

Questions & Answers from Immanuel Approach Basic Training Seminars

(Last modified 10/14/23)

Brief, careful answers to more than fifty of the most common and/or strategic and/or interesting questions that have come up in the Q & A times from our basic training seminars.

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- J. Are there any situations in which the Immanuel Approach does not work?

III. Similarities and differences between the Immanuel Approach and other approaches to emotional healing

- A. Could you talk about how other models/methods of inner healing are the same or different from the Immanuel Approach? For example, Restoring the Foundations, Theophostic, Sozo, Elijah House, etc.?
- B. What is unique/new/different about the Immanuel Approach?
- C. Is the Life-Model "Passing the Peace" process the same as the Immanuel Approach?

IV. Working with spouse and/or family and/or friends

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- B. How do you help your kids with healing when you know you've done things that have caused emotional damage? How can you be the one to help when you've caused the pain?
- C. What about Immanuel Approach for couples?

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- A. How can you tell if the recipient is perceiving and interacting with the genuine presence of Jesus, or whether she is just making things up with her own mind? And how do you discern when the recipient is perceiving and engaging with some other presence that is not actually Jesus? (Basic-level comments)
- B. What do you do when the recipient is so mad at Jesus that they don't want to work with Him, and so are not allowing the healing process to move forward?
- C. Is it ever okay to just go straight to working with a trigger and/or traumatic memory, as opposed to always needing to start with an initial positive memory and connection with Jesus?
- D. Self-pity: It seems like some recipients get stuck in self-pity, and that this gets in the way

of moving forward with the Immanuel Approach. How do I help with this?

- E. Sometimes facilitators seem very directive, rather than letting Jesus lead the session. They take the place of Jesus and speak for Him. Are there precautions to make sure one doesn't move into control and manipulation?
- F. How do you recover when you are failing as a facilitator and the session has already turned into a big mess? I'm afraid to start in case this happens and I won't know what to do.
- G. Can a person facilitate a session for themselves/do the Immanuel Approach on their own?
See the answer to this question in the "Miscellaneous general questions" section, below.

VI. Practical questions regarding facilitating sessions (intermediate – advanced)

- A. How can you tell if the recipient is perceiving and interacting with the genuine presence of Jesus, or whether she is just making things up with her own mind? And how do you discern when the recipient is perceiving and engaging with some other presence that is not actually Jesus? (Intermediate-advanced-level comments)
- B. What do I do when both I and the recipient are initially convinced that she is interacting with the genuine presence of Jesus, but then partway through the session she reports that Jesus is starting to say and/or do things that are strange and/or confusing and/or disturbing?
- C. Have you ever used EMDR with the Immanuel Approach?
- D. Is it appropriate to bill insurance for Immanuel Approach sessions?

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- A. Does each internal part need to be led to Christ?
- B. How do you handle a client with 2 or 3 different parts that are so intensely at war with each other that they continually hijack his system and keep him from being able to talk to Jesus?
- C. What do you do when one or more internal parts are so mad at Jesus that they don't want to work with Him, and so are not allowing the healing process to move forward?
- D. How does one distinguish between demonic spirits and internal parts?
- E. Does the Immanuel Approach bring about natural/spontaneous integration of internal parts, or does the facilitator need to initiate and guide this process?
- F. For the direct eye contact technique, is there an optimal distance to be from the client? Or a range of distances that works?

VIII. Questions regarding additional training

- A. How/where can one get additional training regarding the Immanuel Approach?
- B. Do you offer continuing education credit (CEUs) for Immanuel Approach training?
- C. How can I become an Immanuel Approach trainer?

IX. Questions regarding specific training resources

- A. Do you have a “cheat sheet” that summarizes the Immanuel Approach very briefly – something much shorter than the full exercise instructions – something that just briefly reminds the facilitator of the key components of the Immanuel Approach?
- B. What are the best resources to purchase if you are trying to start an Immanuel Approach ministry in your church? (For each of the resources mentioned below, see Appendix B in the big lion book for thoughts regarding how to use the resource as part of your IA training program.)
- C. Do you have Immanuel Approach materials that have been translated into other languages?
- D. Is Dr. Lehman available for consultations?

X. Miscellaneous General Questions

- A. Does the Immanuel Approach use guided imagery?
- B. Can a person facilitate a session for themselves/do the Immanuel Approach on their own?
- C. Questions regarding anger: Is anger inherently sinful? Is there an appropriate, healthy function for anger? Are anger and judgment the same thing?
- D. Is it important to choose an actual memory to focus on for the initial appreciation and connection with Jesus, or can you go to an imaginary place?
- E. Can Immanuel Approach sessions be provided via phone/Skype/Zoom?
- F. Shouldn't lay people offer IA sessions for free? Or, to put this another way, is it okay for lay people to charge for facilitating Immanuel Approach sessions?
- G. How long does it take to get healed?
- H. How/where can I find someone to facilitate Immanuel Approach sessions for me?

