

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 for emotional healing, and also the larger Immanuel Approach for 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 traumatic memory.
- Once the person remembered and connected with an underlying memory of a traumatic experience, we would ask the Lord to come and heal the traumatic memory.
- If the person 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 did *not* receive dramatic healing. If I were painfully honest, I would have to say that about 5 percent—that’s one out of twenty—received dramatic healing in their traumatic memories. My work with the remaining 95 percent 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 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

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 and 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 Agnes Sanford, “The Healing of the Memories,” Chapter 7 in *The Healing Gifts of the Spirit* (New York: Trumpet Books, 1966), pages 109–123.

and psychotherapy I *could* offer, but they were still limping and managing. The constant pain of working with so many people who were limping and managing provided intense motivation for me to keep looking for additional principles, tools, techniques, and skills.

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 Dr. Francine 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 20 to 25 percent of my clients. Dramatic resolution in 20 to 25 percent was a lot better than 5 percent, but the remaining 75 to 80 percent still felt like a *lot* of people left with unsatisfying managing and limping.⁴ Certainly enough motivation to keep me looking for additional principles, tools, techniques, and skills.

Theophostic®-Based Emotional Healing

In 1998 my wife 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 the

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 24 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).

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 both EMDR and traditional emotional healing prayer.⁵ 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.⁶ 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”⁷ 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,

5. 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.[®]

6. 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?”

7. 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 do my own healing work. 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 100 percent as my skill, faith, and discernment continued to grow. However, I eventually observed that the percentage of dramatic resolution plateaued at maybe 75 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 aspect of our brain-mind-spirit systems 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.) 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.*

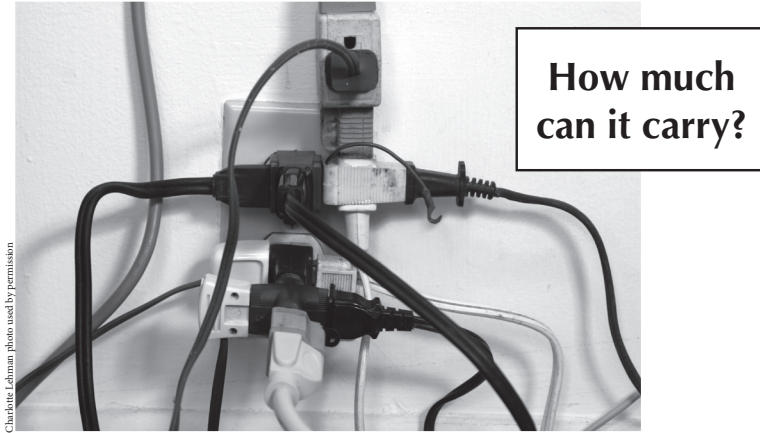


Figure 3.1 An example of physical capacity

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.⁸ The research demonstrating that the biological brain also has capacity limitations at higher levels of organization is not so straightforward, but the results are just as compelling if studied carefully.⁹

Capacity limitations have many sobering implications, such as working too long without adequate sleep possibly causing brain injury.¹⁰ For the purposes of this chapter, we are interested in the ways in which capacity

8. See, for example, D.W. Choi, "Excitotoxic Cell Death," *Journal of Neurobiology*, Vol. 23 No. 9 (November 1992): pages 1261–76; and W.O. Whetsell, "Current Concepts of Excitotoxicity," *Journal of Neuropathology and Experimental Neurology*, (January 1996): pages 1–13.

9. For a thorough discussion of this research, see Allen N. Schore, *Affect Dysregulation and Disorders of the Self* (New York, NY: W.W. Norton & Company, 2003); Allen N. Schore, *Affect Regulation and the Origin of the Self* (Hillsdale, NJ: Lawrence Earlbaum Associates, 1994); Allen N. Schore, *Affect Regulation and the Repair of the Self* (New York, NY: W.W. Norton & Company, 2003); and E. James Wilder, Track II Lectures, (THRIVE conference, Big Rapids, MI, August 16–21, 2004).

10. See, for example, J. Zhang et al., "Extended wakefulness: compromised metabolics in and degeneration of locus ceruleus neurons," *Journal of Neuroscience*, Vol. 34 No. 12 (March 2014): pages 4418–31.

limitations affect healing for psychological trauma. 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.

