by James Friesen, E. James Wilder, and others (Shepherd's House, Inc: Van Nuys, CA), 2000. See p.42 and following for their definitions and commentary. For more of our thoughts about "type A" trauma, see "The Immanuel Approach and 'type A' trauma" in the "Advanced Topics/Special Subjects" section of the "Resources" page of the Immanuel approach website (www.immanuelapproach.com).

² Just in case this is not already clear, her previous compulsive use of ice cream as self-medication for absence wound pain had increased her baseline weight by ten pounds. And healing the underlying wounds, with the corresponding elimination of this high calorie self-medication had resulted in an effortless weight loss to a new, stable baseline at a weight that was ten pounds lower.

³ Eileen has maintained her weight within five pounds of her current baseline for the past three years.

Note: this session was recorded, and is available under the Live Ministry Session DVD title, *Eileen: "Immanuel Intervention" (Intermediate)*.

The Immanuel Approach (to Emotional Healing and to Life)

Chapter 2: The Immanuel Approach, a Brief Introduction

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I. The pain processing pathway: When we encounter pain, our brain-mind-spirit system always tries to process the painful experience. There is a very particular pathway that this 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 to the event (not disassociating), staying connected to people/God (staying relational), navigating the situation in a satisfying way, and correctly interpreting the meaning of the experience.¹ **(Insert here figure 1.1 from page 5 of *Outsmarting Yourself*).**

When we *are* able to successfully complete this processing journey, we get through the painful experience without being traumatized – we emotionally and cognitively “metabolize” the experience in a healthy way, and instead of having any toxic power in our lives, the adequately processed painful experience contributes to our knowledge, skills, empathy, wisdom, and maturity. That is, when we successfully process a painful experience we don’t just stuff it down into our unconscious, or teach ourselves to think about other things. We actually get through it, stronger and wiser.

For example, let’s say Sharon, a hypothetical five-year-old girl, is engaged in an energetic game of chase with the kids in her neighborhood when she gets knocked over by an over-enthusiastic eight-year-old boy. She tumbles to the ground, unfortunately landing on hard, bumpy asphalt instead of soft grass, and therefore tearing her brand new jeans and scraping her knee. As she sits up she notices that her knee stings, but at first she is mostly startled. However, when she sees that her favorite new jeans are torn, and when she glimpses honest-to-goodness blood through the tear in her jeans, she jumps up and runs home, alternating between crying and wailing. Fortunately, her father is home and has good relational maturity skills, so when she comes running in, wailing about her bloody knee and her “totally ruined favorite new jeans,” he puts her in his lap, wraps his arms around her, rocks her gently, and reassures her with quiet words of comfort.

Sitting in his lap, encircled by his safe, strong arms, and hearing his reassuring voice, she feels connected, protected, and comforted. After she calms down some he asks her about the accident, and she tells him about the adventurous game of chase, about the dramatic collision with the huge third-grade boy, about the hole in her favorite jeans that Mom had just gotten for her the day before, and especially about her bloody knee. As he listens to her patiently, with clear interest and concern on his face, she feels heard, understood, and cared for. He eventually cleans the scrape, lets her choose which colorful bandage to use, and in response to her continued distress about the hole in her jeans, he reminds her that she is supposed to change into her play clothes before going outside to run with her friends. She says, “I’m sorry,” he says, “I forgive you,” and then he reassures her that they can patch the torn jeans right away and also eventually get her another pair of nice jeans for special occasions. Finally, he comments that she is certainly brave and strong to have been playing chase with third graders, and then encourages her to go back outside and rejoin

¹ Just in case you’re concerned that you don’t know what I mean by “maintaining organized attachment,” “staying connected,” or “staying relational,” all you need to know for the purposes of this book is that there is a pathway for processing painful experiences, and it includes a series of specific processing tasks.

the game. When she is hesitant, he gives her some additional coaching about how sometimes we get hurt when we play rowdy games, but that we don't want to miss all the fun just because we're afraid of getting an occasional bump or scrape, and he takes her hand and walks her back to the other end of block where her friends are still playing.

Instead of turning into a trauma, the fully processed painful experience becomes an opportunity for her to learn and grow. It's obviously not a big event, but it contributes to a deepening intuitive awareness that she can turn to others for help when she encounters painful situations that overwhelm her. It contributes to her growing confidence that she can participate in adventurous activities, and that even if she takes a few hits she can get back up and keep on going. And it contributes to her experiential belief in grace and redemption – even when she makes a bad choice (like going out to play in her brand new jeans), she will still be loved, she can be forgiven, and the practical damages can usually be salvaged/repaired.

Another good example is child birth. The majority of women who go through childbirth say that it is the most physically painful experience of their lives; however, most of these women are not traumatized by this intense pain. When they have a supportive spouse and/or supportive friends and family with them, they feel connected and cared for. When they have appropriate medical care and reassurances, they know that they are not in danger, even though it really, really hurts. And they are encouraged by knowing that the pain has a beautiful purpose (as opposed to being demoralized by suffering that seems confusing and pointless). Women who feel safe, connected, and supported through the process admit that it is one of their most painful experiences, but claim that it is also one of the most profoundly deepening and growth-producing experiences of their lives.

II. Traumatic memories:

Unfortunately, various problems and/or limitations can block successful processing. When we are *not* able to complete the pain-processing journey, then the painful experience becomes a traumatic experience, and the memory for this traumatic experience will then carry unresolved toxic content.

The way in which failure to complete the pain-processing journey creates traumatic memories and the way in which traumatic memories carry unresolved toxic content have very practical implications for our day-to-day lives. Every time something in the present activates, or “triggers,” a traumatic memory, the unresolved toxic content comes out of where it's stored and becomes part of what the person thinks and feels in the present. And this coming forward of incompletely processed memory content into the present causes a wide variety of problems, such as addictions, mysterious physical symptoms, post traumatic stress disorder, anxiety disorders, depression, eating disorders, impaired parenting, difficulty receiving new truth, impaired discernment, an endless variety of subtly dysfunctional behaviors, and blocked peak performance.²

Recognizing that psychological trauma comes from failure to successfully complete the journey through the pain-processing pathway leads to a very important point regarding what kind of experiences can end up being traumatic. This point is discussed in much greater detail in

² See section 5 (“Implicit Memory vs Explicit Memory”) in “Brain Science, Psychological Trauma, and the God Who Is with Us ~ Part III: Traumatic Memories vs Non-Traumatic Memories” for additional discussion of how unresolved trauma contributes to each of these issues. (This essay is available as a free download from www.kelehman.com.)

Outsmarting Yourself,³ but the short summary is: you don't need the overwhelming negative emotions and physical pain of military combat or tsunami disasters to create psychological trauma. In fact, *if you are a child without anyone in your community who can help make sure you get through the processing pathway successfully, and a painful experience presents a challenge where your personal processing skills are especially weak, even a fairly minor painful experience can result in psychological trauma.*

Most of us can easily believe that a soldier might be traumatized by seeing his best friend blown to bits by a hand grenade, and we can understand how this soldier might have a panic attack when Fourth-of-July fireworks trigger his combat trauma. But it is easy to miss how small painful events, especially in childhood, can cause minor trauma that affects us in much more subtle ways.⁴

An alternate version of our hypothetical five-year-old Sharon story provides an example. In this sad version of the story, Sharon comes running home with her mixture of wailing and crying, but her irritated father meets her with, "What's the matter now? I'm in the middle of a project and you're supposed to be playing with your friends – can't you take care of yourself and stay out of trouble for ten whole minutes?" And when she starts to whimper about the hole in her beautiful new jeans, he responds with even more frustration, "Oh, great! And you've managed to ruin the new clothes that I worked hard to pay for and that your mom just got for you yesterday. Go wash off your knee, and to teach you a lesson you have to put those jeans back on and wear them every day for the rest of the week. Wearing your new jeans with a hole in the knee will remind you to be more careful. And if you ruin any more of your new clothes, I'll really give you something to cry about!"

In this unfortunate scenario, with her angry father adding to her pain and confusion instead of comforting her, encouraging her, and coaching her regarding how to handle the minor mishaps of childhood adventures, Sharon will certainly not be able to successfully process the experience. This painful experience will be stored as a small but significant childhood trauma, and whenever it gets activated its subtly toxic thoughts and emotions will come forward with a variety of negative effects. For example, she will be hesitant to engage in activities that are more adventurous, for fear of having an accident that might make somebody angry, and when she encounters difficult situations in the future she will be afraid to turn to others for help, for fear that she will receive anger, blame, and punishment instead of assistance.

As you wrestle with whether or not to accept this very important point regarding how small painful events can cause minor psychological trauma (and also the associated logical implication – that psychological trauma is therefore much more common than most people realize), make sure to note that our formulations of "trauma" and "traumatic" are fundamentally different from the ways most people use these terms. "Traumatic" is often used synonymously with "disastrous,"

³ Karl Lehman, *Outsmarting Yourself: Catching Your Past Invading the Present and What to Do about It* second edition (Libertyville, IL: This Joy! Books, 2014).

⁴ This may seem like a side issue, but actually it's not. As will be described in subsequent chapters, an important part of the Immanuel approach is identifying and removing the blockages that hinder our ability to connect with the Lord. Many of us have *mostly minor trauma* that is hindering our connection with God in *subtle* ways, and we will not work to uncover and resolve these subtle blockages unless we are aware of the way in which small painful childhood events can cause minor trauma. And again, this very important point is addressed in much more detail in *Outsmarting Yourself*.

“life threatening,” “catastrophic,” and other terms you expect to see on the front page of the newspaper, and most definitions of trauma focus on the magnitude/intensity of the painful event. However, our definitions are based *solely* on whether or not the person successfully processes the experience. A trauma is a painful experience that has not been successfully processed. That’s it.

This means that no matter how bad an experience is, if it successfully completes the journey through the pain processing pathway, then it will *not* be traumatic. And no matter how *small* a painful experience is, if it does *not* successfully complete the journey through the pain processing pathway then it *will* be traumatic, and this minor trauma will have negative, ongoing effects on the person (even though the effects may be subtle).⁵

My own childhood experience provides another example of how small painful events that are unsuccessfully processed can become minor traumatic memories, and how these traumatic memories, even though minor, can have lasting negative effects.

On my grade-school playground there was a lot of cheating. The biggest, toughest kids were particularly prone to cheat, since no one could stop them, and they found ways to cheat in most of the games we played. They might add points to their scores if they were losing, they might make up new rules that gave them a needed advantage, or they might simply insist that they had made it safely to first base when we could all see that this was not the case. The scenario that bothered me the most was kids cutting in line during batting practice. Each time they finished their turn at the plate, the three or four toughest fifth graders would appear to go to the back of the line, but then every ten seconds or so they would cut forward by three or four kids. Day after day I would stand in line, watching these toughs cut in front of me, knowing that there was nothing I could do about it unless I wanted to get beaten up. And the gym teacher never seemed to notice that these guys got to bat four or five times as often as the rest of us. He was the person with the size and the designated authority to maintain appropriate order, but he did nothing to protect the smaller, more vulnerable kids (like me).

As a result of being unable to successfully process these experiences, bitterness, judgment, feelings of powerlessness, and feelings of helplessness remained in the memories of these events. Then, for many years (until this stuff got resolved), whenever I encountered situations in which others were cheating, and especially situations in which others were “cutting in line” in one way or another, the toxic content carried in these unresolved playground memories would come forward and I would become both very miserable and very unpleasant to be with.

For example, when we would come to a construction zone where some drivers were using the “merge” lane as a personal bypass lane, and zipping to the front of the line where they were cutting in front of those of us who had been waiting in the good citizen lane for the last forty-five minutes, I would have a sense of being helpless and powerless, I would feel intense anger toward the cheaters, I would feel intense frustration toward “somebody” for not imposing order and fairness in the situation, and I would go back and forth between fuming (with lots of words I

⁵ For a much more detailed discussion of how the toxic content from traumatic memories can get triggered and come forward into the present, how and why we usually do *not* recognize where the painful thoughts and emotions are really coming from, how this can cause tremendous difficulties (especially in relationships), and what we can do to moderate this problem while waiting for permanent healing, see *Outsmarting Yourself*.

won't use here) and indulging in a macabre little daydream. My little fantasy was that the government would pass a law making it legal to blow these people up, and I would get one of those rocket launchers you can hold on your shoulder (you know—the ones you always see the special forces teams using in the action movies). Then, when one of these guys zips by in the cheater lane, I would lean out my window and send one of those little rockets right through his rear license plate and into his back seat. KABOOM! One less cheater! And then we would roll the burning wreckage to the side of the road and put a sign on it: “This is what happened to the last guy who used the merge lane for a cheater lane.”

Charlotte, on the other hand, was an example of how a person might react in this situation if she were *not* being affected by old trauma. Charlotte could acknowledge that it was frustrating to see people whizzing by and then cutting in at the front of the line, and that these people were being inconsiderate, but she wasn't all bent out of shape. Her attitude was more along the lines of “We can't do anything about it, so we might as well make the best of it—let's just enjoy being together while we're waiting in line.” Furthermore, she would even offer charitable thoughts regarding the cheaters, such as “They might not be *maliciously* inconsiderate—maybe they just haven't learned the maturity skill of being able to wait for their turn—maybe being able to go to the front of the line will prevent them from hitting their children when they get home,” or “We don't know what's happening in their lives—maybe they're single parents who've had especially hard days, and just can't deal with waiting any longer in the ‘good citizen lane’.” And then she would make additional gracious suggestions, such as: “Even if they do know what they're doing, we could be part of the solution by choosing to forgive them and pray for them.”⁶

Unresolved trauma coming forward and blending with our experience in the present especially causes and/or exacerbates relational conflict, and this applies to every kind of relational conflict you can imagine – marital discord, conflicts between family members, conflicts between friends, conflicts in church, conflicts on the mission field, conflicts between neighbors, conflicts between employers and employees, conflicts between professional colleagues, conflicts between students and teachers, conflicts between warring tribal groups in Africa, conflicts between Arabs and Israelis, and conflicts between drivers in the good citizen lane and drivers using the merge lane to cut in line.⁷

II. Healing for traumatic memories: The good news about the pain processing pathway and traumatic memories is that each time a traumatic memory gets activated we get another chance to

⁶ In the interest of truth, justice, and humility I will confess my own use of the “cheater lane”: for years as a young driver I was oblivious to the complexity of construction zone traffic flow, and innocently zipped along in the merge lane without even realizing that I was cheating. Even more narcissistically mortifying is the humbling truth that for several years after coming to understand the whole cheater lane phenomena, I found it so unbearable to feel like a helpless victim waiting in the “good citizen lane” that I actually used the cheater lane *fully aware of the fact that I was cheating*.

⁷ For a much more detailed discussion of traumatic memories, how even minor painful events can cause traumatic memories, how the toxic content from traumatic memories can get triggered and come forward into the present, how and why we usually do *not* recognize where the painful thoughts and emotions are really coming from, how this can cause tremendous difficulties (especially in relationships), and what we can do to moderate this problem while waiting for permanent healing, see Karl D. Lehman, *Outsmarting Yourself: Catching Your Past Invading the Present and What to Do about It* (Libertyville, IL: This Joy! Books, 2011).

finish the processing. Isn't this great? Instead of just failing the test we get to keep taking it until we pass! Thank you, Lord, for making this gracious provision by allowing unresolved memories to get triggered over and over and over again until we finally resolve them.

If we haven't acquired any additional resources since the time of the original trauma, this actually *isn't* very good news – we just feel bad, get stuck in the same places once again, and eventually put the unresolved content back into the same old traumatic memory file. However, if things have changed in good ways (for example, our maturity skills have grown, we are surrounded by supportive community, and we can connect with the Lord), we *will* be able to successfully complete the processing tasks, the traumatic memory will be *permanently* resolved, *and it will no longer carry any toxic content that can cause trouble by coming forward and blending with our thoughts and emotions in the present.*

The specifics of working with traumatic memories are discussed in MUCH greater detail in Parts II, III, and IV of the “Brain Science, Psychological Trauma, and the God Who Is with Us” essay series,⁸ but the very short summary is:

First, the bad news: traumatic memories can be difficult to access, traumatic memories are difficult to modify, and the processing tasks necessary to resolve the toxic content carried in traumatic memories cannot be successfully completed unless very specific conditions are in place and unless very specific resources are available.

However, the good news is that traumatic memories are consistently accessible under the right conditions, traumatic memories are consistently open to modification under the right conditions, and toxic traumatic memory content can be consistently resolved when the right conditions *are* in place and the necessary resources *are* available.

This all leads to a very practical and very important bottom line: If we want to strategically design a psychotherapy or emotional healing ministry intervention that consistently accomplishes permanent resolution for traumatic memories, we need 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.⁹

III. The most basic Immanuel approach process components: More good news is that God

⁸ Available as free downloads from www.kclehman.com.