XI. Advanced topics

- A. How do you help a recipient who is working on infant attachment trauma absence wounds, and says something along the lines of, “I don’t want Jesus, I want my mother!!”
- B. What are your thoughts regarding SRA and DID (Satanic Ritual Abuse and Dissociative Identity Disorder)?
- C. Additional thoughts for those who are dealing with especially difficult situations.

Frequently Asked Questions

I. Foundational General Questions

A. Is the Immanuel Approach consistent with and supported by scripture?

As the Immanuel Approach has become more widely known, people have appropriately raised the question, “Is it biblical?” Our perception is that the Immanuel Approach, for emotional healing and for life, is clearly consistent with and strongly supported by the Christian scriptures. For a much more thorough discussion of this question, see Chapter 35, “The Biblical Basis for the Immanuel Approach,” in the big lion book.

B. Is there empirical research verifying the effectiveness of the Immanuel Approach? As of February 2023, Dr. Emily Hervey, licensed clinical psychologist and Adjunct Professor at Regent University, has published the first quantitative study demonstrating the effectiveness of the Immanuel Approach, which is very encouraging.¹ However, this is only one study, the Immanuel Approach was included as part of a larger faith-based treatment program (as opposed to being studied as a stand-alone intervention), and the study focused on treatment for only PTSD. Fortunately, there are also other sources of evidence demonstrating the effectiveness of the Immanuel Approach. In addition to this initial empirical research, we also have carefully documented case studies that show consistent, strong positive results. Furthermore, there is *indirect* support for the effectiveness of the Immanuel Approach based on similarities between the Immanuel Approach and psychotherapy modalities that *have* been verified as effective by empirical research, and there is more indirect support based on theoretical considerations.

Case study evidence supporting efficacy: Regarding case study support, it is a very common practice—in all branches of medicine, in mental health care, and in emotional healing ministry—for care providers to use a new treatment method on the basis of positive case study results, even though the effectiveness of the new intervention has not yet been confirmed by empirical research. There are usually many years between the case study description of a new treatment method and confirmation of the new method with empirical research. In fact,

¹Emily G. Hervey, “Spiritually Oriented Trauma Healing in Nigeria: A Program Evaluation to Assess Trauma-Symptom Reduction and Spiritual Growth,” *Journal of Psychology and Theology*, Vol. 0, Num 0 (Feb 2023), <https://doi.org/10.1177/00916471221150402>. Note: The abstract for Dr. Hervey’s study does not mention the Immanuel Approach, but the full article clearly describes including the Immanuel Approach in the larger treatment package.

empirical research, such as blinded, controlled studies, is often undertaken only after many practitioners have begun to use a new treatment on the basis of case study reports, and enough patients display positive results to justify embarking on more systematic research (which is tedious, time-consuming, and *very* expensive). In the history of medicine and mental health care, many millions of patients have been effectively treated with new interventions even though the new interventions had *not* yet been confirmed by empirical research, but rather were only supported by positive case studies.

With respect to the Immanuel Approach, my colleagues and I have a growing pile of carefully documented case studies showing dramatic, long-lasting positive results. For example, the Live Ministry Session DVDs, such as *Renee: Healing Helps Parenting*, *Rita #3: Jesus Is Better than Candy*, *Maggie #3: Labor & Delivery Trauma*, *Ian: "I'm Not Enough,"* and "*Eileen: Immanuel Interventions (Intermediate)*" provide examples of carefully documented Immanuel Approach case studies with observable, long-lasting positive results. Also, most of the true story examples in the big lion book come from carefully documented case studies that include observable, long-lasting positive results.

*Similarities to therapy modalities that **do** have empirical research support:* Regarding indirect support, the Immanuel Approach shares a number of important principles and techniques with psychotherapy interventions that *do* have strong empirical research support. At the time of this writing (October 2021), extensive medical and psychological research shows that EMDR (Eye Movement Desensitization and Reprocessing), exposure therapy, and cognitive-behavioral therapy significantly reduce the signs and symptoms of a number of mental illnesses, including Post-Traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD), and panic disorder.² And the Immanuel Approach includes many of the most important principles and techniques from each of these other modalities. For example:

- Currently, with the new iterations of cognitive-behavioral therapy and exposure therapy specifically developed for PTSD, cognitive-behavioral therapy, exposure therapy, EMDR, and the Immanuel Approach all recognize the importance of traumatic memories. And they all explicitly, deliberately work to help the recipient resolve the traumatic memories as a central part of the therapeutic process.
- With the new iterations specifically developed for PTSD; cognitive-behavioral therapy, exposure therapy, EMDR, and the Immanuel Approach all recognize the importance of distorted, false negative cognitions (lies), they all recognize that the distorted, false negative cognitions are anchored in root traumatic memories, and they all work very deliberately to resolve these distorted erroneous cognitions.

