15 second, 40 second, and 3 minute versions of my Immanuel Approach "elevator pitch"

As many of you have experienced, there are times when someone asks, "So what is that Immanuel Approach thing you mentioned the other day?" And they only have a minute or two to hear your answer. I thought it might be helpful to share the 15 second, 40 second, and 3 minute versions of my Immanuel Approach "elevator pitch." You will of course want to adjust these to fit your personal style and the vocabulary that would best fit your audience, but I thought it might be helpful to have my elevator pitches as a starting point.

15 second version: If I am talking to a therapist/healing minister who is primarily interested in resolving trauma, my 15 second summary is:

"We apply biblical and brain-science principles to help the recipient establish an interactive, backand-forth connection with the living, tangible presence of Jesus. And then once this interactive connection is in place, we coach the recipient to engage directly with Jesus as the primary therapist."

35-40 second version: If I am talking to someone who might use the Immanuel Approach for a variety of different purposes/endeavors/adventures, my 35-40 second version goes like this:

"We use a combination of Biblical and brain-science principles to help the recipient establish an interactive, back-and-forth connection with the living, tangible presence of Jesus. And then once the recipient has an interactive connection with Jesus, we coach them to engage directly with *Him* to participate in a variety of different possible endeavors:

we can coach them to just spend time enjoying being with Jesus,

we can coach them to ask, "is there anything You want to say to me today, or that You have for me today Jesus?"

We can coach them to receive comfort from Jesus, regarding some specific, current pain,

we can coach them to do spiritual-direction type work with Jesus,

we can coach them to work with Jesus to heal traumatic memories,

or we can coach them to look at specific issues or questions with Jesus."

2.5 to 3 additional minutes: If I have a few more minutes, I touch VERY quickly on the biblical and brain science principles, and on the safety nets. This took 2:30 to 3:00 minutes when I actually timed myself going through it a couple of times. I modify the language slightly for vocabulary that best fits the specific audience, but some version of the following:

"If you have another two to three minutes, I can say just a little more about the biblical and brainscience principles that we apply to help the person perceive the Lord's living presence and establish the interactive, back-and-forth connection with Him:

"The biblical principles are especially simple: 'the Lord is always with us, the Lord always wants to connect with us, and the average person is able to experience an interactive connection with the Lord."

The brain-science principles are also really pretty simple – you will probably be surprised by how straight-forward they are:

"First, we have circuits in our brains that provide the hardware for relationships. If these circuits are online, it makes it easier to connect with other people and with God."

"Second, connecting with a specific positive memory and stirring up appreciation for the experience will bring these relational circuits online if they are off, and will activate them more intensely if they are already on. So we start the Immanuel Approach by helping the person to find a positive memory, and then to connect with it by imagining themselves inside the memory and describing it in detail. And then once they are connected to the positive memory, we coach them to welcome the Lord to be with them in the memory, and to ask the Lord to help them perceive His tangible, living presence."

"Another piece of helpful brain science is that our relationships are carried in our memories. For example, I have thousands of memories of doing many different things with Charlotte, and my relationship with Charlotte is carried in these memories. And if we recall and connect with the memories that carry a particular relationship, we activate the circuits that carry that particular relationship and prepare our brains to connect with that person in the present. So if the recipient has a positive memory that includes a connection with God, this is especially helpful. (If they don't have a positive God-memory, any positive memory will do – positive memories that include a connection with God are just *especially* helpful.)

"And yet another piece of helpful, practical brain science is that our brains are designed to work best in community. If we notice subtle content in our internal mental awareness, and describe it, out loud, to another person — even if it doesn't initially make sense or feel important — the simple process of getting words for the content and sharing it with another person pulls it through the parts of our brain that help us to feel it's importance and recognize what it means. So the simple step of coaching the recipient to notice whatever comes into their awareness, to get words for it, and to describe it out loud will help them to recognize subtle manifestations of the Lord's presence that they might otherwise miss, and to recognized subtle content coming from the Lord that they might otherwise miss."

And then one more really important part of basic Immanuel Approach work is that there are safety nets:

First: The connection with Jesus in the context of the positive memory, that you help the recipient set up right at the beginning of the session, is a safe "homebase" that you can help the recipient come back to if you encounter any difficulty that you don't know how to handle later in

the session, or if you are running out of time at the end of a session and the person is still connected to painful memory content that is not yet fully resolved.

And second: If a recipient is not able to establish an interactive connection with Jesus in the positive memory at the beginning of the session, then they don't do anything that would involve working with painful memories. Another way to say this is that if the primary safety net is not in place, then they don't do any kind of trauma work.