⁹ My assessment is that all psychotherapy techniques and emotional healing ministries that permanently resolve traumatic memories include these components (at least in the sessions that are successful). Examples of therapies/ministries that can permanently resolve psychological trauma include Eye Movement Desensitization and Reprocessing (EMDR), Theophostic Prayer Ministry (TPM), Sozo emotional healing ministry, and emotional healing ministry as taught by Agnes Sanford, Francis MacNutt, and John Wimber.

already knows about all of this – he knows about the pain processing pathway, he knows about failed processing as the source of trauma, and he knows how to facilitate remedial processing. *And he wants to help us get healed.* If we are able to perceive the Lord’s presence, establish a connection with him, and receive adequate assistance from him, this potentially complicated process can become very simple. He can help us access our traumatic memories, he can help us set up the conditions so that they can be modified, and he can help us successfully complete the remedial processing that will transform them into fully metabolized experiences that will then contribute to knowledge, skills, wisdom, maturity, and compassion.

God can care for this process, without *us* needing to provide the resources or manage any of these details.

One of the most exciting developments with the Immanuel approach is that we have discovered several simple tools that enable most people to consistently perceive God’s presence in some tangible way, and then to establish an adequate interactive connection with his living presence. And this interactive connection with God then provides the context for engaging directly with him, so that he can help us to access our traumatic memories and finish the remedial processing tasks.

Adequate interactive connection: So what is an “adequate interactive connection?” I am experiencing an *interactive* connection with the Lord when I perceive His presence in some way and it *feels* true that we are having a living, real time, mutual, contingent *interaction*, and *contingent* interaction means that our responses are directly related to (*contingent* upon) what the other is experiencing and communicating.¹⁰ 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. And an *adequate* interactive connection is an interactive connection that is sufficient to enable the person to accomplish the task immediately in front of her. A perfectly clear, maximally strong, fully functional connection is obviously ideal,¹¹ but an *adequate* connection is an interactive connection in which the person perceives the Lord clearly enough, allows Him to come close enough, feels a strong enough emotional connection, achieves enough synchronization, and is able to receive enough help *to enable her to take the next step forward.*

An experience I had several years ago provides a good example of a contingent, interactive connection with the Lord. My friend Thomas died in his sleep after fighting through 35 years of severe chronic mental illness. He never did anything important in the eyes of the world, but I think he was a hero. In my assessment, few people have done so well carrying such a heavy load. In

¹⁰ For example, if I meet my godson in the park and he comes running to me with a big smile, a *contingent* interaction would be to greet him with “Hey! It’s good to see you! It looks like you’re having a good day.” And if I’m walking through the park and I see him standing by himself and crying, a contingent interaction would be to kneel down beside him and quietly ask, “What’s the matter? Tell me what happened.” In contrast, if I see him alone and crying, a *non-contingent* interaction would be to ignore his distress and greet him with “Hey! It’s good to see you! Isn’t this a beautiful day?”

¹¹ I think the interactive connection between Jesus and the Father, which enabled Jesus to know the Father’s will (“I do what I see my Father doing”), heal the sick, cast out demons, know what people were thinking, predict the future, multiply food, raise the dead, walk on water, and issue commands to the weather would be a good example of an ideal interactive connection.

spite of 35 years of suffering with severe mental illness that medication was only partially able to control, he remained faithful to the Lord. Most people with chronic mental illness use alcohol and/or street drugs to numb the pain, but Thomas never did this. In fact, not only did he not spend his money on pain numbing substances, but he intentionally lived extremely simply, so that he could have money left over from his welfare income to give to the church. This is just one of the ways in which he was quietly heroic. Several months before he died, I asked him: “Thomas, how do you cope with all the suffering in your life?” And his reply was, “I focus on Jesus – every day, all day long. If it wasn’t for Jesus, I couldn’t do it.”

Several days after Thomas died, I was out on my exercise walk. I had learned that I could use the simple tools from the beginning of the Immanuel approach (just mentioned above, and to be described in more detail below) to connect with Jesus during my exercise time. So I applied them, finishing with welcoming the Lord to be with me, and asking him to help me perceive and connect with his living presence. The moment I finished the prayer a spontaneous mental image came into my awareness, and in this image Jesus was walking beside me, enjoying the weather, with the kind of smile you see on the face of someone who’s walking with a good friend on a beautiful day. The image was very faint (as is usually the case when I perceive the Lord’s presence); but even though the image was so subtle, somehow it also felt one hundred percent true and real. After walking along for a while, just enjoying Jesus’ quiet, smiling, friendship presence, I commented (in my thoughts): “Lord, I’m so glad that Thomas is with you now.”

This is hard to describe, but I was facing forward as I was walking, and my mental image of Jesus was that he was in my peripheral vision, just as would be the case if a friend were walking beside me in the “real” world. Immediately – the moment I had finished making this comment about Thomas – I “saw” Jesus’ head turn towards me,¹² this big grin broke out on his face, and I sensed the clear response, “So am I!” And then, “He has fought the good fight, and has finished the race. He is here with me now – his suffering has ended, and he is being rewarded for his heroic faithfulness.”

All readers will probably recognize that the conversation between Jesus and me about Thomas was an interactive connection, but some may miss that an interactive connection was present even before the verbal communication. From the moment I became able to perceive his presence, an interactive connection was established as *non-verbal* contingent communication began flowing back and forth between us – just as is normally the case when two friends walk side by side without talking, communicating in many subtle ways that they are aware of each other and glad to be together. For example, every so often I would turn my head towards Him, just the slightest bit, and a quick smile would flash onto my face spontaneously and involuntarily, indicating that I was aware of His presence and that it was giving me great joy to have him walking beside me. And before I was even finished with my quick, subtle gesture, His head would flick just the slightest bit towards me and He would flash His own smile, indicating that He was also aware of my presence, that he noticed my smile, and that He was also glad to be with me.

From the first moment that I perceived his presence until after our conversation regarding Thomas had ended, this was an interactive connection where it felt true that Jesus and I were having a living, real time, mutual, contingent interaction – where it felt true that we saw, heard, and

¹² The quickness and energy of Jesus turning his face towards me, and the intensity of his smile, were all so striking that they actually startled me slightly.

understood each other's emotions and thoughts, and where it felt true that each of us was offering contingent responses to the emotions and thoughts that the other was experiencing and communicating. (The point here is that the interactions in an interactive connection can be *subtle*, and often occur without any explicit verbal exchange. I don't want you to miss interactive connections with the Lord just because they don't include communication with words.)

Getting back to the Immanuel approach: as just mentioned, we have discovered several simple tools that enable most people to consistently perceive God's presence in some tangible way, and then to establish an adequate interactive connection with his living presence. And this interactive connection with God then provides the context for engaging directly with the Lord, so that he can help the person to access her traumatic memories and finish the remedial processing tasks.

So what are these tools for perceiving God's presence and establishing an adequate interactive connection with him? Subsequent chapters will describe and discuss these simple tools in much greater detail, but here is a very short summary: 1) Help the recipient to reenter the memory for a previous positive connection with the Lord, and then to deliberately stir up appreciation for this experience. This strategic positive memory recall and deliberate appreciation prepares her brain-mind-spirit for connecting with God in the present. 2) Coach her to make a heart invitation welcoming God to be with her, and to make an explicit request that the Lord help her perceive his presence and establish an interactive connection. This simple prayer seems to help the Biblical truth and promise that Jesus is always with us to manifest more tangibly. And 3) Coach her to describe whatever comes into her awareness, regardless of whether or not it makes sense or feels important. This pulls her mental content through the front of her brain in a way that helps her to feel and recognize *subtle* manifestations of the Lord's presence, and that helps her to feel and recognize subtle manifestations of an interactive connection.¹³

With the most basic version of the Immanuel approach to emotional healing, all the facilitator needs to do is:

- establish the foundation for the session by using the simple tools just described to help the recipient to perceive God's presence and establish an adequate interactive connection with him;
- coach the recipient to turn to Jesus, focus on Jesus, and engage with Him directly at every point in the session, regarding every issue that comes up, and regarding every difficulty that arises;
- help the recipient to connect with Jesus inside any traumatic memory that comes forward, and then coach her to turn to Jesus, focus on Jesus, and engage with him directly at every point, regarding every issue, and regarding every difficulty as the trauma is processed;
- if the person is not able to connect with Jesus when she first goes inside the traumatic memory, if she loses her connection with Jesus at any point later in the session, if the process becomes stuck for any other reason later in the session, or if you feel like you are getting in

¹³ This same simple tool of coaching the person to describe whatever comes into her awareness, regardless of whether or not it makes sense or feels important, also helps the person to feel and recognize subtle guidance and help from the Lord throughout the rest of the Immanuel approach process.

over your head, use the “safety net” troubleshooting tool (help the recipient return to the initial positive memory, appreciation, and connection with Jesus, and then, in the context of this safe and comfortable place, coach the person to engage directly with Jesus regarding the point of difficulty).¹⁴

- if you are running out of time and the traumatic memory is still not fully resolved, use the end of session “safety net” (help the recipient return to the initial positive memory, appreciation, and connection with Jesus). Even though she was not able to fully resolve the trauma, she will be fine if she ends the session in the positive memory, feeling appreciation, and connected to Jesus.¹⁵

IV: Even more good news – it actually works: The really good news is that these principles and tools are more than just hopeful theory. We have been using the Immanuel approach for several years now, and the results have been *very* encouraging. Closest to home, we have found this approach to be wonderfully effective for our own, personal healing work. It has been effective for resolving major issues, such as the attachment trauma I received from an extended separation from my parents when I was two years old; and it has been effective for resolving trauma from much smaller painful events, such as my experiences of childhood injustice when the bullies on my grade-school playground cut in line during batting practice.

We have found this approach to be wonderfully effective for our emotional healing work with clients, and people in our mentoring groups have consistently been experiencing powerful healing with the Immanuel approach. Some of these people have even been willing to release recordings of their sessions to provide encouragement and teaching resources for others.¹⁶ Furthermore, we have observed that a number of private practice clients and mentoring group participants who had previously been stuck for many, many sessions have begun moving forward with the Immanuel approach. Charlotte and I have used a variety of emotional healing tools over the years, and in our experience the Immanuel approach has been the easiest to use, the safest, and the most effective.

Our friends and colleagues who are using the Immanuel approach are also seeing dramatically positive results.

A. The Immanuel approach with persecuted believers: For example, Kim Campbell, recently the medical director for a well known ministry that serves the persecuted church, used the Immanuel approach to provide emotional healing for traumatized/persecuted Christians in countries such as Pakistan, Nepal, Sri Lanka, Nigeria, the Philippines, Ethiopia, Iraq, Laos, Thailand, Myanmar, and Colombia. The following is one of the many amazing stories of healing that Kim has shared with us.

¹⁴ For additional discussion of the “safety net” troubleshooting tool, see chapter 14, “Immanuel Approach Safety Nets.”

¹⁵ For additional discussion of the end of session “safety net,” see chapter 14, “Immanuel Approach Safety Nets.”

¹⁶ At the time of this writing (fall 2013), we have twenty-two live emotional healing sessions available in both full length and condensed versions. For detailed descriptions of these sessions, see the Store page of www.immanuelapproach.com.

David ¹⁷ was born into a deeply religious Muslim family in a Muslim village in a Muslim country in southwest Asia, and his family members and neighbors became very upset when he and one of his uncles became Christians. Not surprisingly, his family and neighbors became even more upset when his uncle began openly telling others about his faith, when David began preaching, and when people were delivered and miraculously healed in response to David's prayers. David was twenty six years old in July of 2006 when his uncle was abducted and executed by a group of enraged extremists, and a month and a half later two men with AK-47s came into the family sweet shop where David worked and emptied 50 rounds, leaving David lying in a pool of blood with 11 gunshot wounds. His survival is miraculous, since the doctor at the local hospital refused to treat him, and he therefore did not receive any medical care until he got to a hospital in a distant city eight hours later. But his left arm was so badly damaged that it had to be amputated.

The ministry mentioned earlier helped David with the cost of his medications and with a prosthesis for his left arm, and when Kim visited in October of 2007 to provide medical follow-up he also asked David about the psychological aspect of the trauma. David stated that he was "all right," but his face and voice looked and sounded depressed, and with further probing Kim discovered that he had full blown Post Traumatic Stress Disorder (PTSD), including flashbacks of the machine gun fire during the attack. Kim then lead him through the Immanuel process, and Jesus showed David that he had always been with him, that he was with him throughout every moment of the attack, and that he would always be with him in the future. At the end of the ministry time, when Kim asked him to go back to the memory of being shot, David sat quietly, with a surprised but peaceful look on his face, as he reported that he could still recall being startled by the shooting but that he was now aware of Jesus' presence *with him, in the memory, even during the shooting*, and that the memory was no longer distressing.

We have heard more amazing stories of healing from Sarah Yoder, a woman serving with this same organization and one of the members of a mission team that has been working with persecuted/traumatized women and children in Colombia. In certain areas of Colombia, Marxist guerillas and various other paramilitary groups have been attacking the church, and part of this attack has been to target pastors for assassination. There are now hundreds of women and children in Colombia whose husbands/fathers have been murdered because of their involvement in Christian ministry. An especially horrifying part of the story is that, in their efforts to intimidate the church, the assassins deliberately try to make the murders as traumatic as possible for the survivors. So they will routinely do things like going into the pastor's home and killing him in front of his wife and children. Not surprisingly, almost all of these women and children develop PTSD, most of them also develop associated problems such as bitterness and depression, and many of them withdraw from involvement in church and ministry.

However, God's power to heal is even greater than the enemy's power to destroy. As I write this (March 2010), it has been just two weeks since Charlotte and I had the privilege of spending an evening with Sarah, hearing first-hand accounts of the redemptive healing the Lord has been providing for these women and children. In September of 2008, Kim, Sarah, and two other women went as a mission team to work with 48 of these widows. The mission team was able to lead the Colombian widows through the Immanuel process, and every single one of them

¹⁷ Names and other identifying information have been changed/disguised in order to care for the safety of certain participants in several of the following stories.

appeared to receive profound healing. The team was able to go back for a second visit in July of 2009 and worked with 60 more widows, once again leading them through the Immanuel process, and once again observing that every single participant appeared to receive profound healing. Initially, almost all of the women described persistent despair as one of their heaviest burdens; but their healing encounters with the Lord have resulted in such dramatic transformations from despair to joy that acquaintances have made spontaneous comments about the participants being “changed women.” The women participating in these Immanuel missions have also consistently reported resolution of the various signs and symptoms of PTSD.

When we met with Sarah two weeks ago, she said that all of the women they have been able to follow have continued to do well, with continued freedom from PTSD, continued freedom from depression, and continued restoration of joy. Furthermore, *most of these women now report that they have been able to use the Immanuel approach to facilitate emotional healing for their children.*

The following story is just one example of the kind of trauma the Lord has been working with and the kind of redemption he has been providing. Pastor Enrico, his wife, Rebecca, and their family lived on a small farm in an area where the Marxist guerillas and other paramilitary groups frequently skirmish for control. One day in 1995 soldiers came to the farm. Soldiers often came to the farm, usually demanding food or livestock, but on this day they decided to assassinate pastor Enrico. No comments. No questions. They just shot him, leaving Rebecca without a husband and their four small children without a father. Rebecca developed PTSD, became depressed, and withdrew from ministry. At the time of the mission team’s visit in September of 2008 it had been 14 years since she had lost her husband, but her pain seemed as fresh as if he had died the day before. And her children, in addition to developing PTSD and withdrawing from church, expressed intense and persistent hatred towards the perpetrators. The team was able to lead Rebecca through the Immanuel process, with the Lord providing profound healing for the trauma of her husband’s murder; and not only has Rebecca remained free of PTSD and depression since this healing work, but she has also been able to use the Immanuel approach with her children, all of whom have also experienced profound healing and are now free of PTSD and depression. In fact, the Lord’s healing work has been so complete that the children have been able to forgive the men who killed their father, Rebecca has returned to ministry, starting a house church that is now bursting at the seams, and the children, on their own initiative, have started a youth group that is also now bursting at the seams.¹⁸

B. The Immanuel approach for lay people: And then there are our young friends, Andy and Kristin Ross, who attend our church and live in our neighborhood here in Evanston, IL. Andy has actually just finished his masters of pastoral counseling, but they had already been facilitating Immanuel approach sessions for several years before he started working on this degree. They did a lot of reading about Christian emotional healing, they watched a bunch of our videos, we helped them get started by facilitating a handful of Immanuel sessions for each of them, and Charlotte and I gave them an evening of coaching/mentoring on six or seven occasions, but outside of this neither of them had any mental health training when they began incorporating the Immanuel approach as a regular part of their lives. As lay people, they

¹⁸ Both the house church (40-50 members) and the youth group (30-40 members) have outgrown Rebecca’s home, so that participants must now bring their own chairs so that they can meet in the street in front of the house.

facilitated Immanuel healing for each other as a routine part of their ongoing personal growth, they used the Immanuel approach to deal with underlying trauma as a standard part of how they resolved conflict in their marriage,¹⁹ and they also saw many people blessed by the resolution of traumatic memories as they facilitated Immanuel approach sessions for others in our community.