²See, for example, Carl Sherman, "Two Modalities Rival Prolonged Exposure for PTSD," *Clinical Psychiatry News*, April 2002, page 40; Edna B. Foa, T.M. Keane, and M.J. Friedman eds. *Effective Treatments for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies*. (New York: The Guilford Press, 2000); and James C. Ballenger, "Current treatments of the anxiety disorders in adults," *Biol-Psychiatry*, Vol. 46 No. 11 (December 1999), pages 1579–94. See also "The Immanuel Approach & EMDR: FAQs and Common Misunderstandings" in the Special Subjects/Advanced Topics section on the Resources page of www.immanuelapproach.com for additional discussion of the research regarding EMDR.

- With the new iterations specifically developed for PTSD, exposure therapy, the Immanuel Approach, and EMDR all recognize the special power of *experiential* truth in resolving the distorted, false negative cognitions.
- With the new exposure therapy iteration specifically developed for PTSD, exposure therapy, EMDR, and the Immanuel Approach all apply principles and techniques coming out of recent research regarding memory reconsolidation.³
- Establishing a “safe place” to go back to, as a psychotherapy safety net, is a technique that the Immanuel Approach shares with EMDR (and also with many other psychotherapy approaches that focus especially on resolving psychological trauma).

So, if these other psychotherapies have strong research support for efficacy, and the Immanuel Approach includes many of the most important principles and techniques from these psychotherapies, then the empirical research demonstrating that these other psychotherapies are effective would predict that the Immanuel Approach will *probably* also be effective. Therefore, the empirical research demonstrating that these other psychotherapies are effective provides strong *indirect* support for the efficacy of the Immanuel Approach.⁴

Support for the Immanuel Approach based on theoretical considerations: Medical and mental health professionals often make treatment decisions based on theoretical considerations, even though there is not yet empirical research proving that the specific treatment in question is effective for the specific application in question. For example, there is strong theoretical and case study support for Immanuel Approach principles and techniques being effective for resolving the psychological effects of traumatic events. And there is also a lot of data indicating that unresolved psychological trauma contributes to many mental illnesses, such as dysthymia, depression, eating disorders, anxiety disorders, addictions, somatization disorders, attachment disorders, personality disorders, and the obvious posttraumatic stress disorder

³For a brief discussion of these principles and techniques coming out of memory-reconsolidation research, see “The Place of the Immanuel Approach In the Treatment of Clinical Disorders.” (available as a free download from the Special Subjects/Advanced Topics section of the Resources page of www.immanuelapproach.com). For a much more detailed discussion of recent research regarding memory reconsolidation, and the implications of this research for psychotherapy, see Bruce Ecker, Robin Ticic, and Laurel Hulley, *Unlocking the Emotional Brain: Eliminating Symptoms at Their Roots Using Memory Reconsolidation* (New York: Routledge, 2012).

⁴For intermediate-length additional discussion of the principles and techniques that are shared between the Immanuel Approach and research-supported psychotherapies, see “Cognitive Therapy and the Immanuel Approach,” “The Immanuel Approach and EMDR: FAQs and Common Misunderstandings,” and “Exposure Therapy and the Immanuel Approach.” (These three essays are available as free downloads from the Special Subjects/Advanced Topics section of the Resources page of www.immanuelapproach.com.) And for *very* detailed Immanuel Approach case studies and extensive discussion of the principles and techniques that the Immanuel Approach shares with well established psychotherapies, see Dr. Mark Hattendorf’s 466 page doctoral thesis, *Narrative Case Studies Exploring Inner Healing in Clinical Settings*. (Mark Elliott Hattendorf, Immanuel: *Narrative Case Studies Exploring Inner Healing in Clinical Settings* (Ann Arbor, MI: ProQuest LLC, 2014)).

(PTSD).⁵ Putting these two pieces together – if unresolved psychological trauma contributes to these mental health problems, and Immanuel Approach principles and techniques are thought to be helpful in working with psychological trauma, then it is reasonable to include the Immanuel Approach in the overall treatment plan for people with these mental health concerns.

