



The Immanuel Approach and Attachment Trauma

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Many people have asked whether the Immanuel approach is effective in working with attachment trauma. In short, our perception is that the Immanuel approach is the most effective intervention we are aware of for every form of attachment trauma we are aware of. Beginning sessions with appreciation and a positive connection with Jesus provides a very gentle start, and also gives the person a safe place to come back to. Allowing Jesus to lead the process takes care of many difficult judgment calls with respect to timing. Jesus can help the person build capacity at the points they don't initial have enough. And, finally, in the context of a person's childhood memories, the living presence of Jesus can actually fill the "holes" left by type A, or absence wound trauma.¹

I would like to make some additional comments about loss of primary attachment figures during infancy (for example, the person loses her birth parents through adoption, or one or more of her primary care givers dies or leaves). Most therapists agree that this is one of the most severe attachment traumas a person can experience. In fact, almost all mental health professionals studying attachment trauma believe that it is impossible to heal this particular wound. The widespread belief is that it can be managed and moderated, but never healed; and this belief is based on the observation that infants will not accept substitutes with respect to their primary attachment figures. If an infant is in significant distress and wants her mother, nothing else and nobody else will do. She can be temporarily distracted and/or soothed by babysitters, relatives, pets, toys, and candy, but she will not be fully satisfied with anything/anybody other than her mother. And if an infant is separated from her mother for an extended period, she can again be temporarily distracted and/or soothed by babysitters, relatives, pets, toys, and candy; but eventually she will experience increasingly intense distress, with corresponding increasingly severe attachment trauma. Furthermore, it appears that people who have lost a primary care giver in infancy will have an essentially parallel experience when trying to resolve these traumatic memories. In the context of being inside the infant memories, the person will once again have the intensely compelling perception that the only truly adequate solution is for her care giver to return. Unfortunately, it is impossible to change history so that the person did not lose her mother (or other primary care giver), and all therapeutic interventions are experienced as painfully disappointing substitutes.

I would like to address this point with a story that could be titled, "Enter: Jesus, the one exception." This story takes place in the context of one of our mentoring groups, in which I was facilitating a session for Rita, who was working on an early childhood memory of her primary care giver (grandma) leaving. Our story begins with Rita inside a memory in which she is 18 months old. Grandma has been gone for way too long, Rita is feeling intense attachment pain, and she is staring at the doorway that had framed her last view of Grandma, as she had waved goodbye. At this point I coached Rita to make a heart invitation for Jesus to be with her in this

¹ Type A trauma, also known as absence wound trauma, is trauma caused by the *absence* of good things that the person should have received.

place, and to ask Jesus to help her perceive His presence.

As soon as we finished this prayer, Rita exclaimed, “Oh! I see Jesus now! He’s in the doorway, standing in exactly the same place where I last saw Grandma.” The rest of us in the group sat quietly as Rita focused on Jesus, asked Him for help, and received His comfort. Rita’s facial expression changed progressively from the initial distress of intense attachment pain to a quiet smile, and after several minutes she announces, “I’m done. All the pain is resolved.”

Now, during the several weeks prior to this session I had been learning about attachment trauma from Dr. Wilder, and he had been explaining (repeatedly, in detail) the information I summarized above. Having just learned about how it is impossible to fully resolve this kind of trauma due to the infant’s inability to accept any substitutes for her primary attachment figures, I thought I would take advantage of such a nice opportunity to teach the group about these important principles. So I responded to Rita’s announcement with something along the lines of, “It’s wonderful that you feel so much better, now that you can perceive Jesus in the memory with you, but what about the lingering attachment pain regarding your grandmother leaving?” Rita promptly replied with, “There isn’t any lingering attachment pain. It’s gone. I feel fine, now that I’m with Jesus.” I patiently explained to Rita and the group what Dr. Wilder had explained to me, ending with, “So, since we know that this kind of trauma can never be fully resolved, there must be lingering attachment pain somewhere. I think it will be a valuable learning example for all of us to see how the person can receive dramatic comfort from Jesus being with her in the pain, even though the pain is not fully resolved.”