C. The Immanuel approach with groups: One of the most exciting things about the Immanuel approach is that several of the new components make it possible to design *group* Immanuel exercises that are both safe and effective.²⁰ I have worked closely with our colleague, Dr. E. James Wilder, in developing Immanuel approach group exercises, and we have seen dramatically positive results with these exercises. For example, during the winter of 2010 Dr. Wilder visited a country in Asia that is recovering from many years of civil war and from massive trauma associated with a recent natural disaster. Charlotte and I had the privilege of spending an evening with him less than a month after he returned from this trip, and his report was *very* encouraging.

Dr. Wilder spent a week with a team of 45 ministers, mental health professionals, and lay people, training them in the use of the Immanuel approach, and especially focusing on the Immanuel approach tools that can be used in group settings. The core of his teaching program was to repeatedly take the trainees through the group exercises themselves. From the very first day the participants began receiving healing in their own lives as they “practiced.” By the middle of the week every single person was connecting with Jesus and receiving healing each time the group went through the exercises. And by the end of the week every participant had received healing for a number of different traumatic memories.

Here are a few examples:

- There was a group of participants from the war zone who had trouble trusting the rest of the trainees. At the beginning of the week they tried to avoid anybody from the larger group and they would not participate in activities with the larger group. However, after receiving healing these people were able to participate joyfully with the rest of the group.
- One of the pastors attending the training had been “executed,” along with a number of other believers who had been rounded up by anti-Christian militants. After spraying the group of Christians with bullets, the militants thought they were all dead and buried the bodies in a shallow mass grave. Amazingly, this pastor revived from the initial shock of being shot, dug himself out of the shallow grave, made it back to his home, and eventually recovered from the physical injuries; but, not surprisingly, he had also been psychologically traumatized and he displayed dysfunctional reactions to reminders of the trauma. By the end of the week these traumatic memories had been healed, and he appeared to be free of the PTSD symptoms associated with these events.

¹⁹ When one or both marriage partner(s) is/are being triggered by something the other is doing, it is extremely difficult to facilitate emotional healing for each other. Andy and Kristin therefore have other prayer partners to help with Immanuel healing for these situations (Charlotte and I have this same arrangement).

²⁰ For a detailed discussion of these new components, and how they make it possible to use the Immanuel approach in group settings, see chapter fourteen, “Immanuel Approach Safety Nets,” and chapter twenty-four, “Immanuel Approach Exercises for Groups and Beginners.”

- Another pastor attending the training reported that he had been anxious for as long as he could remember, but that after the healing exercises he was feeling peace for the first time in his life.

Furthermore, by the end of Dr. Wilder's visit the participants were confident that they would be able to take the Immanuel approach home with them – they were planning to go home and start using the Immanuel approach with their spouses, children, extended families, friends, neighbors, colleagues, parishioners, and clients.²¹

D. The Immanuel approach with non-Christians: Another exciting thing we have observed with the Immanuel approach is that it sometimes works with non-Christians, and when it does, those who have thereby experienced Jesus' living, loving presence, and received healing from him, usually decide to follow him. For example, two of the people attending Dr. Wilder's recent training seminar in Asia started the week as non-Christians (they had been required to attend by their employers, who figured that Dr. Wilder, as a western Ph.D. psychologist, might provide valuable information regarding treatment for post traumatic stress disorder). 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.

A similar scenario during our May 2009 seminar in Panama provides another example. A non-Christian mental health professional found one of the flyers for the seminar, and probably decided to attend because he thought that my lectures on psychological trauma and implicit memory would be valuable, regardless of my explicitly Christian perspective. 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, friends of ours and co-directors of Our Father's Farm ministry near Kansas City, have also observed this same phenomena. They routinely use the Immanuel approach, and recently shared with us about their experiences with Sarah and Claire.²² Sarah came to them at the age of 13, almost totally disabled by post traumatic stress disorder from the horrible abuse she had endured. Even though she had been rescued from the abusive environment of her early childhood at the age of six, and had received regular care from a team of mental health professionals for seven years, she was still unable to eat normally due to a variety of triggered reactions, she was unable to sleep normally due to regular nightmares and triggered reactions to being in bed, she was unable to participate in mainstream public schooling, and she could rarely get through a day without intrusive traumatic memories causing panic attacks.

²¹ As of January 2011, almost a year later, the leader of the group Dr. Wilder worked with reports that they are still using the Immanuel approach, that it continues to be very effective, and that it has been especially helpful and effective in working with traumatized children.

²²Not their real names.

Thankfully, she responds well to work with the Immanuel approach, and has received transformative healing through a series of beautiful, gentle interactions with Jesus. By the time she was 15 she was thriving instead of barely surviving, and this is where the Immanuel approach and non-Christians come in. Her friend and next door neighbor, 12 year-old Claire, was a deeply troubled non-Christian girl who regularly cut herself. One day Claire came to Sarah, intensely upset, asking for help, and saying that she was going to cut herself. Sarah didn't know what to do, so she invited Jesus to be with her. She was quickly able to perceive His living, interactive presence, and then she asked Him for help. In response, she felt like the Lord said: "Bring Claire to Me, like Rhonda does with you."

So 15 year-old Sarah invited 12 year old Claire to try Immanuel prayer, and even though Claire wasn't a Christian she was still willing to try it. She promptly experienced what she describes as "close encounters of the Jesus kind" – she had a mental image of Jesus standing in front of her, He told her that *He* had been cut so that *she* would not have to be cut, He showed her the marks on His body, and then He went on to say, "You've always wanted a family...would you like to be part of My family?" She said yes. Sarah and Claire didn't take time to discuss theology, but I think this qualifies for becoming a Christian, since Claire has been talking to Jesus regularly and following Him openly since this initial encounter. Furthermore, Claire hasn't cut herself, or had the urge to do so, since that day in the summer of 2009.²³

The experience of an Immanuel approach ministry team working in India provides yet another example. This will be described in more detail in chapter twenty-seven, but the short summary is that a team we trained was using the Immanuel approach to minister to girls who had been rescued from human trafficking, and all of the girls had profoundly positive interactions with Jesus even though several of them were Muslims and Hindus.

E. The Immanuel approach with children: Yet another exciting thing 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 receiving a steady stream of stories from many different people who are getting good results.

As described above, the 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 (see footnote #12), the Calhouns used the Immanuel approach to facilitate emotional healing for 13 year old Sarah, and Sarah used the Immanuel approach to facilitate emotional healing for 12 year old Claire.

As will be described in chapter five, the Immanuel approach enabled three-year-old Zevian to resolve intense, persistent fears about monsters in his closet.²⁴ As will be described in chapter nine, a friend of ours was able to use the Immanuel approach to release emotional healing for his

²³ See "Can the Immanuel Approach be Used with non-Christians?" in chapter thirty-nine, Frequently Asked Questions, for additional discussion regarding the Immanuel approach with non-Christians.

²⁴ And, by the way, the same intervention that resolved his fear of monsters also initiated a new ability to perceive Jesus' tangible living presence as a routine, daily experience. ***Delete this footnote, to reduce clutter/complexity?***

granddaughter, Emme. And as just mentioned, chapter twenty-seven will describe the experience of a team that saw profoundly 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.

For example, Dr. Ian, a friend of ours and psychologist in Winnipeg, Canada, has been teaching his children about the Immanuel approach for life. He has talked to them about the truth that Jesus (Immanuel) is always with us, he has taught them how to perceive the Lord's presence and establish an interactive connection, he has taught them that they can turn to Jesus and engage with Him as a living person when they encounter difficulties in life, and they have discovered that the Lord can and does respond to them – in their hearts/to their spirits. With this foundation in place, he can easily weave the Immanuel approach into day-to-day parenting interactions.

A fun story about his four-year-old daughter and frying hamburger provides a beautiful illustration. Ian was at the stove one evening, frying hamburger for dinner, when his four year old daughter, Selah, came into the kitchen and informed him that she needed a drink of juice. When he told her that he would be glad to get her a drink, but that she would have to wait a few minutes until he was done with the hamburger, she responded with, "No, I need a drink of juice *right now!*" And when he repeated that she would have to wait a few minutes, she began to escalate into tantrum mode, with crying, tears, and increasingly intense demands of "I need a drink now! I need juice right now! I need juice now, *now, now, Now, NOW!*"

At this point Ian knelt down in front of his daughter, face to face, eyes to eyes, and said, in a gentle, soft voice, "Honey, would you be willing to ask Jesus what He wants to say to you?" Immediately her crying stopped, and Selah held up her hand towards Ian and said, "okay dad, be quiet." Not in a harsh way, but more with an intended meaning along the lines of "It's Jesus' turn to talk now. Please be quiet so I can hear Him." She paused, completely still and quiet for maybe ten seconds, and then said, "Jesus said that I need to be patient and I need to wait." When Ian asked, "Okay, so what are you going to do?" She respond promptly with, "I'm gonna do what Jesus asked me to do, dad – I'm gonna be patient and wait."

Selah then just stood beside Ian, smiling, watching, and waiting quietly and patiently for him to finish frying the hamburger. It seemed to Ian that Selah continued to perceive Jesus' lingering presence and feel connected to him as she was waiting, and she seemed quite pleased that she now had what she needed to be able to wait. Quite impressive, really, when you consider that she had to wait five to ten minutes before he was able to get her the juice, and this is a very long time for a four year old who was escalating to a tantrum with demands for immediate action only moments earlier.

When Ian shared this story with me, he finished with the comment: "I often ask myself, 'Why is it so hard to remember to include Jesus into everything, since He's right there with us?'As a family, we are working on it. Immanuel – God with us!"

You can see why we are excited about the Immanuel approach, and why we are confident that you can permanently resolve your traumatic memories if you earnestly pursue emotional healing.

Note: For *live session* examples of the basic Immanuel approach, in which all I do is help the recipient establish an interactive connection with Jesus, help the recipient stay connected to Jesus, and then coach the recipient to engage with Him directly regarding every issue, question, and difficulty that we encounter, see *Renaë: Healing Helps Parenting*, Maggie #2: “If I leave, she could die,” Maggie #3: *Labor & Delivery Trauma*, Rita #3, *Jesus Is Better Than Candy*, Steve: *Correcting Imbalance between Work and Restoration*, and Ian: “I’m not enough.”²⁵

²⁵ Karl D. Lehman, *Maggie #2: “If I leave, she could die,”* Live Ministry Series #12 (Evanston, IL: Karl and Charlotte Lehman, 2008), DVD; Karl D. Lehman, *Renaë: Healing Helps Parenting*, Live Ministry Series #17 (Evanston, IL: Karl and Charlotte Lehman, 2009), DVD; *Rita #3, Jesus Is Better Than Candy*, Live Ministry Series #18 (Evanston, IL: Karl and Charlotte Lehman, 2009), DVD; *Maggie #3: Labor & Delivery Trauma*, Live Ministry Series #19 (Evanston, IL: Karl and Charlotte Lehman, 2009), DVD; *Steve: Correcting Imbalance between Work and Restoration*, Live Ministry Series #21 (Evanston, IL: Karl and Charlotte Lehman, 2011), DVD; and *Ian: “I’m not enough,”* Live Ministry Series #24 (Evanston, IL: Karl and Charlotte Lehman, 2012), DVD. All of these live session DVDs are available through the store page of www.immanuelapproach.com.

More Introduction (A Psychiatrist's Journey)

Advanced topics warning: This chapter—the story of my journey in developing the Immanuel Approach—includes a detailed discussion of how the Immanuel Approach relates to other methods for emotional healing, such as eye movement desensitization and reprocessing (EMDR) and Theophostic-based emotional healing. This context information with respect to other approaches to emotional healing is very important for mental health professionals and people in full-time ministry, but probably of less concern to the average lay-person. So if you are not a mental health professional or in full-time ministry, and especially if you are reading this book for the first time to get the overall big picture, feel free to skim (but please don't skip) the parts of the story describing my experience with other approaches.¹

Another way to introduce the Immanuel Approach is to tell the story of how it was developed. Our brains process and store stories differently than logical explanations, and most people find that stories are easier to remember. I find that the story of how and why something was developed often gives me a deeper understanding of why each piece is important, a clearer picture of how they fit together, and also more appreciation for the new pieces. Hopefully, this story of my personal journey with respect to the Immanuel Approach to emotional healing, and also the larger Immanuel Approach to life, will provide all of these benefits.

1. Even though this information is less interesting to the average lay person, I think it is still important for all of us to have at least some awareness of how earlier approaches to emotional healing have contributed to the Immanuel Approach. Sometimes, when people make a new and exciting discovery, they fail to appreciate the value of previous work that has contributed to their new iteration, and this can lead to needless confusion, disrespect, and conflict. I am hoping that the Immanuel Approach community can maintain a humble, accurate appreciation for how this new approach has been built on a foundation that has been prepared by those who have gone before us, and an appreciation for how the Immanuel Approach includes many principles and tools from previous approaches to emotional healing.

Medication, Cognitive Therapy, Insight-oriented Therapy, and “Traditional” Prayer for Emotional Healing

When I first began providing outpatient mental health care in 1990, my approach to treatment for psychological trauma was a combination of medication, cognitive therapy, insight oriented therapy, and what I think of as “traditional”² prayer for emotional healing. I used a combination of medication and cognitive therapy for management of acute symptoms, and a combination of insight-oriented therapy and prayer for emotional healing for resolution of the underlying traumatic memories. In my practice, this “traditional” version of prayer for emotional healing looked something like this:

- We would start with focusing on the presenting problem, such as anxiety or depression, and ask the Lord to lead the person to the underlying memories.
- Once the person remembered and connected with an underlying memory of a traumatic experience, we would ask the Lord to come into the traumatic memory and heal it.
- If the person did not perceive the Lord’s presence in the memory and did not receive healing, we would engage in some very basic troubleshooting, such as checking for bitterness, unconfessed sin, and demonic interference. However, at this point in my journey my faith and understanding were minimal, so if this basic troubleshooting was not successful I would just conclude that the Lord did not wish to heal this particular traumatic memory at this particular time.

Unfortunately, I seemed to be pretty good at helping people find the underlying traumatic memories and connect with their painful emotions, but most people were *not* able to perceive the Lord’s presence and did *not* receive dramatic healing. If I were painfully honest, I would have to say that about 5%—that’s one out of twenty—perceived the Lord’s presence and received dramatic healing in their traumatic memories. My work with the remaining 95% was difficult and frustrating. I was able to use medication, cognitive therapy, and insight-oriented therapy to help these people *manage* their symptoms, but they would limp along without permanent resolution

2. I think of “traditional” prayer for emotional healing as the approaches to prayer for emotional healing taught by pioneers such as the Linn brothers, Francis MacNutt, and Agnes Sanford. For samples of these teachings on emotional healing ministry, see Dennis Linn & Matthew Linn, *Healing of Memories* (New York: Paulist Press, 1974); Francis MacNutt, “The Inner Healing of Our Emotional Problems,” Chapter 13 in *Healing* (Notre Dame, IN: Ave Maria Press, 1974), pages 178-191; and Sanford Agnes Sanford, “The Healing of the Memories,” Chapter 7 in *The Healing Gifts of the Spirit* (New York: Trumpet Books, 1966), pages 109-123.

of the underlying roots. I prayed for them, I cared about them, I listened to them, and I was conscientious and competent with respect to the medication and psychotherapy I *could* offer, but they were still limping and managing.

Eye Movement Desensitization and Reprocessing (EMDR)

In 1995, shortly after beginning to work with patients in the setting of my own private practice, I learned Eye Movement Desensitization and Reprocessing (EMDR), and then began to combine these tools and techniques with my previous approach to prayer for emotional healing.³ The point regarding EMDR that is important with respect to my Immanuel Approach journey is that it was significantly more effective than the tools I had previously been using. The principles and tools taught by Shapiro (the developer of EMDR) included some pieces that were new to me, and she is also a *very* skillful and persistent troubleshooter. My experience with EMDR and with Shapiro's troubleshooting therefore increased my skill with troubleshooting, my persistence with troubleshooting, and my expectation that we would often see dramatic healing. However, even with this increased troubleshooting skill, increased persistence, and increased faith, I was still seeing dramatic resolution of the underlying traumatic memories in only twenty to twenty-five percent of my clients. Twenty to twenty-five percent dramatic resolution was a lot better than five percent, but the remaining seventy-five to eighty percent still felt like a LOT of people left with unsatisfying managing and limping.⁴

Theophostic®-based Emotional Healing⁵

In 1998 Charlotte and I learned about the Theophostic® approach to emotional healing, and I began to include these principles, tools, and techniques in my work with psychological trauma. To the extent that you are familiar with cognitive therapy, EMDR, traditional emotional healing prayer, and Theophostic®, you will notice that Theophostic® principles include many of

3. For my assessment regarding the place of these EMDR tools and techniques in psychotherapy and emotional healing ministry, and also a more detailed discussion of EMDR, see Chapter 22 of this book and also "The Immanuel Approach, Theophostic®, and EMDR: FAQs and Common Misunderstandings," available as a free download from www.kclehman.com.