This approach is a long established and widely accepted practice in medicine and mental health care, and it has resulted in good outcomes in many individual cases, as well as leading to many important discoveries. For example, the cure for malaria was discovered when Jesuit priests at missions in the foothills of the Andes mountains observed that the Native Americans drank powdered cinchona bark in hot water to calm their trembling muscles when they were shivering from cold exposure. It occurred to the priests that cinchona might therefore also be helpful for the intense shivering that is associated with malaria, and they tested the powdered bark on several patients suffering from malarial fever. They were pleased when this treatment proved helpful in controlling the shivering, but much more excited to discover that it also cured the underlying illness!⁶

Published case studies provide a large supply of additional examples, since many of the case studies that appear in medical journals are examples of treatment plans *that do not yet have published empirical research support, but rather are based on theoretical considerations*, and that have been chosen for publication because they appear to have resulted in good outcomes.⁷

Recent research regarding memory-reconsolidation: The strongest theoretical support for the Immanuel Approach comes from recent research regarding memory reconsolidation. In discussing this important new research, let me start with summarizing a couple of long-established brain-science phenomena that provide context:

- Learning that occurs in the presence of the intense emotions associated with painful experiences is rapid, strong, and easy to demonstrate. For example, you can take a guinea pig, a monkey, or an undergraduate trying to make some extra spending money by participating in a psychology research project, and run them through a handful of training trials in which you play a specific audio tone and then administer a painful electric shock. And then a day later, a month later, or a year later, you can demonstrate that the experimental subjects remember the learned association by playing the audio tone and

⁵See Karl D. Lehman, *Mind and Brain: Separate but Integrated* (Evanston, IL: Immanuel Publishing, 2023), chapter twelve, for a brief summary of the extensive evidence indicating that unresolved psychological trauma contributes to these many mental health problems. And see Allan N. Schore, *Affect Dysregulation and Disorders of the Self* (New York, NY: W.W. Norton & Company, 2003) for an exhaustive discussion of the many neurophysiological ways in which psychological trauma contributes to mental illnesses.

⁶Rocco, Fiammetta. *The Miraculous Fever-Tree*. (New York, NY: HarperCollins), 2003, pages 60-63.

⁷See, for example, Taylor F., Cahill L., “Propanolol for reemergent posttraumatic stress disorder following an event of retraumatization: a case study,” *J Trauma Stress*. 2002; Vol 15, pages 433-437. MANY similar examples can be obtained by even a cursory review of mainstream medical and mental health journals.

observing that they immediately experience distress – the college student will actually describe feeling anxiety/fear, all of the experimental subjects will display behavior indicative of anxiety/fear, and they will all manifest bio-indicators of anxiety/fear (such as increased respiration, increased pulse rate, increased blood pressure, and increased sweating).

- Once this learning associated with pain and intense emotions has been consolidated into long-term memory, it can be managed, and even completely suppressed (temporarily), but it can no longer be truly, permanently resolved, erased, or replaced. This conclusion has been based on extensive research on a phenomenon called extinction. Extinction is the process of eliminating a learned response by running the experimental subjects through a new set of training trials that carry the *opposite* meaning from the initial trials. (For example, extinction training for our guinea pig, monkey, and college student would be to run them through repeated trials in which they hear the audio tone, but then *do not* receive an electric shock.) And a very significant, very consistent finding from the many, many studies examining extinction is that extinction training *does not actually erase or replace the initial learning*, but rather only temporarily suppresses it. Even though the initial learned response would seem to completely disappear in response to repeated extinction training trials, it would always eventually return (unless regular refresher extinction trials were continued indefinitely).⁸

Furthermore, research studying learning that occurs in the context of intense emotions⁹ reveals that this kind of learning is stored in specialized implicit memory circuits that are exceptionally durable.¹⁰ And studies examining extinction also show that the learning from extinction training is actually carried in the prefrontal cortex, a completely different part of the brain from the learning that it is trying to manage/suppress.¹¹ So if a person has

⁸For a review of the research regarding memory consolidation, and how it “proves” the “impossibility” of reprocessing, replacing, or erasing emotional learning once it has been consolidated, see James L. McGaugh, “Memory—A Century of Consolidation,” *Science* Vol. 287 (Jan 14, 2000): pages 248-251.

⁹Note that “learning that occurs in the context of intense emotions” would include the distorted, negative cognitions that are included in the toxic content associated with traumatic memories. Also, to the extent that learning includes any new memory content associated with a new experience, “learning that occurs in the context of intense emotions” would include **all** toxic content associated with traumatic memories.

¹⁰James L. McGaugh, “Making Lasting Memories: Remembering the Significant,” *Proceedings of the National Academy of Sciences of the United States of America*, Vol. 110, Suppl 2 (June 18, 2013): pages 10402-7.