At this point I turned to Rita, and asked her to scan carefully through the memory, please to find the lingering attachment pain so that we could all have our learning experience. We all sit quietly as Rita takes time to thoroughly scan through the memory, but when she opens her eyes she once again announces that there isn’t any lingering pain. Rita and I go back and forth several times, with me insisting that the memory can’t be fully healed – that there must be lingering attachment pain somewhere, and with Rita insisting that there is no lingering pain or distress of any kind, now that Jesus is with her in the memory. Finally, after another pause to scan through the memory, Rita opens her eyes and comments, “Jesus says to tell you that He’s not a substitute, and that’s why He can accomplish complete healing, even for this kind of early, primary attachment figure trauma.” It was pretty obvious that I had no idea what she was talking about, so she continued with additional clarification, “Jesus is showing me that all of Grandma’s love and goodness – everything good in Grandma that I had bonded to – all of these things had been coming from Him all along. Jesus is showing me an image of all of the love and goodness coming from Him, passing through Grandma, and then coming to me – all of these good things had come to me *through* grandma, but Jesus had always been the ultimate source.” Finally, she finished with, “So when Jesus fills the place where Grandma used to be, it’s not like I’m accepting a substitute at all. I’m getting the exact same love and goodness I had been getting from Grandma, except that now it’s even stronger and purer, since it’s coming directly from Jesus, without passing through an imperfect human filter.”²

² Many months later, in a subsequent mentoring group meeting in which we were discussing the Lord’s healing work regarding her infancy attachment trauma, Rita filled in some additional fun details that she had forgotten to mention at the time of the original session. She said that when Jesus first appeared in the memory, he was standing in exactly the same place that Grandma had been standing when she had said goodbye, and that He was in the exact same body position that Grandma had been in as she was saying goodbye. Furthermore, Jesus had continued to deliberately remind Rita of her of Grandma throughout his interactions with her in the memory, perfectly imitating Grandma’s posture,

After pausing to sit in amazed silence for a while (probably with my mouth hanging open), I blurted out something like, “Oh my goodness! This all makes complete sense! *Jesus is the one exception!*” Several weeks later, during one of our regular phone consultations, I described Rita’s session to Dr. Wilder and finished my narrative with, “So what do you think?” After a long pause, during which he was probably experiencing a stunned amazement very similar to my response during the group, he said, “Wow! I think you’re right. I think we’ve found the one exception.”

Since the session just described, I have facilitated a number of similar sessions in which Jesus has healed attachment wounds from the loss of a primary care giver in infancy.

An additional important point here is that the person (in the context of being inside the infant memories) must *allow* the Lord to comfort them, and *allow* the Lord to heal them by standing in the place of the lost care giver. Occasionally, as in Rita’s case, the person will quickly, gladly accept Jesus in the place of the primary attachment figure that has been lost. However, the much more common scenario is for the person to respond with something along the lines of, “I don’t want Jesus, I want my Mom!” I have found that the most challenging, strategic task for the Immanuel approach facilitator in these sessions has been to help the person get over this initial painful bump, and then chose to allow the Lord to comfort them, and to allow the Lord to heal them by standing in the place of the lost care giver. This was certainly the case for me, with respect to my attachment trauma of being separated from my mother for a month at two years of age. When I perceived Jesus’ presence in this memory, offering to comfort and care for me, my initial response was essentially, “I will be tremendously grateful if you actually bring my Mom, but I have no interest in accepting Your comfort and presence in her place.” In order to receive comfort and healing from the Lord, I had to accept the painful reality that my mother did not come back for a loooooong time, I had to surrender my angry, stubborn insistence on focusing all my attention on finding a way to make Mom come *now*, and I had to chose to allow Jesus to comfort me and be with me in her place.

body language, and even speech mannerisms. “In every possible way, Jesus was showing me that He had been present to me in and through my Grandma.”