4. For additional information regarding EMDR, see Francine Shapiro, *Eye Movement Desensitization and Reprocessing* (New York: Guilford Press, 1995); and Francine Shapiro and Margot Silk Forrest, *EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma* (New York: Basic Books, 1997).

5. Theophostic® is a trademark of Dr. Ed Smith and Alathia, Inc.

the foundational principles from these three other bodies of knowledge that had composed the core of my previous approach to working with traumatic memories, and also that the Theophostic process includes many of the key process components from EMDR and traditional emotional healing prayer.⁶ In fact, my assessment was that Theophostic[®] included most of the valid principles, tools, and techniques from these other approaches I had been using, and that it also contributed a number of new principles, tools, and techniques.

Theophostic[®] therefore became my primary approach when working with traumatic memories.⁷ Initially, I accepted and used the whole package exactly as taught by Dr. Smith, but over time Charlotte and I developed our own version of what we called “Theophostic[®]-based”⁸ emotional healing.

An especially important piece of my experience with Theophostic[®] was that I started to receive healing for myself. For a variety of reasons,

6. Some examples: 1) The most important foundational principle of cognitive therapy is that emotions and behavior are powerfully driven by what we believe, and that resolving dysfunctional, distorted beliefs will consequently resolve all problems driven by these beliefs. This is also a foundational principle for Theophostic.[®] 2) One of the most important foundational principles of both traditional emotional healing prayer and EMDR is that many problematic emotions and other symptoms are caused by underlying traumatic memories. This is also a foundational principle for Theophostic.[®] 3) Another foundational principle of EMDR is that you must work inside the traumatic memory, where the person is connected to the painful emotions associated with the trauma. This is also a foundational principle for Theophostic.[®] 4) Two key process components with traditional healing prayer are asking Jesus to lead to the underlying trauma and asking Jesus to resolve the traumatic memories. These are also key process components with Theophostic.[®] 5) One of the key process components of EMDR is to identify and resolve trauma-associated negative cognitions, and another key process component of EMDR is systematic and persistent troubleshooting to identify and resolve hindrances. These are both key process components with Theophostic.[®]

7. For those of you who are not familiar with Theophostic,[®] a brief summary of the most important Theophostic[®] principles and a brief summary of the Theophostic[®] process are provided in Appendix A. For detailed discussion of the similarities between Theophostic,[®] cognitive therapy, EMDR, and traditional emotional healing ministry, and also for discussion of the new pieces brought by Dr. Smith’s Theophostic[®] material, see the following essays at www.kclehman.com: “Theophostic[®] Ministry: Assessment and Recommendations”; “The Immanuel Approach, Theophostic,[®] and Cognitive-Behavioral Therapy”; “The Immanuel Approach, Theophostic,[®] and EMDR: FAQs and Common Misunderstandings”; “The Place of Theophostic[®]-based Therapy/Ministry In the Treatment of Clinical Disorders”; and “Theophostic:[®] What is Unique?”

8. We use the term “Theophostic[®]-based” to refer to emotional healing work that is built around a core of Theophostic[®] principles and techniques, but that are not exactly identical to Theophostic[®] Prayer Ministry as taught by Dr. Ed Smith. Our approach to emotional healing prior to 2007 would be a good example—it was built around a core of Theophostic[®] principles and techniques, but it sometimes also included material that is not a part of what we understand Dr. Smith to define as Theophostic[®] Prayer Ministry (such as Immanuel Interventions, our material on dealing with suicide-related phenomena, and our material on journaling, spiritual disciplines, capacity, community, and medical psychiatry).

Theophostic®-based emotional healing was the first therapy or ministry approach that worked consistently for my own healing. In addition to being another powerful data point convincing me that Theophostic® had something new and valuable to offer, resolving my own psychological trauma provided dramatic benefit with respect to my effectiveness by removing woundedness that had been hindering my skill, impairing my discernment, and crippling my faith.

I observed increasingly positive results as I continued to learn more about different issues that could hinder the healing process, as I continued to practice specific troubleshooting skills, and as I continued to get my own healing. As the percentage of my patients that were receiving dramatic healing steadily increased, I became convinced that I had discovered the complete answer for treatment of trauma, and that results would eventually reach one-hundred percent as my skill, faith, and discernment continued to grow. However, I eventually observed that the percentage of dramatic resolution plateaued at maybe seventy-five percent. There seemed to be a group of people who did not get resolution with Theophostic®-based therapy or ministry, no matter how hard or how long I worked with them. I also began to notice that even in the people who could use a Theophostic®-based approach to get dramatic resolution for *some* issues and memories, there were *other* issues and/or traumatic memories that did not resolve.

Brain-Mind-Spirit Capacity and Healing for Psychological Trauma

At this point in the story of my journey toward the Immanuel Approach, I need to take a few minutes to present a brief summary of brain-mind-spirit *capacity*, and to talk about how this phenomenon interacts with healing for psychological trauma.

When we refer to the capacity of a physical system, we're referring to "how much will it hold?" or "how much can it carry?" For example, the capacity of a bucket refers to how much liquid it can hold before overflowing, the capacity of a bridge refers to how much weight can travel across it before it collapses, and the capacity of an electrical circuit refers to how much current it can carry before blowing a fuse or burning out components. (See Figure 3.1, below.) When we refer to *capacity in the context of emotional healing*, we're referring to the capacity of the person's biological brain, non-biological mind, and spirit—we're referring to *how much biological, psychological, and spiritual intensity a person can handle before some part of his combined brain-mind-spirit system "blows a fuse" and causes the person to disconnect in some way.*

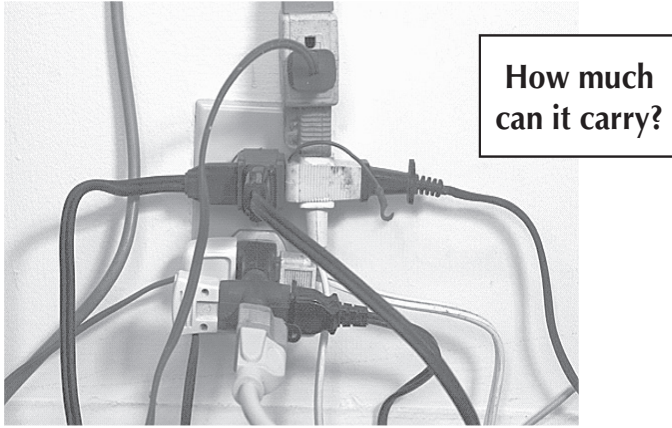


Figure 3.1 “How much can it carry?” Example of physical capacity

Capacity limitations of the non-biological mind and spirit are hard to study with usual scientific research methods, but there is an extensive body of research demonstrating capacity limitations for the biological brain. It is especially straightforward to demonstrate the capacity limitations of an individual neuron (nerve cell). For example, there are many studies showing that an individual neuron functions well if given an appropriate load to carry, but that it will begin to malfunction if it is stimulated too intensely, too frequently, or for too long a duration. And if the overload continues, it will eventually become sick and die.⁹ For discussion of research demonstrating that the biological brain also has capacity limitations at higher levels of organization, see *Affect Regulation and the Origin of the Self*, *Affect Dysregulation and Disorders of the Self*, and *Affect Regulation and the Repair of the Self* by Dr. Allen Schore,¹⁰ and also Dr. E James Wilder’s Track 2 Lectures from the 2004 THRIVE conference.¹¹

Charlotte and I first learned about capacity from Dr. E. James Wilder. Here’s my brief summary of his teaching on capacity as it relates to working

9. See, for example, D.W. Choi, “Excitotoxic Cell Death,” *J Neurobiol* Vol. 23 No. 9 (November 1992): pages 1261-76; and W.O. Whetsell, “Current Concepts of Excitotoxicity,” *J Neuropathol Exp Neurol* (January 1996): pages 1-13.

10. Allen N. Schore, *Affect Dysregulation and Disorders of the Self* (New York, NY: W.W. Norton & Company, 2003); *Affect Regulation and the Origin of the Self* (Hillsdale, NJ: Lawrence Erlbaum Associates, 1994); and *Affect Regulation and the Repair of the Self* (New York, NY: W.W. Norton & Company, 2003).

11. E. James Wilder, Track II Lectures, (THRIVE conference, Big Rapids, MI, August 16-21, 2004).

with traumatic memories. The first key point is that *in order for healing work with traumatic memories to be effective, the person receiving ministry needs to be able to **connect** with the pain in the memory, and needs to be able to **stay connected** as he processes through the memory. If he can't connect with the pain, or if he can't stay connected all the way through, he won't be able to resolve the traumatic memory.*

A series of diagrams will be helpful in explaining my next points. In each of these diagrams, the vertical arrow labeled “capacity” represents the capacity of the person’s combined brain-mind-spirit system, and the series of hills to your right represents the intensity of different parts of a specific traumatic memory. For example, one of my friends was in a car accident. In Figure 3.2, the first, small peak could represent the intensity as the car hit a patch of gravel and the driver lost control; the second, larger peak could represent the intensity as their car swerved off the road and into the guard rail; and the third, highest peak could represent the intensity as the car went through the guard rail, off the bridge, and into the river below.

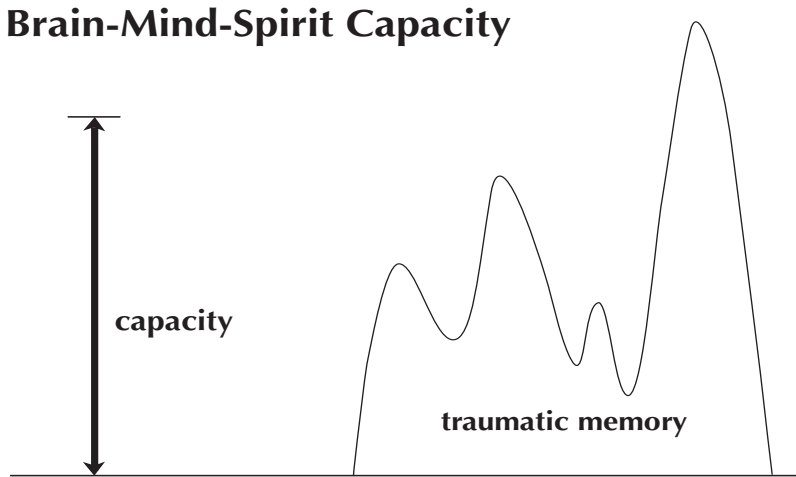


Figure 3.2 Brain-mind-spirit capacity and psychological trauma

As the diagram in Figure 3.3 illustrates (see below), if there is some part of the traumatic memory that exceeds the person’s joy strength—that exceeds his capacity for doing hard things, that exceeds his capacity for staying connected to painful memories—then he will either be completely unable to connect with the memory, as indicated by the lower horizontal dotted line-arrow, or he will disconnect in some way when he gets to the place that exceeds his capacity, as indicated by the upper horizontal dotted line-arrow.

Capacity and Trauma

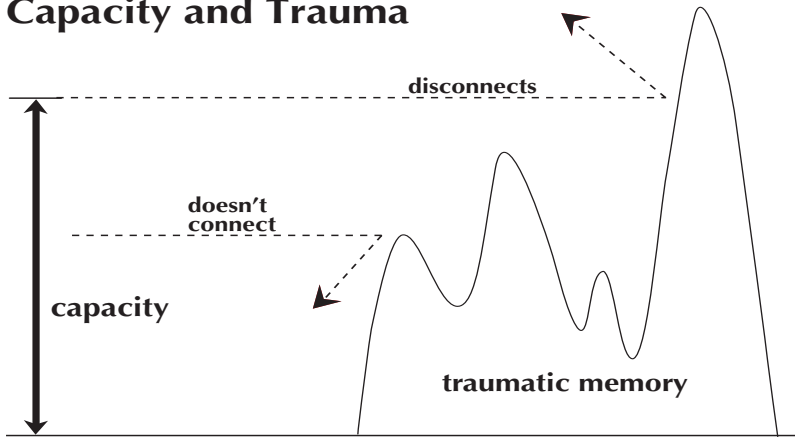


Figure 3.3 To resolve a traumatic memory, you need to have enough capacity to connect, and to stay connected all the way through.

So, if some part of a traumatic memory exceeds the person’s capacity, he won’t be able to connect/stay connected, and therefore won’t be able to resolve the memory.¹²

Capacity and Immanuel

In the fall of 2004, as Charlotte and I were working on the material for her presentation about Immanuel,¹³ I became increasingly aware of the painful reality that a small cohort of patients in my practice were very stuck. I’d been working with these people for many months—between fifty and one-hundred hours of Theophostic®-based therapy sessions for most of them—and each of these people had made many unsuccessful attempts to get through certain specific memories. We had worked hard to address every blockage we could find, and even every possible blockage we could think of—vows, judgments, denial, dissociation, guardian lies, and more—but they still weren’t getting resolution for these specific traumatic memories.

12. As far as I am aware, this information on capacity and emotional healing is not included in any of Dr. Wilder’s published materials. We obtained this information via personal conversations with Dr. Wilder during the August 2004 THRIVE seminar, and through email communications with Dr. Wilder July 2005.

13. For Charlotte’s teaching about Immanuel—a presentation that was important in beginning our journey regarding Immanuel Interventions, the Immanuel Approach to emotional healing, and the Immanuel Approach to life—see either the essay or DVD titled: “Immanuel: God With Us.” The essay is available as a free download from www.immanuelapproach.com, and the DVD can be obtained from the “Store” page.

Eventually I got to a place of profound, humble powerlessness, and in the middle of a day in which I was working with several of these people I spontaneously prayed something along the lines of, “Lord, I’m stumped. I know you *can* heal these people, and I know you *want* to heal these people, but we don’t know how to move forward. Please show us what to do.”

Within seconds of finishing this prayer, a completely new thought came quietly but very clearly into my mind: I should turn away from focusing on the traumatic memories—I should take a “time out” from my repeated attempts to help these people push into the traumatic memories—and instead, I should focus on helping them establish a connection with Jesus, and then help them spend time *just being with him*.¹⁴

As I started to focus on helping the patients from this particularly difficult day “just be with Jesus,” I also realized that we were dealing with capacity problems. Charlotte and I had learned about capacity several months earlier, but at that time I hadn’t made the connection between these new principles regarding capacity and these people in my practice that were so persistently stuck. Making the connection, I realized that the reason these people weren’t getting resolution for their traumatic memories was that they didn’t have enough capacity to stay connected through the worst parts of the memories.

Now here’s a really important point: *identifying and resolving other clutter and blockages won’t fix the problem if the person doesn’t have enough capacity to stay connected all the way through the memories*. An analogy would be a physical task with the questions of strength versus willingness. If I’m strong enough to push my neighbor’s car out of the snowbank, but I’m *choosing* not to because I’m afraid of getting wet, because I’m angry about an unresolved conflict with this particular neighbor, or because I made a vow never to push cars out of snowbanks, then dealing with my fear, bitterness, or vow will resolve the problem. If I become *willing*, and *choose* to help, I’ll be able to. However, if I simply don’t have the physical strength, then addressing these other issues will not get my neighbor’s car out of the snowbank. Becoming *willing*, and *choosing* to help, won’t overcome my lack of physical strength.

Learning about capacity, and coming to understand how capacity could be the limiting factor in therapy or emotional healing ministry, was like discovering a missing organ system. It was as if I had previously only known

14. Part of the reason why this breakthrough came at this particular time is that I had received a strategic piece of healing that allowed me to be stumped without being triggered. I could acknowledge I was completely stumped, calmly ask for help, and then actually perceive the Lord’s response as he offered guidance. *Yet another example of how persisting with my own healing has enabled me to be more effective in ministry.*

about the heart and the lungs. For any patients for whom heart dysfunction or lung dysfunction was the primary problem, I was fine. The pieces all fit together, the picture made sense, and my treatment plans worked. However, if I encountered a patient with kidney disease I was stumped. I could study and treat the person's heart and lungs up one side and down the other, but his kidney disease would continue in spite of all my efforts, and the overall clinical picture would not make sense.

With each of these people who had been so persistently stuck, we had been focusing on willingness and choice: "Why weren't they *willing* to connect with the memories? Why were they repeatedly *choosing* to disconnect partway through?" But the problem was capacity. These people didn't have enough capacity. They were perfectly *willing*, and kept *choosing* to *try* to go into the memories; but they didn't have enough capacity, so they either couldn't connect, or couldn't stay connected all the way through. This was why they were stuck—this was why they couldn't resolve these certain, specific traumatic memories, and why none of our other interventions had solved the problem.