¹¹See, for example, Mohammed R. Milad and Gregory J. Quirk, “Neurons in medial prefrontal cortex signal memory for fear extinction,” *Nature* Vol. 420 (Nov 7, 2002): pages 70-74; Brenda Milner, Larry. R. Squire, and Eric R. Kandel, “Cognitive Neuroscience and the Study of Memory,” *Neuron* Vol. 20, No. 3 (March 1998): pages 445-468; Elizabeth A. Phelps, Mauricio. R. Delgado, Katherine L. Nearing, and Joseph E. LeDoux, “Extinction Learning in Humans: Role of the Amygdala and vmPFC,” *Neuron* Vol. 43, No. 6 (Sept 16, 2004): pages 897-

distorted, erroneous negative interpretations associated with a traumatic memory, extinction training will teach a different part of the brain how to manage/moderate/suppress the toxic content associated with the trauma, but it will not rewrite, replace, or resolve the memory files actually carrying the toxic content.

Based on the huge collection of research studies thoroughly establishing these two points, the official position of mainstream neuroscientists and psychologists for many years has been that the toxic content carried in traumatic memories was unchangeable and permanent once the experience was consolidated into long-term memory. The mainstream, established belief was that we could train other parts of the brain to manage, moderate, and suppress the toxic content carried in traumatic memories, but that there was no way to truly, permanently resolve it. When a therapist or emotional healing minister occasionally claimed that a client/recipient seemed to experience true, complete, permanent healing for a traumatic memory, the neuroscience and psychology authorities would simply state, “That can’t happen, doesn’t happen, and didn’t happen – we have proven that it is impossible.”

And then, beginning in 2004, new research has been discovering and clarifying details regarding a psychological/neurological phenomenon called memory reconsolidation. To make a long story short, this new research demonstrates that we can truly, permanently modify and resolve even traumatic content that has been consolidated into long-term memory *if we establish certain very specific conditions and include a very specific intervention*.

One of the necessary conditions is that *the traumatic content must first be activated*. When a therapy client/ministry recipient is trying to permanently reprocess and resolve traumatic content, they must be connected to the memory to the point that they can feel the emotions associated with the original experience (at least to some extent) – they must be working *inside* of the activated traumatic memory, as opposed to just thinking about it and talking about it from the outside. And a second necessary condition is that their experience of being inside of the activated traumatic memory must now contain something significantly different.¹²

The very specific necessary intervention is for the client/recipient to have a corrective experience while connected to, or “inside of,” the activated traumatic memory. That is, while they are connected to the traumatic memory, they must have a corrective *experience* that

905; Gregory J. Quirk, Ekaterina Likhtik, Joe Guillaume Pelletier, and Denis Paré, “Stimulation of Medial Prefrontal Cortex Decreases Responsiveness of Central Amygdala Output Neurons,” *The Journal of Neuroscience* Vol. 23 No. 25 (Sep 24, 2003): pages 8800-8807; and Edwin Santini, Hong Ge, Kegin Ren, Sandra Pena de Ortiz, and Gregory J. Quirk, “Consolidation of Fear Extinction Requires Protein Synthesis in the Medial Prefrontal Cortex,” *The Journal of Neuroscience* Vol. 24, No. 25 (June 2004): pages 5704-5710.

¹²One proposed explanation regarding this second necessary condition is that metabolic resources are required to open the circuits back up, and the brain needs to have a good reason to invest these resources. If everything just looks the same, the brain thinks, “Why invest resources to open up the circuits if we are just going to relearn the same lesson?” In contrast, if something is significantly different, the brain concludes that it is worth the investment to make space for the possibility of new learning that might be adaptive in some way. See page 7 of Bruce Ecker, “Memory Reconsolidation Understood and Misunderstood,” *International Journal of Neuropsychotherapy* Vol. 3, No. 1 (2015): pages 2-46.

carries the opposite meaning from the toxic learning produced by the original trauma.¹³

And when those studying memory reconsolidation carefully observe trauma-therapy sessions, with these principles in mind, they find the exact same results. For example, if a person has a traumatic car accident, they develop a phobic fear of driving as a result of the accident, and months have gone by so that the trauma is consolidated into long term memory, traditional extinction training as part of traditional exposure therapy will only produce temporary suppression of the phobic reaction – exactly as predicted by all of the research on extinction. *However*, if we first activate the traumatic memory (for example, by coaching the client to focus on it until he feels connected to the toxic content), and if we also deliberately include something different (such as the presence of an attuning ally *with him* as he is “inside” the memory), then the same traditional extinction training that would otherwise just produce temporary suppression will instead *permanently resolve* the toxic learning from the trauma – the opposite meaning in the extinction training corrective experience ***will actually replace, and thereby permanently resolve***, the toxic learning produced by the trauma.¹⁴

So returning to theoretical support for the Immanuel Approach: this new research regarding memory reconsolidation clearly, compellingly demonstrates that fully consolidated memories can be opened back up for reprocessing, and then permanently re-written/modified before being re-consolidated back into stable long-term memory – just as we see with Immanuel Approach emotional healing. Furthermore, the new research regarding memory reconsolidation clearly identifies a specific intervention and two specific conditions that are necessary for truly, permanently resolving traumatic memories, ***and the Immanuel Approach emotional healing process clearly includes these necessary conditions***.¹⁵

Another way to summarize the strategic importance of this new memory reconsolidation research is that the new discoveries being established by this rigorous, compelling research validate, support, and are totally consistent with many of the key principles and process components of the Immanuel Approach.