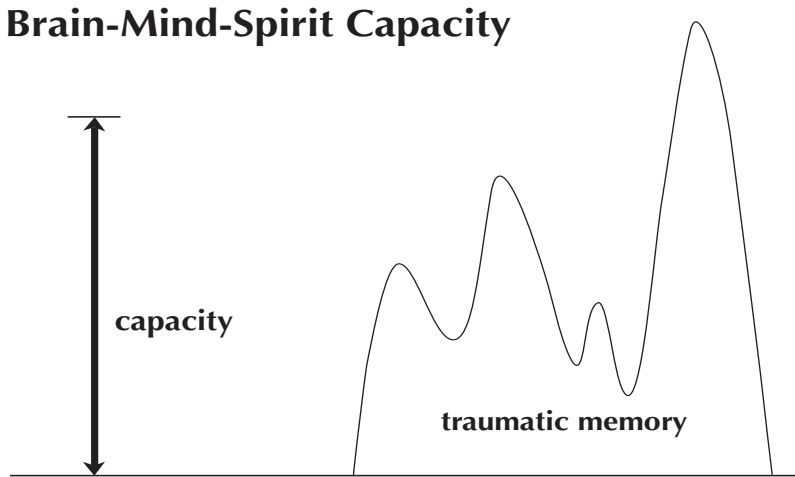


Figure 3.2 Brain-mind-spirit capacity and psychological trauma

As the diagram in Figure 3.3 illustrates (next page), 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

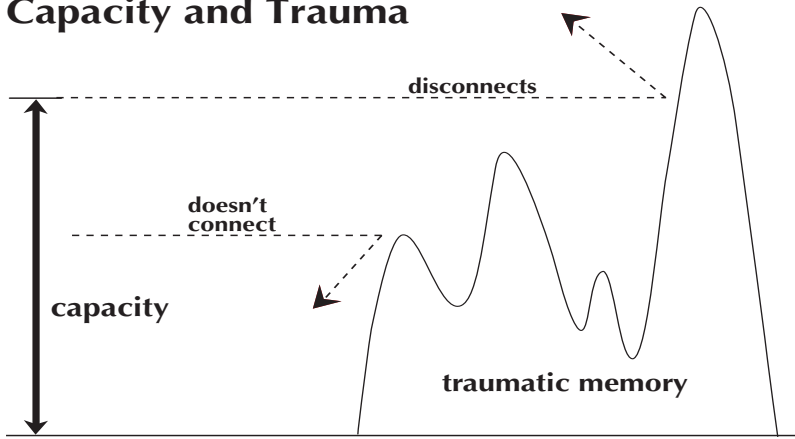


Figure 3.3 To resolve a traumatic memory, you need to have enough capacity to connect, and to stay connected all the way through.

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.

Capacity and Immanuel

In the fall of 2004, as Charlotte and I were working on the material for her presentation about Immanuel,¹¹ 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. 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

11. For Charlotte's teaching about Immanuel—a presentation that was important in beginning our journey regarding Immanuel Interventions, the Immanuel Approach for emotional healing, and the Immanuel Approach for 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.

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*.¹²

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 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,

12. 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.*

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 *feel* his presence *with* her, then capacity problems resolve and the healing process can move forward.¹³

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, spontaneously 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 never occurred to me that we could *intentionally, systematically* facilitate

13. 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.

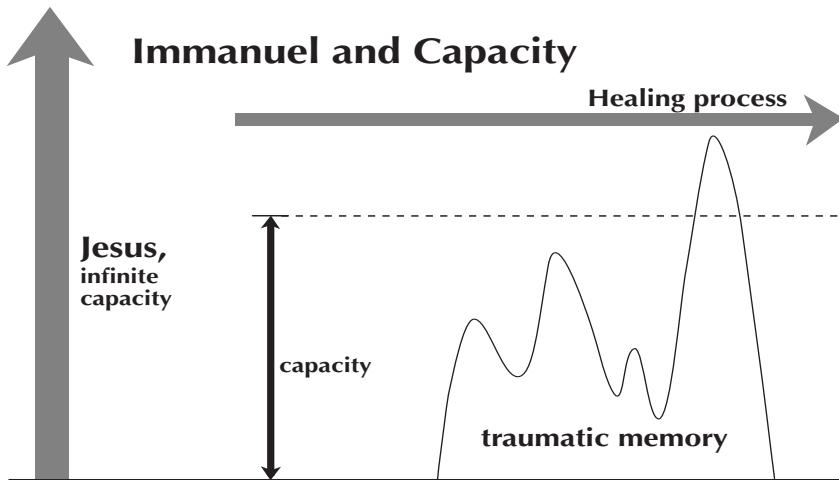


Figure 3.4 Jesus has infinite capacity, and if we can borrow from him we can go through memories that are otherwise too intense.

these experiences of perceiving and connecting with the Lord's Immanuel presence.¹⁴

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

14. 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. In fact, this is a key difference between the Immanuel Approach and *all other approaches to emotional healing*. With all other approaches to emotional healing, the primary focus is healing the traumatic memory, and people occasionally connect with the tangible presence of Jesus as an occasional, wonderful, unpredictable surprise in the process of working on the trauma. With the Immanuel approach, establishing an interactive connection with the living presence of Jesus is the most important part of the whole endeavor, and we deliberately, systematically employ Immanuel Interventions until recipients are able to perceive Jesus' presence and establish an interactive connection with Him.