What also occurred to me, as soon as I made the capacity connection, was that the Lord's suggestion—to focus on helping these people *be with* him—was a brilliant solution to the capacity problem. In other sessions, I had seen that a person could stay connected through the worst imaginable memories *if she perceived the Lord's presence with her*. As the diagram in Figure 3.4 illustrates (see opposite), Jesus has infinite capacity. He seems to be glad to be with us in and through any possible situation we can get into, and he never becomes anxious or upset. It seems that if a person can perceive the Lord's presence, and let him be *with* her, then capacity problems resolve and the healing process can move forward.¹⁵

This Jesus-connection solution for inadequate capacity appears to be very similar to the way in which being with a safe, non-anxious adult can resolve capacity problems for a child. For example, if you have a small child who doesn't have the capacity to go into a dark basement by herself, she will absolutely refuse to go down the steps. However, this same child will easily and willingly go into this same dark basement if she's holding her father's hand.

I had seen this happen spontaneously, in Theophostic®-based sessions in which a person would suddenly perceive the Lord's presence with her in the middle of a painful memory; but until the Lord directed me to spend time very deliberately helping these people "just *be with* him," it had

15. In order to resolve capacity problems in this way, the person needs to perceive the Lord's presence with sufficient clarity and establish an interactive connection of sufficient strength.

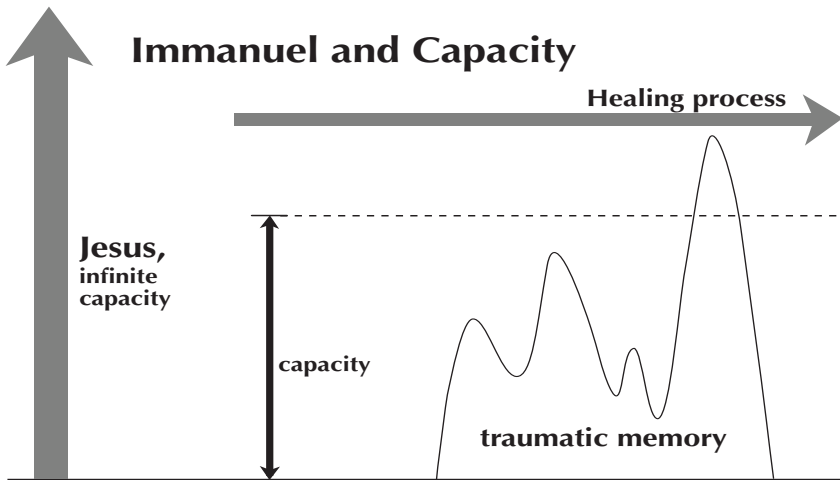


Figure 3.4 Jesus has infinite capacity, and if we can borrow from him we can go through memories that are otherwise too intense.

never occurred to me that we could *intentionally, systematically* facilitate these experiences of perceiving and connecting with the Lord's Immanuel presence.¹⁶

As these pieces began to fit together, a light bulb came on for me: "Hey! This could work for all of my other patients who are dealing with traumatic memories bigger than the available capacity! What if we tried a 'just be with Jesus' intervention in any situation where the person seemed to be encountering capacity issues? Whenever the recipient seemed to be having difficulty going into a memory due to capacity problems, or seemed to be ejecting from a memory due to capacity problems—what if we asked the Lord to help her perceive his presence, and to help her just *be with him*?"

So I tried this approach with every one of the people who had been so persistently stuck (all of whom seemed to be having capacity problems), and in almost all of these situations the person was eventually able to perceive the Lord's presence. With some of these people, we needed to spend a number of sessions so that multiple complicated blockages could be resolved, but *everybody who was able to perceive the Lord's presence was eventually able to press through painful memories that they had previously*

16. Sometimes a person participating in the Theophostic® process will *spontaneously* perceive the Lord's presence in some way, but the Theophostic® facilitator does not *deliberately, systematically* help the person perceive the Lord's presence and connect with him. With Theophostic-based emotional healing, the recipient often receives truth and healing without any tangible perception of the Lord's presence.

been unable to handle. And they were able to perceive the Lord's presence through the whole process, which seemed to help tremendously. The whole process seemed easier and less painful, and certainly went faster.

As this all unfolded, I began to formulate what we now call ***Immanuel Interventions***—*specific, systematic interventions with the very focused goal of helping the person receiving ministry to perceive the Lord's living presence, and to establish (or regain) an adequate interactive connection with him.* I will discuss Immanuel Interventions at more length in Chapter 13, but here is a very brief description for the purposes of this introduction:

- The most basic, simple component of an Immanuel Intervention is a specific, explicit invitation and request along the lines of, "Lord, I make a heart invitation for you to be *with me*, here in this place. I also ask you to help me perceive your presence, and to help me establish an adequate interactive connection with you."
- If the recipient is not able to perceive the Lord's presence and establish an adequate interactive connection, you work with her to troubleshoot. Start with praying "Lord, what's in the way?" and then follow up on whatever the Lord brings forward. For example, the recipient may not be able to perceive the Lord's presence because she is afraid that she will feel unbearable shame if she lets him come into the memory she's working with. And when you help her to address this blocking fear, so that she is willing to *let* him come into the memory, she will then perceive his presence. Or the recipient may not be able to let him come close enough for an adequate connection because she's afraid he might hurt her if he gets too close. And when you help her to address this blocking fear, so that she is willing to *let* him come closer, she will then experience an adequate interactive connection.

Although there have been a few situations in which we have *not* been able to find and resolve whatever was in the way, these Immanuel Interventions have usually been successful. And in *every* situation in which these Immanuel Interventions have worked, so that the recipient has been able to perceive the Lord's presence, has been able to establish an adequate interactive connection, has been able to receive from him, and has been able to be with him, *capacity problems at that particular point in the process have seemed to resolve, and the person has been able to take the next step forward.*

Immanuel Interventions for Everyone

As just described, at first I used Immanuel Interventions only as a special resource in sessions where the recipient had insufficient capacity for the traumatic memories he or she was encountering. I was amazed by the high percentage of success, and thrilled with the positive results, but I was using these interventions only in this very limited setting. This is a bit embarrassing, but I was so excited about the way people were perceiving and connecting with Jesus in these capacity problem sessions that many months went by before I thought to ask, “Why reserve this new intervention only for situations in which the person is stuck due to lack of capacity? I wonder what would happen if we tried this in every session, as soon as the person gets to a traumatic memory? Why couldn't we do this with everybody?!”

As soon as I had this thought I began to try Immanuel Interventions in every session—regular client sessions, consultation sessions, mentoring group demonstration sessions, and sessions with friends and family. As soon as we got to a traumatic memory, the first thing I would do was help the person perceive the Lord's presence and connect with him; and once she could perceive his presence and had established an adequate interactive connection, we would turn to Jesus for leadership and resources throughout the rest of the session. This would be especially helpful when we would encounter difficulties, whether or not they had to do with capacity. During the rest of the session, at any point when the person got stuck, I would simply coach her to look at Jesus, to focus on Jesus, to ask Jesus for help, to receive more from Jesus, and to spend time *being with* Jesus.

For people who were able to perceive the Lord's presence and connect with him in this way, the simplest additional nudges were often all that was needed. Sometimes, all I had to do was ask “What's Jesus doing?” Or I might make a very simple suggestion, such as “Keep focusing on Jesus and ask him for help,” “Ask Jesus what he wants you to know about this situation,” “Ask Jesus if there's more he has for you,” or “Ask Jesus what he wants you to do next.”

The results were essentially the same as when I tried Immanuel Interventions in capacity problem sessions—most recipients were able to perceive the Lord's presence and establish an interactive connection with the living presence of Jesus, and then every aspect of the healing work would go forward more quickly and easily. Once again I was amazed by the high percentage of success and thrilled with the positive results.

From Immanuel Interventions to the Immanuel Approach to Emotional Healing

START AT THE VERY BEGINNING OF THE SESSION

For reasons I still do not fully understand, Immanuel Interventions seemed to be most effective in the context of working inside traumatic memories. At least this was the place I had most often observed them to be successful, and I could feel that I had a lot more faith in their effectiveness when working in this context. Therefore, when it occurred to me that we could try Immanuel Interventions at the very beginning of each session—even *before* getting to a traumatic memory—I resisted the thought. But it kept coming back. “Why not start each session with an Immanuel Intervention, so that the first thing the person does would be to perceive and connect with Jesus? We could then interact with Jesus in this more tangible way throughout the *whole* session! We could even ask him for guidance regarding what to work on!” The more I observed the benefits of recipients engaging directly with Jesus for their healing work inside traumatic memories, the more I thought about at least *experimenting* with trying Immanuel Interventions at the very beginning of the session.

During the time I was pondering all this, one of my clients sat down at the beginning of her appointment and reported that she had just had an interesting and wonderful experience. As she had been driving down the highway several days earlier, it had suddenly occurred to her: “Why do I have to wait until I’m in Dr. Lehman’s office? Why can’t I try that Immanuel thing at other times? I wonder what would happen if I tried it right now?” So she asked the Lord to help her perceive his presence, and there he was—sitting right beside her in the front passenger’s seat! She finished with, “Somehow, it’s now clear to me that he’d been there the whole time, but I just hadn’t been able to see him until I asked. I was able to perceive his presence—sitting right beside me—for the rest of the trip.”

And shortly after this, another client came in and reported that she had just had the most amazing experience. She had been at her dentist’s office several days earlier, for a procedure she knew was going to be very painful and that she had been dreading, and as she sat in the dentist’s chair waiting for the procedure to start, it suddenly occurred to her: “Why not try that Immanuel thing Dr. Lehman does?” So she invited Jesus to be with her and asked him to help her perceive his presence, and there he was! “I could sense his presence very powerfully. He was standing right beside the dentist’s chair and holding my hand. I focused on him through the whole procedure, and I hardly felt any pain or fear!”

These two experiences provided additional encouragement for taking the next step: “If the Immanuel Intervention prayer works for people who are driving down the highway and sitting in a dentist chair, maybe I should

go ahead and start trying it at the beginning of sessions—even before the person gets to a traumatic memory.”

Furthermore, I had been describing my experience with Immanuel Interventions to Dr. Wilder during our weekly phone conversations, and as a result of these conversations he had developed several variations that he had begun using with a recovery group at his church. He was routinely trying his Immanuel Intervention variations outside of traumatic memories, and he had also come up with the simple tools of recalling a past positive experience with God and then deliberately stirring up appreciation in this context. (As briefly mentioned in Chapter 2, these simple exercises prepare the recipient's brain, mind, and spirit, so that it is easier for her to perceive and connect with Jesus.) Most significantly, Dr. Wilder was observing consistently good results *even when not working in the context of traumatic memories*.

So I took the next step and began experimenting with Immanuel Interventions, in combination with the positive God memory and deliberate appreciation preparation exercises, at the beginning of each session. Once again, I was encouraged by the results. The more sessions I did this way, the more convinced I became that it is a good idea to spend time connecting with Jesus *before* going into painful memory work.

And as already mentioned in Chapter 2, the interactive connection with Jesus that has been established at the beginning of the session also provides one of the Immanuel Approach safety nets. Whenever a traumatic memory comes forward, the first thing I do is to use Immanuel Interventions to help the recipient establish a connection with Jesus *inside* the memory. And when this is successful, she then interacts with Jesus to do healing work *inside* the memory. However, if the person gets tangled in complex blockages so that she is not able to connect with Jesus, and seems to be stuck in the negative thoughts and emotions from inside the traumatic memory, it is fairly simple to help her go back to the place of interactive connection with Jesus from the beginning of the session. So even if the recipient encounters trauma and blockages that we are not yet able to resolve, this safety net enables her to still end the session in a good place.

The “safe place” imagery used by many psychotherapists provides a good analogy. Safe place imagery is a well known tool for helping people manage painful memories and negative emotions that are especially intense.¹⁷ First, the therapist coaches the person to develop an imaginary “safe place.” For

17. See, for example: Francine Shapiro, *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures*, (New York, NY: Guilford Press, 1995), especially pages 122-124 (the index also cites twenty additional page references for “safe place”); and Edmund J. Bourne, *The Anxiety & Phobia Workbook* second edition, (Oakland, CA: New Harbinger Publications, 1995), pages 241-251.

example, she might imagine herself lying on a soft blanket in a quiet meadow, with the afternoon sun warming her face, the familiar, comforting smell of freshly cut hay coming to her on a gentle breeze, and the sound of meadowlarks singing in the distance. The person then deliberately *practices* going to this safe place in her mental imagery, so that she will eventually develop the *skill* of being able to use this safe place imagery as a way to calm down, even in the face of painful memories and intense negative emotions. Similarly, a person can *practice*, and learn the *skill* of going back to places of interactive connection with Jesus. And these are truly ideal, optimal safe places—not just positive *imagination* images, but rather memories of *true* positive experiences, and then also perception of and connection with the *living presence of Jesus* in this positive memory context!

My observation is that some people have a bit more difficulty with perceiving the Lord's presence in the context of positive memories, as compared to using Immanuel Interventions to perceive his presence in the context of traumatic memories, but I am still very encouraged by the results. Most people who have been able to perceive and connect with the Lord in other contexts quickly learn to start each Immanuel session with refreshing their perception of his presence and re-establishing an interactive connection in the context of positive memories and deliberate appreciation. And some people who have never previously experienced an interactive connection with God are pleasantly surprised to be able to perceived God's presence and establish an interactive connection for the first time at the beginning of their first Immanuel session.¹⁸

Furthermore, even those who are not *initially* able to start sessions with an interactive connection almost always *eventually* become able to begin each Immanuel session with establishing an interactive connection in the context of positive memories and deliberate appreciation.

INCORPORATION OF NEW UNDERSTANDING REGARDING TRAUMATIC MEMORIES

Another contributing influence in the development of the Immanuel Approach has been working with Dr. E. James Wilder to formulate our understanding of the pain-processing pathway, traumatic memories, and how to resolve traumatic memories.¹⁹ Several of the most important concepts

18. For a discussion of how to work with people who have not yet experienced an interactive connection with God, and therefore do not yet have positive memories of past interactive connections to work with, see Chapter 24, "Immanuel Approach Exercises for Groups and Beginners."

19. A thorough discussion of this material is presented in Parts II through IV of the "Brain Science, Psychological Trauma, and the God Who Is with Us" essay series (all available as free downloads from www.kclehman.com).

from this material have already been mentioned in the brief discussion of the pain processing pathway and traumatic memories presented in Chapter 2:

- A number of specific processing tasks need to be successfully completed for a *painful* experience to be adequately “metabolized,” so that it does not become a *traumatic* experience.
- Failure to complete one or more of these tasks results in a traumatic experience.
- Memories for traumatic experiences are resolved when we identify and finish the processing tasks that were not completed at the time of the original experience, and this can happen only when specific necessary conditions and resources are provided.

As also mentioned in Chapter 2, as I coached people to engage directly with Jesus for guidance and help, I realized that for recipients who were able to maintain an adequate interactive connection, Jesus would do a beautiful job of caring for each of the unfinished processing tasks. He seemed to know all about each of the processing tasks, and he would identify the unfinished tasks, set up the necessary conditions, and provide the necessary resources as long as we kept turning to him for guidance and help. In fact, watching Jesus repeatedly and skillfully help recipients navigate through remedial processing tasks was one of the observations that convinced me that this whole approach to emotional healing is valid. That is, *my understanding the pain processing pathway well enough to be able to recognize what Jesus was doing* convinced me that we could count on him to lead the process—he would provide the guidance and assistance necessary to resolve any trauma, as long as the recipient had a good enough connection.

At this point in my journey, my assessment is that interacting with Jesus, in the context of the Immanuel Approach, can provide beautiful solutions at every point of potential difficulty. If the person is able to maintain an adequately clear and strong connection with Jesus, then:

- There are some aspects of working with traumatic memories that Theophostic®, EMDR, and other approaches to therapy and ministry address beautifully, and that the Immanuel Approach also addresses beautifully.
- There are some aspects of working with traumatic memories that other approaches address adequately, but that the Immanuel Approach cares for even more effectively.

- And there are some aspects of working with traumatic memories that the other approaches do *not* adequately care for, but that the Immanuel Approach addresses beautifully.²⁰

PRIORITY CORRECTION WITH RESPECT TO SYMPTOM RELIEF

During most of my years of experience with psychotherapy and emotional healing ministry, I believed that the primary purpose was to relieve suffering. For example, someone would come to me because she had panic attacks that were causing her much suffering and severely disrupting her life. She came to me, a psychiatrist who uses a variety of emotional healing tools, for the purpose of getting relief from her panic attacks. Or someone would come to me because he had depression that was causing him much suffering and severely disrupting his life. He came to me, a psychiatrist who uses a variety of emotional healing tools, for the purpose of getting relief from his depression. I had observed that people often also received spiritual benefits when they addressed unresolved emotional issues, but I saw symptom relief as the primary objective.

When I was first developing the Immanuel Approach, I was still thinking about the whole endeavor from this perspective. My first response, when I started to see breakthroughs with the new Immanuel Approach pieces, was something along the lines of, “Great! New tools that we can use to help people resolve their symptoms. Now we can facilitate emotional healing and relieve suffering even more effectively.” And then one day I was facilitating a session in which the recipient began to complain about how long the Lord was taking to relieve her pain. She was in a memory where she could perceive the Lord’s presence, so I encouraged her to engage directly with Jesus regarding her concern. She expressed her unhappiness directly to Jesus, paused for a couple minutes, and then reported that the Lord had responded with the following comment:

“I love my children, and I am glad to free them from suffering; but the primary, most important purpose of all this emotional healing stuff is to remove the blockages that are between your heart and me.