¹³Note that “toxic learning produced by trauma” can include more than just level V erroneous cognitive interpretations regarding the meaning of the experience. For example, the Level III loss-of-relational-circuits component of trauma can be framed as an *experiential meaning* along the lines of, “I am alone – God and my community are not with me here,” which would be a form of toxic learning produced by trauma. Similarly, the Level IV unable-to-navigate-the-situation-in-a-satisfying-way component of trauma can be framed as an *experiential meaning* along the lines of, “I am inadequate and have failed – I don’t have the knowledge, strength, and skill necessary to be able to handle this situation.” Note also that this wider formulation of “toxic learning” would enable memory reconsolidation research to more fully synchronize with the Immanuel Approach and our pain processing pathway model.

¹⁴For a much more detailed discussion of recent research regarding memory reconsolidation, and the implications of this research for psychotherapy, see Bruce Ecker, Robin Ticic, and Laurel Hulley, *Unlocking the Emotional Brain: Eliminating Symptoms at Their Roots Using Memory Reconsolidation* (New York: Routledge, 2012) and Bruce Ecker, “Memory Reconsolidation Understood and Misunderstood.” *International Journal of Neuropsychotherapy* Vol. 3, No. 1 (2015): pages 2-46.

¹⁵For the specifics regarding this last point, see “The Place of the Immanuel Approach In the Treatment of Clinical Disorders.” (Available as a free download from the Special Subjects/Advanced Topics section of the Resources page of www.immanuelapproach.com.)

Empirical research supporting the efficacy of prayer in general: Finally, there is a surprisingly large, surprisingly strong body of empirical research supporting the value of prayer in general. For example, the book *Healing Words*, by Larry Dossey M.D., has a whole section on experimental evidence supporting various kinds of healing prayer.¹⁶

For additional discussion of the validity of case studies as supporting evidence, for additional discussion of the indirect support from shared principles and techniques between the Immanuel Approach and research-confirmed psychotherapies, and for additional discussion of the indirect support from theoretical considerations, see “The Place of the Immanuel Approach In the Treatment of Clinical Disorders.”¹⁷

C. How do I know if I am receiving/facilitating/teaching the genuine Immanuel Approach?

This question is addressed in much greater detail in Chapter 39 in the big lion book. However, for the reader’s convenience, I include here a summary list of the key principles and process components that distinguish the Immanuel Approach (for emotional healing and for life) from other approaches to emotional healing.

I consider the following principles and process components to be new pieces that are necessary for the basic version of the Immanuel Approach:

- Switching the top priority from symptom relief to intimacy with Jesus.
- Deliberate appreciation, in the context of remembering previous positive experiences with the Lord, to prepare for an interactive connection with Jesus.
- 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.
- Engaging directly with Jesus regarding every issue, question, need, and challenge.
- Immanuel Approach troubleshooting.
- Immanuel Interventions.
- The safety net of returning to the initial positive memory and interactive connection.
- Coaching the recipient to describe everything that comes into her awareness, regardless of whether it makes sense or feels important.

I consider the following additional principles and process components to be new pieces that are necessary for the complete, richest, ideal version of the Immanuel Approach:

¹⁶Larry Dossey, *Healing Words*. (New York, NY: HarperCollins, 1993), Part Three: The Evidence, pages 157-207.

¹⁷Available as a free download from the Special Subjects/Advanced Topics section of the Resources page of www.immanuelapproach.com.

- Expanding beyond just emotional healing, and moving outside of special sessions.
- Formulating and sharing the Immanuel story.
- The facilitator establishing an interactive connection for herself, and then engaging with the Lord to obtain ongoing help and guidance.
- Faith (in the Lord's Immanuel 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).
- Key insights, principles, and tools for intermediate and advanced troubleshooting (especially insights, principles, and tools regarding advanced Immanuel-Intervention troubleshooting, relational circuits, attunement, capacity, and the pain-processing pathway).

And I have deliberately excluded the following techniques and interventions from what I consider to be genuine Immanuel Approach sessions:

- Recipients using guided imagery.
- Facilitators using prophetic words of knowledge to guide sessions.