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 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 all of this 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, establish an adequate interactive connection, receive from him, and 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,” or “Ask Jesus what he wants you to know about this situation,” or “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. Just as with the capacity-problem sessions, I was amazed by the high percentage of success and thrilled with the positive results.

From Immanuel Interventions to the Immanuel Approach for 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 welcomed the Lord to be with her and asked him 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, the recipient 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.¹⁵ First,

15. See, for example: Francine Shapiro, *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures*, (New York, NY: Guilford Press, 1995), especially

the therapist coaches the person to develop an imaginary “safe place.” For 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 meadow-larks 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 perceive God’s presence and establish an interactive connection for the first time at the beginning of their first Immanuel session.¹⁶

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

pages 122–124 (the index in this book of Shapiro’s 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.

16. For additional discussion of how to work with people who have not yet had a positive experience with perceiving and connecting with God, and therefore do not yet have memories of past positive God-experiences to work with, see Chapter 6 (pages 101–104) and Chapter 26 (pages 314–315).

how to resolve traumatic memories.¹⁷ Several of the most important concepts 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 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 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 an adequate 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.

17. 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).

- 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.¹⁸

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:

18. 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 24 for additional discussion of intermediate and advanced work.

“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. *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 thirty 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 of emotional healing, and receive symptom relief as a pleasant side effect, instead of the other way around. Furthermore, in addition to enhancing our relationships with the Lord by removing blockages, there are components of the Immanuel Approach that directly benefit our relationships with God. (For example, recalling past positive experiences with the Lord and deliberately stirring up appreciation both have direct positive effects on our connection and intimacy with God.)

A simple *but central* part of the Immanuel Approach for emotional healing is this shifting of the primary priority from “resolve trauma and relieve symptoms” to “optimize the person's connection and intimacy with Jesus.”

REVERSAL WITH RESPECT TO THEOPHOSTIC®

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 for 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 for Emotional Healing

Putting all these pieces together, we developed what we now call the Immanuel Approach for emotional healing. This summary of the key components provides an overview of the Immanuel Approach, and this key-components 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 30).*¹⁹ 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.²⁰

19. 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 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.)

20. 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.

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, 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. 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 30)*. 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 30 to identify and resolve whatever blockages are in the way.

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

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).

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 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 30.²¹

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. This very simple Immanuel Intervention serves as a safety net, both for stuck points during the session and for running out of time at the end of the session, and this safety net function is especially important for groups, lay ministers, and beginners.

21. 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.

7. *The recipient describing everything that comes into her awareness, regardless of whether it makes sense or feels important (Chapters 16 and 17).* 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 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 summarize 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 been quietly present in all of our emotional healing work 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 usually under-appreciated and under-emphasized.

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 19).* The ideal Immanuel Approach process is to end each session with the facilitator helping the recipient process 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 one of the steps in the process, and it is not a specific tool, intervention, or resource; but I think it is actually the most important new, distinctive component of the Immanuel Approach.

9. *Shifting the first priority from symptom relief to optimizing our connection and intimacy with Jesus. (Chapter 20).* A subtle but important component of the Immanuel Approach is to shift the primary purpose from symptom relief to optimizing our connection and intimacy with Jesus. We recognize that resolving trauma is an important *part* of optimizing our connection and intimacy with 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 optimize our connection and intimacy with Jesus.

One of the most intriguing aspects of this priority correction with respect to symptom relief and intimacy is that it is not just a cognitive truth that we need to hold onto with our minds and an emotional attitude that we need to deliberately develop in our hearts. As will be discussed at length in Chapter 20, the Immanuel Approach *inherently* prioritizes our connection and intimacy with God—the primary importance of our living, interactive friendship with God is inherently imbedded in many of the components 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 22).* 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 herself. 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 intermediate and advanced troubleshooting work.

11. *Faith (Chapter 23)*. 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, 24, and 30)*. 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 24, 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 experience with facilitating 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.²²

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

The Immanuel Approach for 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 for emotional healing became just *one part of the larger Immanuel Approach for 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.

22. If you are not yet familiar with relational connection circuits, see Chapter 6 (pages 83–85) and the glossary for a brief introduction. If you are not yet familiar with attunement, see the glossary for a brief introduction. For references to more advanced material regarding capacity, relational connection circuits, attunement, the pain processing pathway, and our modified version of Theophostic,[®] see Chapters 4 and 24. 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.

The live ministry DVD, *Steve: "Just" Be with Jesus*,²³ provides an excellent example of Jesus expanding the agenda beyond just healing trauma. I 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

23. 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.

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.²⁴

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 for 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 *for 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.

24. For a summary of the transitional steps in my journey, starting with "traditional" Theophostic,[®] moving through the Immanuel Approach *for emotional healing*, and then eventually ending up with the Immanuel Approach *for life*, see Appendix B.