20. Note that the facilitator needs to have more knowledge and skill to be able to do intermediate and advanced Immanuel Approach work, in which the recipient sometimes encounters complex blockages that cause extended disruption of her connection with Jesus. In these situations the facilitator needs to take on much more leadership, and therefore needs to have a combination of a good connection with Jesus (so that Jesus can guide and help the facilitator) and/or much more knowledge and skill regarding emotional healing work. See the section below in this chapter, and also Chapters 4, 12, 13, and 22 for additional discussion of intermediate and advanced work.

The primary, most important purpose of emotional healing is to remove the blockages that hinder your heart from coming to me.”

He also talked with her about her discouragement regarding her ongoing suffering, but the above comment about the primary purpose of emotional healing struck both the recipient and myself as being especially profound.

In the twenty-five years that I have provided psychiatric care, I have *never* had a person come to me with the request that I help him remove blockages so that he could have a closer relationship with Jesus. It almost makes you grateful that God designed us so that the unresolved emotional issues that hinder us from connecting with Jesus also cause pain. Even if we won't pursue emotional healing for the primary purpose of deepening our relationship with Jesus, at least we will pursue healing in order to make the pain stop. And isn't it convenient that emotional healing also removes blockages that are between our hearts and Jesus? What a nice side effect!

Since the session described above, I have thought about the Lord's words many, many times. I am grateful for pain relief, but I want to agree with Jesus on this issue. I have been asking the Lord to change my heart, so that I will relentlessly pursue emotional healing because I long for a more intimate relationship with him, and therefore want to remove every blockage that might get in the way. I want to pursue intimacy with Jesus as the primary purpose, and receive symptom relief as a pleasant side effect, instead of the other way around.

A simple *but central* part of the Immanuel Approach to emotional healing is this shifting of the primary priority from “resolve trauma and relieve symptoms” to “remove barriers that hinder the person's relationship with Jesus.”

REVERSAL WITH RESPECT TO THEOPHISTIC®

Along with reversing the relationship between symptom relief and connecting with Jesus, we have also reversed the relationship between our use of Theophostic® and connecting with Jesus. When I first developed Immanuel Interventions, I was using these interventions as a special resource in the context of Theophostic®-based emotional healing—helping the person connect with Jesus was a special resource that I used to increase the effectiveness of Theophostic®. Now, instead of using Immanuel Interventions as a special resource in the context of Theophostic®, I use Theophostic® principles, tools, and techniques as troubleshooting resources in the context of the Immanuel Approach, for which the primary objective is to help the person connect with Jesus.

ADDING THE IMMANUEL STORY

Dr. Wilder, myself, and a number of others were noticing that some people would have one (or several) profound healing experiences with the Immanuel Approach, and be grateful for symptom relief, but then continue on with their lives without making any other changes. In contrast, we noticed that there were other people who would have an initial positive experience with the Immanuel Approach, and then quickly embrace Immanuel Approach healing as their usual response whenever they noticed that old pain was getting stirred up. Furthermore, these same people would often take things a step further and embrace the Immanuel Approach to life (described below) as a new lifestyle—as a new way to walk through the average day.

Dr. Wilder noticed that the people who were incorporating the Immanuel Approach into their lives were also usually constructing narratives of their experiences with the Immanuel Approach, and then sharing these stories with others. This observation reminded him of certain brain science principles, and he realized that the association he had been observing wasn't just an accident. Constructing narratives of our experiences and then sharing these stories with others actually activates a part of our brains that helps us to learn from experience, and then to incorporate new discoveries into behavioral changes that will enable us to navigate life more successfully in the future. So we decided to take advantage of this particular piece of brain science by coaching recipients to formulate narratives about the Jesus-encounters they experienced in their Immanuel Approach sessions, and then to deliberately share these Immanuel stories with at least several other people.

Overview of the Immanuel Approach to Emotional Healing

Putting all these pieces together, we developed what we now call the Immanuel Approach to emotional healing. This summary of the key components provides an overview of the Immanuel Approach, and as mentioned in both the Introduction and the comments at the beginning of Part I, this overview of the Immanuel Approach provides a road map for Part II.

The first seven components are absolutely necessary, and they are also parts of the actual Immanuel Approach *process*.

1. *Deliberate appreciation, in the context of remembering previous positive experiences with the Lord, to prepare for an interactive connection with Jesus (Chapter 6).* Recalling past positive experiences and deliberately appreciating them prepares one's brain-mind-spirit system for positive relational connection. At the beginning of each Immanuel Approach

session, we therefore include reconnecting with memories for previous positive experiences with the Lord, and deliberate appreciation, to prepare the recipient's brain-mind-spirit system for refreshing/re-establishing a living, interactive connection with Jesus.

2. *Refreshed perception of the Lord's living presence, and establishment of an interactive connection with him as the foundation for the rest of the session (Chapter 8).* After the recipient has identified one or more memories of past positive connection with the Lord, has reconnected with the memory/memories, and *feels* appreciation in these past experiences, I coach the person to spend several more minutes reconnecting with/re-entering one of the memories. As she does this, I ask the Lord to help her perceive his presence and establish an interactive connection, so that these are real and living in the present, and then I coach the person to describe whatever comes into her awareness.

The recipient is usually able to transition smoothly and easily from positive memory recall and appreciation to a living, interactive connection with the Lord. (And if this doesn't happen, we troubleshoot regarding what's in the way.) This interactive connection with the living presence of Jesus is then the foundation for everything else in the session.

3. *Engaging directly with Jesus regarding every issue, question, need, and challenge (Chapter 10).* Once the recipient has established an adequate interactive connection with Jesus, the therapist/ministry facilitator coaches her to turn to Jesus, focus on Jesus, and engage with Jesus directly regarding every issue, question, need, and challenge that comes up.

As described above, the primary objective of the Immanuel Approach is to increase intimacy with Jesus. As also described above, one intervention for helping the recipient increase intimacy with Jesus is to find and resolving specific blockages that hinder her heart from coming to Jesus. Well, another intervention for helping the recipient increase intimacy with Jesus is coaching her to turn to Jesus, focus on Jesus, and engage with Jesus directly regarding every issue, question, need, and challenge that comes up. That is, as the recipient repeatedly engages with Jesus to address a wide variety of issues, questions, needs, and challenges, *she will be practicing and strengthening a real, tangible, personal, experiential relationship with him.*

Furthermore, the simple intervention of repeatedly coaching the recipient to turn to Jesus, focus on Jesus, and engage with him directly, regarding every issue, question, need, or challenge that comes up, is

sometimes all that is needed to keep the session moving forward. The person might engage with Jesus for guidance in choosing the issue to work on, for help with finding underlying traumatic memories, for assistance with resolving unfinished processing tasks, for capacity augmentation when dealing with inadequate capacity, or for help with any other issues, questions, needs, or challenges that come up. If the recipient immediately turns to Jesus and engages with him directly, as soon as these issues, questions, needs, or challenges come up, the session often just keeps moving forward without the perception of being stuck or the need for troubleshooting.

4. *Immanuel Approach troubleshooting (Chapters 12, 13, and 26).*²¹ Many recipients are quickly able to establish an adequate interactive connection at the beginning of the session, they easily maintain this connection, and they receive a variety of beautiful, life-giving results, all with only the minimal Immanuel Approach interventions just described. However, others initially experience confusing, disappointing, or frustrating results, but then eventually receive enhanced friendship with the Lord, transformative emotional healing, and other beautiful, life-giving results as the facilitator helps them to identify and resolve blockages. I have become totally convinced that the Lord is *always* present, that the Lord *always* wants to bless us with life-giving gifts, that the Lord is *always* able to accomplish this, and that the Immanuel Approach will almost always (eventually) release these gifts and blessings if adequate troubleshooting is included.²²

As mentioned above and discussed in more detail below, when engaged in intermediate or advanced Immanuel Approach work, the facilitator will use a wide variety of troubleshooting tools. However, the simplest troubleshooting tool, the most common troubleshooting tool,

21. Even though all approaches to emotional healing include some troubleshooting, I use the term “Immanuel Approach troubleshooting” and include this as a new, distinctive component with the Immanuel Approach because a number of the specific troubleshooting tools we use are, indeed, new, distinctive, and unique to the Immanuel Approach. (The Immanuel Interventions described in the next section are some of the best examples of troubleshooting tools that are new, distinctive, and unique to the Immanuel Approach.)

22. On very rare occasions, a person will persistently choose to indulge in bitterness and/or self-pity and/or rebellion. This will block the Immanuel Approach process, and since it is an issue of persistent free-will choice, it cannot be resolved with any of the usual troubleshooting tools. For additional discussion of bitterness and self-pity as blockages to emotional healing, and for description of interventions that can sometimes resolve them, see “Judgments and Bitterness as Clutter That Hinders Emotional Healing,” and “Deadly Perils of the Victim Swamp: Bitterness, Self-Pity, Entitlement, and Embellishment.” (Both of these essays are available as free downloads from www.kclehman.com).

and the troubleshooting tool that the facilitator should always start with is coaching the recipient to engage directly with Jesus for guidance and assistance regarding every difficulty that arises.²³ For example, if the person does *not* immediately turn to Jesus when she encounters the issues, questions, needs, or challenges mentioned above, but instead tries to figure them out/resolve them herself (and then eventually perceives herself to be stuck), the first, most basic troubleshooting intervention is to coach her to turn to Jesus, focus on Jesus, and engage with him directly for guidance and assistance regarding the problem. This simple intervention is often all that is needed to get the process moving again.

5. *Immanuel Interventions (Chapters 13 and 26)*. Since the foundation for an Immanuel Approach session is the recipient having an adequate interactive connection with Jesus, one of the most important responsibilities of the facilitator is to make sure that this foundational connection is in place. And as the reader may remember, Immanuel Interventions are *specific, systematic interventions with the very focused goal of helping the person receiving ministry to perceive the Lord's presence and establish (or regain) an adequate interactive connection with him*. So the first two steps at the beginning of every Immanuel approach session are actually the most basic Immanuel Intervention—the positive memory recall, the deliberate appreciation, and the simple invitation and request are specific, systematic interventions with the very focused goal of helping the recipient to perceive Jesus' presence and establish an initial connection. And if the recipient is *not* able to establish an adequate connection with the usual initial steps, the facilitator then employs the rich toolbox of Immanuel Interventions from Chapters 13 and 26.

Once an adequate interactive connection has been established at the beginning of the session, one of the most important responsibilities of the facilitator during the rest of the session is to monitor the recipient's connection, and then to employ Immanuel Interventions at any point that she loses adequate connection with the Lord. If the recipient does lose her connection at some point in the session, the facilitator should start with the second half of the most basic Immanuel Intervention from the beginning of the session, which is to coach the

23. Starting with this troubleshooting tool of course assumes that the recipient already has an adequate interactive connection. If this connection foundation is not in place, then the facilitator must start with Immanuel Interventions to identify and resolve whatever blockages are in the way of an adequate connection (as described below).

recipient to repeat the simple invitation and request from step two. For example, recipients usually lose their connection with the Lord when they first go into a traumatic memory. So the first thing the facilitator should do when the recipient goes into a traumatic memory is to check if she still has a good connection with Jesus. And if she has lost her connection, start Immanuel Intervention troubleshooting by coaching her to offer the simple invitation and request along the lines of, “Lord, I make a heart invitation for you to be *with me*, here in this place. I also ask you to help me perceive your presence, and to help me establish an adequate interactive connection with you.”

If this simple invitation and request does not enable the recipient to re-establish her perception of the Lord’s presence and re-establish an adequate interactive connection, the facilitator can then move on to the rich toolbox of more advanced Immanuel Interventions described in Chapters 13 and 26.²⁴

6. *The safety net of returning to the initial positive memory and interactive connection (Chapter 14).* As mentioned above, if the recipient gets stuck and other troubleshooting efforts do not resolve the problem, the facilitator can coach her to return to the initial positive memory and interactive connection with the Lord. In the context of the positive memory and the refreshed initial interactive connection, the person can engage directly with Jesus regarding the stuck point. Also, if they are coming to the end of the session and the person is still in the middle of an unresolved traumatic memory, the facilitator can coach her to return to the initial positive memory and interactive connection as a way to end the session in a safe place. As mentioned above, this very simple Immanuel Intervention serves as a safety net, and this is especially important for groups, lay ministers, and beginners.
7. *The recipient describing everything that comes into her awareness, regardless of whether it makes sense or feels important (Chapters 16 and 17).* As will be discussed in detail in Chapters 17 and 18, it is important for the recipient to describe everything that comes into her awareness, *regardless of whether it makes sense or feels important.* This simple discipline of describing her mental content to another person pulls the

24. As the reader may realize, Immanuel Interventions are actually a special kind of troubleshooting, with the very focused goal of helping the recipient to perceive the Lord’s presence and to establish (or regain) an adequate interactive connection. However, even though they are technically a subset of Immanuel Approach troubleshooting, I have named Immanuel Interventions as a separate foundational component because they are so central to the process and such a hallmark feature of the Immanuel Approach.

content through the parts of her brain that help her to *feel the importance of the content*, and that help her to *recognize how it fits into the emotional healing work she is doing*. Another way to think about this phenomenon of being more able to feel the importance and recognize the meaning of our mental content as we describe it to another person is that *God has designed our brains to work better in community*.

The practical bottom line is that the recipient will miss many subtle but important clues if she does *not* describe everything that comes into her awareness, and she will gain the benefit of these clues if she *does* exercise this discipline. Therefore, it is important for the facilitator to repeatedly and persistently coach the recipient to describe everything that comes into her awareness, regardless of whether it makes sense or feels important.

This component has actually been a part of the Theophostic process ever since Dr. Smith developed Theophostic, so it has also been quietly present in our process as our Theophostic-based approach to emotional healing developed into the Immanuel Approach. However, I am naming it as one of the foundational components of the Immanuel Approach because it is not just tremendously important, but also under appreciated and sometimes missed.

The eighth component is part of the Immanuel Approach process, but it is an optional ideal as opposed to an absolute requirement.

8. *Formulating and sharing the Immanuel story (Chapter 18)*. The ideal Immanuel Approach process is to end each session with the facilitator helping the recipient to formulate her experience into a narrative story. This Immanuel story describes what it was like *before* the recipient perceived the Lord's presence in the place of pain, it describes what happened *when she perceived the Lord's presence* in the place of pain, and it describes how things are/have been different *since* perceiving the Lord's presence in the place of pain.

Note that the recipient can still connect to Jesus, get healing, and enjoy lasting fruit even if she does not formulate and share the story of her Immanuel session. However, formulating a narrative with these three key components, and then sharing it with at least three other people, helps the recipient begin to integrate the Immanuel Approach into her daily life. Formulating and sharing the Immanuel story will especially help the recipient to remember and apply the Immanuel Approach at points in the future when she notices that she is triggered.

The ninth component is in a category all its own. It is not a part of the process you go through during a session, but I think it is actually the most important new, distinctive component of the Immanuel Approach.

9. *Switching the first priority from symptom relief to removing blockages that hinder our intimacy with Jesus (Chapter 3).* As discussed at length earlier in this chapter, a subtle but important part of the Immanuel Approach is to switch the primary purpose from symptom relief to removing blockages that hinder our hearts from coming to Jesus. We recognize that resolving trauma is an important *part* of removing blockages that hinder our connection to the Lord. And we gratefully accept the resolution of psychological trauma and the associated symptom relief as *side benefits*. But the *primary* purpose and most important priority with the Immanuel approach is to remove blockages that stand between our hearts and Jesus.

Note that this new priority focus is not actually part of the Immanuel Approach process, and it is not necessary for the Immanuel Approach to work. That is, you can connect with Jesus, you can get healing, and you can enjoy good, lasting fruit even though you do not name, understand, believe, or internalize this priority. Furthermore, intimacy with Jesus as the first priority is hard to hold onto because most recipients come in asking for symptom relief. However, I was facilitating the session in which Jesus said that *the primary, most important purpose of emotional healing is to remove the blockages that are between our hearts and him*, and this continues to feel profoundly true to me. So I feel strongly that this new priority focus should be included not just as *one* of the foundational components, but as the *most important* component of the Immanuel Approach.

The last three components are not required, nor are they parts of the actual Immanuel Approach process; but they are valuable resources, principles, and tools that definitely augment the effectiveness of the Immanuel Approach. It is certainly ideal to include them, and they become increasingly valuable as one moves from basic to intermediate to advanced Immanuel Approach work.