D. Shouldn't we just leave the past behind us, as the Apostle Paul advises?

- 2 Corinthians 5:17: "So if anyone is in Christ, there is a new creation: everything old has passed away; see, everything has become new!" (NRSV)
- Philippians 3:13-14: "No, dear brothers and sisters, I am still not all I should be, but I am focusing all my energies on this one thing: Forgetting the past and looking forward to what lies ahead, I strain to reach the end of the race and receive the prize for which God, through Christ Jesus, is calling us to heaven."

Occasionally, when the subject of praying for healing of traumatic memories is being discussed, someone will quote 2 Corinthians 5:17 and Philippians 3:13-14, and then raise objections along the lines of, "Why are we wasting time and energy rummaging around in old painful memories? Doesn't Paul tell us that the old things have passed away? And Doesn't Paul instruct us to leave the past behind as we strain forward toward the new things of God? When painful things from the past come up, it's just satan trying to harass us. Aren't we just playing into his hands when we think about, talk about, and focus on traumatic memories?"

Misunderstanding Paul's intended meaning: First, I believe that these objections are based on a misunderstanding of Paul's intended meaning.

Regarding 2 Corinthians 5:17, the key is that this verse is referring to our spirits, which *are* totally transformed, restored, redeemed, made new, etc. at the moment of salvation. *However,*

this does not apply to our minds, which are still full of confusion, deception, unresolved traumas, learned behaviors and habits that are still dysfunctional, etc. When we come to Christ, our spiritual selves are completely made new, yet our minds stay the same unless we choose to renew them. This is why Paul encourages, “Do not be conformed to this world, but be transformed by the renewing of your minds....”¹⁸ For additional discussion of this point, see Dr. Grant Mullen’s *Why do I Feel so Down when My Faith Should Lift Me up?*,¹⁹ Dr. Ed Smith’s *Beyond Tolerable Recovery*,²⁰ and Dr. Charles H. Kraft, *Deep Wounds Deep Healing*.²¹

Regarding Philippians 3:13-14, the key is to read these verses in context. When studied in the wider context of the whole chapter, it is clear that verses thirteen and fourteen are referring to Paul’s many assets, credentials, and accomplishments that might give him reason to boast “in the flesh.” Paul is referring to the ‘prizes’ he had won in the race of life, and he is saying that unless he puts those *past* accomplishments/prizes behind him (“considering them as worthless”), and focuses all his efforts on winning the *present* race, he will not make it to the finish line. *It’s the accomplishments, victories, and prizes, not the defeats and traumas, we are to forget*, lest focusing on the glory of the past causes us to lose the race we are in now. The Bible never tells us to bury, ignore, or forget our past pain. For additional discussion of this point, see Dr. Charles H. Kraft, *Deep Wounds Deep Healing*,²² and N.T. Wright, *Paul for Everyone: The Prison Letters: Ephesians, Philippians, Colossians, and Philemon*.²³

Burying/ignoring/forgetting doesn’t work very well: Second, my observation is that trying to bury/ignore/forget past painful experiences just doesn’t work out very well. Tens of thousands of hours of careful observation and follow-up during my career as a psychiatrist reveal that unresolved trauma always, eventually, refuses to stay buried/ignored/forgotten. The “just forget about it” plan may seem to work well for a while, but then the buried pain will eventually find its way to the surface. Sometimes it causes physical problems, such as high blood pressure, stomach ulcers, bone deterioration, migraine headaches, or persistent, “mysterious” physical symptoms that defy diagnosis. And sometimes the buried traumatic memories will cause psychological problems such as panic attacks, depression, obsessive compulsive disorder, phobias, attention deficit disorder, and addictions. But buried trauma will always, eventually,

¹⁸Romans 12:2. (NRSV)

¹⁹Grant Mullen, *Why do I Feel so Down when My Faith Should Lift Me up?* (Ventura, CA: Renew Books, 1999), pages 13-26.

²⁰Ed Smith, *Beyond Tolerable Recovery*, fourth edition (Campbellsville, KY: Family Care Publishing, 2000), pages 203-204.

²¹Charles H. Kraft, *Deep Wounds Deep Healing* (Ann Arbor, MI: Servant Publications, 1993), pages 187-190.

²² Charles H. Kraft, *Deep Wounds Deep Healing* (Ann Arbor, MI: Servant Publications, 1993), page 16.

²³N. T. Wright, *Paul for Everyone: The Prison Letters: Ephesians, Philippians, Colossians, and Philemon* (London: Society for Promoting Christian Knowledge, 2004), pages 121–123.

leak forward into the present in one way or another. Furthermore, when the underlying trauma is identified and resolved, the secondary problems and symptoms finally go away. A very large pile of carefully documented case studies, in the professional mental health literature and in the writings of emotional healing prayer ministers, document these same patterns.