10. *The facilitator establishing an interactive connection for herself, and then engaging with the Lord to obtain ongoing guidance (Chapter 20).* As just mentioned, this is not necessary or required. The recipient will often be able to connect with the Lord and have a fruitful session even if the facilitator has little or no interactive connection. However, it is certainly ideal for the facilitator to have an interactive connection

as well, so that she can benefit from ongoing guidance by engaging directly with the Lord throughout the session. And this becomes increasingly important with intermediate and advanced work. With intermediate and advanced work, the recipient can sometimes encounter intense and complex blockages that cause him to lose his connection for extended periods of time, and the facilitator must therefore troubleshoot to resolve the complex blockages without the benefit of the recipient being able to engage with Jesus. In this situation it is obviously valuable and important for the facilitator to have her own interactive connection, so that Jesus can still provide guidance and help with the advanced troubleshooting work.

11. *Faith (Chapter 21)*. Faith in the Lord's presence, in the Lord's goodness, in the Lord's guidance, in the effectiveness of the Immanuel Approach, and in the effectiveness of Immanuel Interventions will help the process move forward more easily and more powerfully. This faith can be brought by either the facilitator or the recipient, and ideally by both. And the more faith the better. However, as just noted faith is not a necessary component. Amazingly, the Immanuel Approach will sometimes still work even when neither the facilitator nor the recipient bring much faith to the endeavor. But the presence of faith is certainly ideal, and it becomes increasingly valuable as one moves from basic to intermediate to advanced Immanuel Approach work.

12. *Key insights, principles, and tools for intermediate and advanced troubleshooting (Chapters 4, 12, 13, 22, and 26)*. As just mentioned above, an important aspect of intermediate and advanced Immanuel Approach work is that intense and complex blockages can cause the recipient to lose her connection with the Lord for extended periods of time. With the loss of the recipient's interactive connection, the facilitator can obviously no longer rely on the number one troubleshooting tool of coaching her to engage directly with Jesus, and the facilitator must therefore rely on other troubleshooting resources. As will be explained in Chapters 4 and 22, I essentially bless facilitators in this situation to use any emotional healing ministry and/or psychotherapy troubleshooting resources they can find, *as long as they are effective and safe*.

However, in my own intermediate and advanced Immanuel Approach work, I have found understanding and specific interventions regarding capacity, relational connection circuits, and attunement to be especially helpful, I have found understanding and specific interventions regarding the processing tasks from the pain processing pathway

to be especially valuable, and I have also continued to find our modified version of Theophostic® to be especially important.²⁵

Note again that with basic Immanuel Approach work, where the recipient has an adequate connection with Jesus, *he* takes care of all of these issues and needs, and neither the facilitator nor the recipient need to understand or have skill with these more advanced insights, principles, and tools.

From the Immanuel Approach for Emotional Healing to the Immanuel Approach for Life

EXPANDING THE AGENDA BEYOND JUST EMOTIONAL HEALING

As described earlier, the Immanuel Approach to emotional healing organizes the whole session around turning to Jesus, focusing on Jesus, and engaging directly with Jesus at every point in the session, *and this includes asking the Lord for guidance regarding what to do with each session*. As I began to routinely coach recipients to ask Jesus for guidance regarding what to do with each session (expecting that he would give us direction regarding what to do *within the realm of emotional healing*), I discovered that Jesus wanted to use our Immanuel sessions for more than just emotional healing work. He expanded the agenda, and the Immanuel Approach to emotional healing became just *one part* of the larger Immanuel Approach to life.

As mentioned above, resolving trauma removes blockages that hinder connection with Jesus, and Jesus also wants to relieve our suffering, so sometimes Jesus' agenda for the day *is* to resolve trauma. But sometimes Jesus' agenda is to build capacity; sometimes Jesus' agenda is to build maturity skills by teaching, modeling, and helping the person practice; sometimes Jesus' agenda is to address other issues important to optimal living, such as the balance between work and restoration; sometimes Jesus' agenda is to spend time with us, as a friend and companion, *just because he likes being in relationship with us*; and sometimes Jesus' agenda is other stuff that we have never even thought about addressing in an Immanuel session.

The live ministry DVD, *Steve: "Just" Be with Jesus*,²⁶ provides an excellent example of Jesus expanding the agenda beyond just healing trauma. I

25. Chapters 4 and 22 provide references for additional material regarding these more advanced insights, principles, and tools. Note also that these intermediate/advanced principles and interventions regarding capacity, relational connection circuits, attunement, and pain-processing-pathway tasks are new and distinctive with the Immanuel Approach, as compared to any other Christian approaches to emotional healing that I am aware of.

26. Karl D. Lehman, *Steve: "Just" Be with Jesus*, Live Ministry Series #21, (Evanston, IL: Karl and Charlotte Lehman, 2011), available from the "Store" page of www.immanuelapproach.com.

started the session with coaching Steve through the positive memory recall and deliberate appreciation steps that help prepare our brains and minds to establish an interactive connection with Jesus. To do this, he thought about a memory of a powerful emotional healing session in which the Lord had healed a traumatic childhood experience of near drowning, and then spent some time talking about some of the specifics he especially appreciated. One of these specifics that Steve especially appreciated was how the healing interaction ended with Steve sitting in Jesus' lap, wrapped in a huge towel and feeling totally safe and loved. And as Steve focused on these details and talked about his appreciation, the *memory* of the past experience of connecting with Jesus transitioned into a real time, living, interactive connection with Jesus *in the present*.

This was all as I expected, and I figured we would move on to working with traumatic memories, now that this initial connection had been established as the ideal foundation for such work. But the Lord had other plans. Each time I directed Steve to ask Jesus for guidance regarding what to do next, he reported something along the lines of "He wants me to just stay right here, sitting in his lap. He says I don't do this enough, and that I need to spend more time like this, letting him restore me." And then, throughout the rest of the session, Jesus persisted in helping Steve improve the work/restoration balance in his life by inviting Steve to just stay in this safe, comfortable place. I became anxious that we ought to be doing something "more important," and repeatedly tried to redirect the session to working on traumatic memories, but Jesus remained calm and kept patiently repeating that he wanted Steve to just stay in his lap and enjoy being with him.

MOVING THE IMMANUEL APPROACH OUTSIDE OF SPECIAL SESSIONS

The Lord has also expanded the Immanuel Approach by moving it outside of special psychotherapy or emotional healing ministry sessions. It seems that he wants us to use these tools for perceiving his presence and connecting with him during everyday life. Like the person who tried the interventions for establishing an interactive connection while driving down the highway, and then spent the rest of the trip just being with Jesus, as a friend and companion. Or like the person who used the tools for establishing an interactive connection while sitting in the dentist's chair, and then focused on being with Jesus as she went through the dental procedure. Our ultimate goal with the Immanuel Approach for life is getting to the place where we perceive the Lord's presence, and *abide* in an interactive connection with Jesus, as our usual, normal, *baseline condition* as we walk through life each day.

THE FIRST, NUMBER ONE, HIGHEST PRIORITY IS INTIMACY WITH GOD

It's a blessing to receive extra strength and capacity from the Lord's tangible presence when you are struggling through a stressful night on call. It's a huge gift to receive regular encouragement from the Lord's abiding presence when you are persevering in a difficult relationship. It's a needed lift to receive extra endurance from the Lord's living presence when you are trudging through a long day with unhappy co-workers. It's a tremendous relief to receive comfort from the Lord's attuning presence when you are going through a root canal. It's a mercy to receive extra grace from the Lord's loving presence when you are dragging through a day of taking care of small children even though you have the flu. It's very helpful to receive coaching and guidance from the Lord's interactive presence when you encounter situations that you don't know how to handle. It's just plain nice to perceive the Lord's personal presence walking beside you as you go through the average day. And it's spectacular to perceive the Lord's tangible, personal, interactive, loving, attuning presence sharing your joy when you have really beautiful experiences.

However, even though all of these benefits of the Immanuel Approach to life are wonderful, just as with individual Immanuel Approach sessions, the first, number one, highest priority item on the agenda is improving our personal, interactive connection with the Lord. With the Immanuel Approach to life, the first, number one, highest priority item on the agenda is to build these principles and tools into our *lifestyles as everyday habits* that will steadily increase our intimacy with God.

For a summary of the transitional steps in my journey from "traditional" Theophostic® to the Immanuel Approach for life, see Appendix B.

The Immanuel Approach (to Emotional Healing and to Life)

Chapter 4: Basic, Intermediate, and Advanced

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DRAFT

When studying the Immanuel approach to emotional healing, it is important to recognize that there are several different levels at which we can understand and apply Immanuel approach principles and tools. One important reason to be aware of the different levels is to avoid unnecessary conflict and confusion. For example, basic Immanuel approach principles and tools in the context of group exercises or in the hands of beginners can look very different from advanced Immanuel approach principles and tools in the hands of mental health professionals. It would be sad to have ministry teams unnecessarily arguing with each other about whether or not they are accurately representing the Immanuel approach if the real issue is that one team is teaching and using basic principles and tools in the context of beginner group exercises while the other team is teaching and using advanced principles and tools in the context of professional therapy sessions.

Another important reason to be aware of different levels is so that we can avoid overwhelming lay facilitators with material that is both more than they need and more than they can handle as they are just beginning to learn about the Immanuel approach. For example, we know the developer and director of a large training program designed to equip lay people to do emotional healing ministry. Her training program was carefully planned, very organized, well taught, and full of good material. Unfortunately, the final results were very disappointing. After several years of hard work, and *hundreds* of people going through the program, our friend estimated (with quite a bit of sadness) that less than five out of each one hundred trainees actually went on to use the emotional healing tools in their lives outside of training practice sessions. And my assessment is that a big part of these poor results was that potential facilitators got lost in the amount and complexity of the material to the point that they felt painfully insecure about actually using it.¹

In contrast, the “basic” package of Immanuel approach principles and tools is particularly safe and easy to learn and use. For example, after a week of healing and training with the mission team, many of the widows in Colombia have gone on to facilitate Immanuel approach healing with their children and other women;² after receiving Immanuel approach healing on and off for a couple of years, fifteen year old Sarah was able to spontaneously use basic Immanuel approach principles and tools with her twelve year old friend, Claire; and after a week of training and practice, many of the participants in Dr. Wilder’s Sri Lanka seminar have continued to facilitate

¹ I think another part of the reluctance demonstrated by her trainees was anxiety about the possibility that recipients might get stuck in negative memories, since the approach to emotional healing taught in her program did not include the “safety nets” that are built into the Immanuel approach.

² As of spring 2013, Sarah reports that almost all of the widows they have been able to contact for followup have used basic Immanuel approach principles and tools to facilitate healing for their children. (****Note to self: get updated report from Sarah****). Furthermore, as of February 2013, one of the Colombian leaders who helped coordinate the mission trips reports that many of these widows have also been using the Immanuel approach to minister to other women, and that more than 800 women have now received profound healing through this process.

Immanuel approach healing for people in their communities.³

A friend and colleague, Mark Hattendorf, shares a story that provides another example. He attended the 2011 Morton IL THRIVE conference, at which Dr. Wilder and I taught the basic Immanuel approach principles and tools, and then coached everybody through group exercises much like those presented in Chapter ****fill in chapter number when this is in place**** currently presented in the essay “Immanuel Approach Exercises for Groups and Beginners,” available as a free download from the “Getting Started” page of www.immanuelapproach.com). Mark had an intensely positive experience at the conference, and then went straight from the conference to a wedding. Actually, he missed the wedding and walked into the reception as they were just beginning to serve the meal. So when his pastor, who happened to be sitting beside him, started dinner conversation with, “So, Mark, how did the conference go?” he jumped into talking about the Immanuel approach with enthusiasm. The married couple sitting immediately across the table from Mark also became interested and started asking questions, so he continued with his enthusiastic explanations, taking fifteen to twenty minutes to summarize very briefly the basic components of positive memory, appreciation, connecting with Jesus, and then engaging with Jesus to receive healing. However, Mark is a bold soul, and just explaining wasn’t enough. So after the brief summary he popped out with, “Hey, if you’re willing to try it, I can just show you – we can just do it right here.”

The lady and her husband (neither of whom Mark had ever met before) were a bit taken aback by this, but after a few moments hesitation, she says, “Sure, try it on my husband.” After a few more moments hesitation, her husband says, “Okay. I’ll do it,” (earning points for being both courageous and a very good sport). However, after several minutes of Mark coaching the husband to focus on positive memories and deliberately stir up gratitude, the wife decides that this Immanuel approach thing isn’t quite as scary as she had thought it might be, and comes back with, “Wait, wait. I want you to try it on me after all.” So (with the husbands consent), Mark shifts gears and turns back to Janice, starting the process again with, “Just like with your husband, the first thing I want you to do is think of a memory for a really positive experience – something good that you were really grateful for.” Janice quickly goes to a simple yet profoundly beautiful memory of holding one of her children as a baby, and she easily stirs up appreciation as she connects with and talks about this memory. Then Mark asks if she would be willing to invite Jesus into the memory, and ask Him to help her be aware of His presence. She goes ahead with this next piece, and within seconds she’s smiling, crying, and reporting, “This is so beautiful! I’m holding my baby, and Jesus is standing right here beside me – this is so beautiful!”⁴

³ As mentioned earlier in chapter two, about a year after Dr. Wilder’s trip the leader of the team he worked with reported that they were still using the Immanuel approach, that it continued to be very effective, and that they were finding it to be especially helpful and effective in working with traumatized children.

⁴ The reader may notice that Mark coached Janice to go to a positive memory that did *not* initially include an awareness of God’s presence, and then she upgraded the non-God positive memory by inviting Jesus, perceiving His presence, and establishing an interactive connection with Him. This is discussed in more detail in Chapter ****fill in when this material is ready****, but the very short summary is that Mark did this deliberately in order to be extra careful in a public situation in which he didn’t know anything about the person he was working with. Sometimes positive memories that already include an awareness of God are memories of traumatic events, with the God piece being that the person experienced God’s presence as providing protection and/or healing in the context of the trauma. However, these memories of God’s presence in trauma often still include trauma “splinters” that are not yet fully resolved, and when the person talks about the experience the unresolved splinters can sometimes get stirred up – not

Twenty minutes later Janice has experienced Jesus' living, interactive presence in several positive memories. She has experienced healing for several recent minor traumas, as she went back and forth between the traumatic memories and the positive Jesus memories, with Jesus in the positive memories helping her to look at, understand, and finish processing the traumatic memories. And she has also experienced healing in a couple larger childhood traumas, as Jesus brought these memories forward, helped her to perceive and connect with His living presence within the traumatic memories, and then helped her work through remedial processing tasks.

At this point Janice says, "Okay Mark, I'm at a good place – I'm connected to Jesus in all of these memories, and I'm gonna just keep working with Him – now try it on my husband." So Mark turns to Don, who by this time is almost eager (as opposed to just willing). Twenty minutes later Don has experienced Jesus' living, interactive presence in a couple of positive memories. And he has also experienced healing for a couple of larger childhood traumas, as Jesus brought these memories forward, helped Don to perceive and connect with His living presence within the traumatic memories, and then helped Don work through remedial processing tasks. (Mark tried to start with minor traumas from Don's recent adult life, but Jesus seemed to take Don straight to more strategic childhood traumas.)

At this point Don is at a good place, experiencing interactive connections with Jesus and a sense of resolution in all of the memories he has worked with, Janice is at a good place, experiencing interactive connections with Jesus and a sense of resolution in all of the memories she has worked with, and Janice turns to Mark with, "Oh, oh! Mark, I want you to try this with Emily,"⁵ pointing to one of her friends who is sitting nearby and who has been observing this whole adventure with growing amazement. Emily is willing, but just before Mark starts, he says, "No, wait. *You* facilitate for Emily. You heard me explain the basics, you experienced it yourself, and you just watched me facilitate for Don. I'll be right here if you need help – you facilitate for Emily." So Janice did what she had been watching Mark do, and twenty minutes later Emily had experienced Jesus' living, interactive presence in a couple of positive memories, and then had also experienced healing for a couple of traumatic memories.

At this point Emily is experiencing interactive connections with Jesus and a sense of resolution in all of the memories she has worked with, Janice and Don are continuing to enjoy an awareness of Jesus' living presence and an interactive connection with Him, and Janice turns to Mark with, "Okay, now I want you to do it with Nancy,"⁶ pointing to another friend who has been sitting nearby and watching the whole adventure. But Mark responds with, "No, no. Now *you're* going to coach *Emily*, and Emily is gonna facilitate for Nancy." Janice, Emily, and Nancy are all willing, and promptly sally forth with yet another level of learning with Immanuel approach healing. Twenty minutes later Nancy had experienced Jesus' living, interactive presence in several positive memories, and then had also experienced healing for a couple traumatic memories.

By the end of the evening there were a number of clusters of wedding guests talking excitedly about the Immanuel approach, with people in several of the clusters appearing to be facilitating

something you want to happen when you are facilitating for a complete stranger in the context of a wedding reception.

⁵ Not her real name.

⁶ Not her real name.

for each other. Several days ago, as Mark and Don were discussing this memorable reception dinner, they estimated that as many as twenty people may have experienced interactive connections with Jesus and received healing by the end of the evening. Furthermore, it didn't just stop with the wedding reception adventure. We don't have follow up for the others involved, but we know that Don and Janice have continued with the Immanuel approach. Janice was so excited about it after her experience at the wedding reception that she got her pastor to invite Mark and a colleague to provide several evening mini-seminars for her church, and with the training from the wedding reception and these three mini-seminars, she and Don went on to continue receiving Immanuel approach healing and also to facilitate Immanuel approach sessions for others.⁷

****If the trip goes well, I can include the 2013 Uganda mission team as another example****

I. Basic Immanuel Approach Emotional Healing.

Basic Immanuel approach principles and tools are simple enough that the average lay person can learn them fairly easily and safe enough that the average lay person can practice with them safely. These are the principles and tools included in the exercises for groups and beginners presented in Chapter (****fill in chapter number when this is in place**** currently presented in the essay "Immanuel Approach Exercises for Groups and Beginners," available as a free download from the "Getting Started" page of www.immanuelapproach.com). These are the principles and tools that Dr. Wilder applied in his work with the group in Sri Lanka, and that Sarah Yoder's mission team used with the widows and children in Colombia. These are the principles and tools that fifteen year old Sarah used with twelve year old Claire. These are principles and tools that lay ministers can use for short term mission trips. These are principles and tools that lay participants can use in the context of church small groups. These are principles and tools that friends can use with each other, that spouses can use with each other, and that parents can use with their children.

As briefly summarized in chapter two, for people who are able to perceive the Lord's presence clearly, establish a strong connection with him, and receive adequate assistance from him, the potentially complicated emotional healing work of helping a person process her traumatic memories can become very simple. *The Lord* can help her access the memories and get through the processing pathway, without *us* needing to explicitly manage any of the details. Again, with the most basic version of the Immanuel approach to emotional healing, all the facilitator needs to do is:

- establish the foundation for the session by helping the recipient to perceive God's presence and establish an adequate interactive connection with him;
- coach the recipient to turn to Jesus, focus on Jesus, and engage with him directly at every point in the session, regarding every issue that comes up, and regarding every difficulty that arises;

⁷ As of last week (April 2013, now more than two years after the wedding reception adventure), both Don and Janice continue to receive Immanuel approach healing, they report that the healing they have received through the Immanuel approach has changed their lives, and they are both also facilitating Immanuel approach sessions in a variety of settings.

- if the agenda is to work with trauma, help the recipient to connect with Jesus inside any traumatic memory that comes forward, and then continue to coach her to turn to Jesus, focus on Jesus, and engage with him directly at every point, regarding every issue, and regarding every difficulty;
- if the person is not able to connect with Jesus when she first goes inside the traumatic memory, if she loses her connection with Jesus at any point later in the session, if the process becomes stuck for any other reason later in the session, or if you feel like you are getting in over your head, use the “safety net” troubleshooting tool (help the recipient return to the initial positive memory, appreciation, and connection with Jesus, and then, in the context of this safe and comfortable place, coach the person to engage directly with Jesus regarding the point of difficulty).⁸
- if you are running out of time and the traumatic memory is still not fully resolved, use the end of session “safety net” (help the recipient return to the initial positive memory, appreciation, and connection with Jesus). Again, even though she was not able to fully resolve the trauma, she will be fine if she ends the session in the positive memory, feeling appreciation, and connected to Jesus.

With a very moderate amount of additional study and practice, the basic lay facilitator can also learn to use a few additional simple troubleshooting tools for helping the recipient who is having difficulty establishing an adequate connection with Jesus,⁹ and can learn to use a few simple interventions for helping the recipient to engage with Jesus more effectively once she has established a connection.¹⁰

If you are a lay person, and especially if you are reading this book for the first time, just to get the big picture overview, feel free to focus primarily on the basic Immanuel approach principles and tools, and to skim over content that is more advanced. Also, if you are a lay person, and especially if you are learning about the Immanuel approach as part of your personal spiritual journey and as a resource for praying with your family and friends regarding *minor* issues, then please start with just the basic principles and tools. Try to avoid being overwhelmed by complexity that you don't need (or are not yet ready for), and use the safety net of going back to the initial positive memory and connection with Jesus if you encounter anything that is beyond your level of understanding and/or skill.

⁸ If time allows, the recipient can try again to work from inside the traumatic memory (when she feels ready).

⁹ At the *beginning* of the session, these tools can be used to help the recipient who is having difficulty establishing an initial connection. The basic lay facilitator can also learn to monitor the recipient's interactive connection with the Lord *during* the session, and when she notices that the recipient has lost this all important foundation, employ the same simple troubleshooting tools to help the recipient reestablish an adequate interactive connection.

¹⁰ For examples of simple sessions, where all I do is help the person to perceive Jesus' presence, establish and interactive connection, engage with Him directly at every point in the session, and then also use a few simple tools for increasing effectiveness and helping to reestablish an interactive connection at any point this foundation is temporarily lost, see *Maggie #3: Labor & Delivery Trauma*, *Rita #3: Jesus Is Better Than Candy*, *Steve: "Just" Be with Jesus*, *Bruce: Loss of Parents*, *Sibling Conflict*, *Daughter's Illness*, and *Ian: "I'm not enough."* All of these live session DVDs are available through the Store page of www.kclehman.com.

II. Intermediate Immanuel Approach Emotional Healing.

With significant additional study and practice, the lay person who is more serious about emotional healing can become effective in dealing with more complicated problems. For example, the more serious lay facilitator can learn to use more troubleshooting tools and gain skill with the overall troubleshooting process;¹¹ the more serious lay facilitator can grow in her skill with respect to coaching the recipient to describe whatever is coming into her awareness;¹² the more serious lay facilitator can develop her skill with respect to coaching the recipient to engage directly with Jesus at every point in the session;¹³ the more serious lay facilitator can get her own healing so that she can work with increasingly intense/difficult aspects of sessions without getting triggered, and she can learn to recognize when she is triggered and then use specific interventions to get her relational circuits back on line (both of these interventions increasing her ability to stay emotionally present and retain good discernment even when working with more intense trauma);¹⁴ the more serious lay facilitator can deliberately build her capacity, further increasing her ability to stay emotionally present when working with more intense trauma; the more serious lay facilitator can strengthen her faith, so that she is more able to persist even when the process becomes slow and difficult;¹⁵ and the more serious lay facilitator can develop skill in deliberately offering attunement, so that the recipient can stay connected and keep moving forward even when things are difficult and she temporarily loses her connection with Jesus.

Intermediate Immanuel approach principles require more study to understand and intermediate tools require more maturity and skill to apply, but these intermediate principles and tools are resources that should be routine for anyone seriously involved in emotional healing work.

III. Advanced Immanuel Approach Emotional Healing.

In a way, advanced Immanuel approach emotional healing is just intermediate, but more so. With another round of additional study and practice, mental health professionals or people in full time emotional healing ministry can become effective in dealing with even more complicated problems. For example, mental health professionals/people in full time ministry can learn to use even more troubleshooting tools and gain additional skill with the overall troubleshooting process; they can continue to grow in their skill with respect to coaching the recipient to describe whatever is coming into her awareness; they can further develop their skill with respect to coaching the recipient to engage directly with Jesus at every point in the session; they can get more of their own healing so that they can work with increasingly intense/difficult aspects of sessions without getting triggered, and they can learn to recognize when they are triggered and then use specific interventions to get their relational circuits back on line (both of these interventions increasing their ability to stay emotionally present and retain good discernment

¹¹ See the discussion of intermediate and advanced troubleshooting in chapters ****fill in****.

¹² See chapter ****fill in****.

¹³ See chapter ****fill in****.

¹⁴ See chapter ****fill in****.

¹⁵ See chapter ****fill in****.

even when working with more intense trauma); they can deliberately build their capacity, further increasing their ability to stay emotionally present when working with more intense trauma; they can develop more skill with deliberately offering attunement; and they can further strengthen their faith, so that they are more able to persist even when the process becomes slow and difficult.

But it's also more than this. Many of the people I work with in my private practice have survived severe trauma, have experienced Christianity/church related trauma, and have built very complex defenses, often including defenses specifically targeted towards a God whom they perceive to be unsafe. Even with careful coaching and persistent Immanuel intervention troubleshooting, these people regularly experience portions of sessions, entire sessions, or even multiple sessions in a row in which they have very weak connections with God, or in which they are not able to establish any interactive connection with God at all. Therefore, I cannot simply depend on Jesus providing help and guidance at every point in the session. At the points where the person has no connection or only a weak connection, I need to be the primary source of therapeutic interventions, supplementary emotional resources, and general leadership for the session.

Basically, I need to provide competent, adequate psychotherapy during the sometimes prolonged gaps in which the recipient is not able to connect with God. For example, I might use mindsight interventions from Dr. Siegel and others to help a person with dismissive attachment become more self aware and emotionally connected. I might use EMDR and/or Theophostic to find and resolve traumatic memories. I might use deliberate attunement to help a person get their relational circuits back on line, and to augment their capacity and maturity skills as they work through traumatic memories. And I apply the principles and tools regarding the pain processing pathway and traumatic memories described in parts II, III, and IV of the "Brain Science, Psychological Trauma, and the God Who Is with Us" essay series.

However, every aspect of this "fill in the gaps" psychotherapy is informed by and permeated with the Immanuel approach. For example, even as I am providing "just normal psychotherapy," in the back of my mind I am constantly aware of Immanuel approach values, such as the ultimate goal and priority of helping the person have a better relationship with God. I am constantly watching for traumatic memories that are anchors for the blockages that prevent the person from being aware of Jesus' presence and establishing an interactive connection with Him, I am constantly watching for implicit memory getting transferred onto the Lord, and I am constantly watching for any other issues that might hinder the recipient's ability to connect with God. With every client I work with, I am constantly trying to help them move towards including the Immanuel approach in every aspect of their work, I am constantly trying to help them move towards having an interactive connection with God at all times, and I am constantly trying to help them experience stronger connections with the Lord.

As described in chapter three, helping people connect with Jesus and spend time with Him is the most effective intervention I am aware of for the especially difficult therapy situations in which recipients do not have adequate capacity. Regardless of how complicated the situation is, when people can feel the Lord's interactive presence with them and receive His guidance, every aspect of emotional healing work is easier, faster, and less painful. Another encouraging note is that over time, these people initially requiring advanced Immanuel approach become more and more able to connect with God and more and more able to let God provide guidance and resources during the sessions. And as this happens, I provide less and less guidance and resources. In fact, several of my most complicated clients, who initially required every advanced principle in my knowledge base, every tool in my toolbox, and every bit of skill I have been able to develop, now

require mostly basic principles, mostly basic tools, and I don't even need to use much skill in applying them.

IV. Additional thoughts:

Obviously, there is actually a gradual continuum, as opposed to sudden dramatic steps between basic, intermediate, and advanced. The more you learn, the more skill you develop, the more healing you get, the more capacity you grow, and the more faith you build, the more you will be able to deal with intermediate and advanced challenges as they arise.

The Immanuel Approach (to Emotional Healing and to Life)

Chapter 5: Zevian, Monsters in the Closet, and “BIG JESUS”

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DRAFT

Three year old Zevian first began to be afraid of monsters when he thought he saw one in his closet as he was getting ready for bed. His parents reassured him and showed him that there was nothing there, but he was still anxious as he got into bed and was glad to be sleeping next to his big brother. After this first episode of monsters in the closet, each night seemed to get a little worse. His mom and dad continued to reassure him, and talked to him about how Jesus was with him and would take care of him, but his fear just kept getting worse and each night he would talk about how Rawrs (his word for monsters) were going to get him. He started getting back out of bed after the usual bed-time rituals, and would come to his parents and ask to sleep with them. One night they heard his terrified shrieks and then the shouts of his siblings, and when they rushed into his bedroom they found him shaking with fear. When Jenelle, his mother, picked him up he clung to her desperately, and his little body was rigid with fear. After this particularly upsetting episode Janelle began rocking and singing him to sleep each night, but she knew this wasn't solving the real problem because he continued to express intense fear that monsters were going to get him.

Then one night, as Janelle noticed Zevian's rising fear and tried to reassure him with, "Zevian, you're safe. Nothing's going to get you," she was shocked and dismayed when he responded, emphatically, with, "Mom, Jesus is Rawr. Jesus get me." Janelle recalls vividly, "Those words hit hard. What does a mother say to such a sinister lie placed in the heart of her sweet, little boy? I said, 'No Zevian, Jesus loves you. He would never get you.' Yet, I could see that my little boy believed this lie and my words had little effect. I was helpless to convince my son of God's goodness."

Thankfully, this wasn't the end of the story. As Janelle remembers,

"Helplessness has its benefits though, because in that moment I knew only Jesus could sort out this mess. I took my boy in my arms--my heart aching to feel his body stiff with fear. I asked him to close his eyes and I prayed protection upon this moment and upon our hearts. Then I asked Jesus to show Zevian what He is really like, and I waited. Almost immediately I felt his body start to relax. At first he kept his eyes closed while a big smile crept across his face. And then after about 45 seconds his eyes popped open, dancing with joy instead of fearful, and he laughed out, "BIG JESUS!" His whole countenance had changed as he started to pull himself out of my arms in order to get back in bed, looking at a specific place in the room as he did so (I can only guess this is where he saw Jesus). Then as he started to put himself under his covers, light and happy, he added one more gem about his time with Jesus. He said, 'Jesus like me.'"

Since seeing "BIG JESUS" in his bedroom that night, Zevian has been a different kid. He now regularly, spontaneously talks about Jesus, he always wants to pray, and after Jenelle prays for him at bedtime he often reports things like, "Jesus says He's going to play at the park with me in my dreams." Oh, and the problem with monsters has completely resolved. There was one night a few days later when Zevian began to get fearful at bedtime, but Jenelle once again prayed that he could see Jesus, and after a brief pause he laughed aloud and said, "Jesus eating crackers. He

sharing with me.”¹ Now when Zevian talks about monsters, he’s the one getting them.

This is a cool, beautiful, encouraging story, but you probably noticed that Jenelle didn’t coach Zevian to recall positive memories, stir up appreciation, establish an interactive connection with Jesus, and then focus on Jesus and ask Him for help regarding the monster problem. She just held him in her arms, offered a quick prayer for protection from demonic interference, and then asked Jesus to show Zevian the truth about Himself. You might reasonably ask, “So what makes this an Immanuel approach story, as opposed to just an encouraging prayer story?” The answer has to do with the context in which this simple, powerful interaction occurred. Even though this was the first time Zevian perceived and recognized Jesus’ tangible presence,² he has been surrounded by the Immanuel approach for most of his life. For example, he has observed the older children at his church participating in simple Immanuel approach exercises, such as deliberate appreciation and perceiving Jesus’ presence, he has observed Immanuel approach principles and tools being applied in his home with his older siblings, and he has often heard his parents talking about how they experience Jesus’ presence in the context of Immanuel approach emotional healing.

Jenelle perceives that her own Immanuel work has also contributed to her ability to facilitate this simple yet profound Immanuel connection for her son. As she reports,

“I believe that my encounters with Jesus through Immanuel Prayer had a huge impact on Zevian being able to see Jesus. In the past, I don’t think I would have really believed that Jesus would come and help Zevian in his fear. I may have said I believed it, but when it really came down to it I don’t think I would have turned to Jesus. I would have believed it was up to me. Because I trusted Jesus, then Zevian didn’t feel fear and hesitation from me. If I had attempted Immanuel prayer with him earlier, he may have felt my worries, questions, and fear, but since I have been having my own experiences of Jesus’ Immanuel presence, Zevian was able to attune with my faith and see Jesus as well.”

Our observation is that when Immanuel approach principles and tools are integrated into a person’s church community and family (as is the case with Jenelle and Zevian), we routinely see powerful Immanuel experiences with even the most basic Immanuel approach interventions (as was the case with Zevian’s experience in response to Jenelle’s incredibly brief, simple prayer).

In the course of our correspondence about the monsters in the closet, Jenelle also shared another beautiful story of Zevian’s new awareness of Jesus’ presence. One day Jenelle was in a lot of pain regarding a piece of her own healing journey, and as she sat on her bed crying, Zevian came in and noticed her distress. He climbed up on the bed with her, gave her a big hug, and said, “You need Jesus with you.” Jenelle responded that she knew he was right, but that she couldn’t feel Jesus right at that moment, and then she asked Zevian if he could feel Jesus. He responded promptly with, “Yes, He’s right there” (pointing to the spot immediately behind her on the bed). And as soon as Zevian pointed her to Jesus, the anxiety that had previously been visible on his face resolved completely (apparently he thought she was in good hands). He then jumped off the bed and trotted out of her room to go play with his siblings. Jenelle summarizes Zevian’s

¹ By the way, Zevian particularly loves crackers (actually, he sometimes has a problem with sneaking them out of the cupboard).

² In light of the fact that Zevian was initially afraid of Jesus, believing that Jesus was a monster and that Jesus would “get him,” I think we can safely assume that Zevian had not had prior positive experiences in which he perceived Jesus’ tangible presence (and recognized it for what it was).

ongoing Immanuel experience with, “Knowing Jesus is with him seems to be his normal state right now.”