Some may object that we should not allow our personal experience, or even observations in the professional literature, to influence our understanding of the Bible. I agree that we should be very cautious with respect to letting experience, or even “scientific evidence,” influence our use of scripture; but there is also an appropriate place for new information to inform our *interpretation* of specific verses. For example, for more than a thousand years the world church erroneously believed that the sun orbited around the earth, based on a misinterpretation of scripture. But when new information became available in the form of modern astronomy, the church was eventually able to correct its interpretation of scripture in order to embrace a more accurate understanding of the physical world. My perception is that new information has also become available with respect to traumatic memories. Again, many, many, many carefully documented case studies, in the professional mental health literature, in the writings of emotional healing prayer ministers, and in my own clinical experience, reveal both that burying/ignoring/forgetting is a very poor long-term plan, and that deliberately searching out and resolving traumatic memories produces much better results. I think we should consider these observations as part of our discernment as we try to decide which interpretation of these verses is most valid.

Understandable concerns, in light of history: Finally, I will acknowledge that past objections to psychotherapy and/or emotional healing are understandable in light of results that were often mediocre at best. When many patients/recipients spent years in psychotherapy/ministry with little observable benefit (or even seemed to get worse), it makes sense that some observers would look at scriptures such as Philippians 3:13-14 and 2 Corinthians 5:17 and wonder if they were warning us away from psychotherapy and/or emotional healing work. However, as our understanding of trauma, our techniques for resolving trauma, and the end results with respect to healing all steadily improve, I think it’s time to let new information inform our understanding of scripture, and to embrace healing for traumatic memories as yet another part of the good news in Jesus. As Francis MacNutt states, the kind of healing for traumatic memories that we see with the Immanuel Approach “. . . is simply the application of Christ’s healing power to what we now know of the emotional nature of man.”²⁴

E. What about suggestion and false memory when dealing with recovered memories? Some who work with “recovered” traumatic memories, in their reaction against the “false memory” movement, lose credibility by denying all memory error concerns. I believe that it is much wiser to non-anxiously acknowledge any legitimate concerns about memory errors, along with careful discussion of the evidence showing that repressed and dissociated memories are real phenomena that contain historical truth. Here is my very short summary regarding the most important points:

- There is compelling evidence proving that repressed memories and dissociated memories are real phenomena, and indicating that most "recovered" memories have a core of

²⁴Francis MacNutt, *Healing* (Notre Dame, IN: Ave Maria Press, 1974), page 190.

historical truth. Therefore, it is very important to **not** dismiss all recovered memory because of the possibility of memory errors.

- Certain suggestive therapy techniques **can** produce memory errors, even including significant false memories.
- To minimize the risk of memory errors, it is very important to **not** suggest specific details regarding traumatic events and to **not** use imagination/guided imagery tools to "search" for traumatic memories.
- In light of legitimate concerns regarding possible memory errors, it is very important to be cautious about making specific accusations on the basis of "recovered" memories of traumatic events.

For a much more thorough discussion of each of these points, see "Discerning Truth in Memory"²⁵ (free download essay, posted on the Special Subjects/Advanced Topics section of the Referrals page). Also, the following link will take you to a 30 minute video of me summarizing this content:

<https://www.youtube.com/watch?v=j0xVZwul4AQ&feature=youtu.be>

6. What is the Immanuel Approach lifestyle? The second-to-last section in chapter 3 in the big lion book describes the move from the Immanuel Approach for *emotional healing* to the Immanuel Approach for *life*. The first piece of this expansion is expanding the agenda for Immanuel Approach sessions to include many additional aspects of life, such as capacity building, maturity-skill mentoring, and spending time with Jesus as a friend; as opposed to restricting the agenda to just emotional healing. And the second piece of this expansion is expanding the context for Immanuel Approach interactive connections to everyday life, as opposed to just establishing these interactive connections in the context of special Immanuel Approach sessions. Starting with the Immanuel Approach for *emotional healing*, and then adding these two expansions, is a good beginner's definition of the Immanuel Approach for *life*, or *Immanuel lifestyle*.

However, as you continue on your Immanuel Approach journey, I encourage you to increasingly embrace a more rigorous version of the Immanuel lifestyle.

Throughout this video training series, I talk about recalling past positive experiences and deliberately stirring up appreciation as a way to get our relational circuits on-line and warmed up; I talk about how getting our relational circuits on-line and warmed up prepares us to connect with God; I talk about how reconnecting with memories for specific past positive experiences with God provides an especially good starting point for establishing a fresh, current interactive connection with the Lord; I talk about how Jesus – *Immanuel* – God With Us – is *always* with us and wanting to connect with us; and I talk about how we should *always* be able to connect with Jesus' living presence, as long as any hindrances have been identified and resolved. Furthermore, in the big lion book I talk about many troubleshooting principles and tools for identifying and resolving hindrances; I talk about how traumatic memories are an

²⁵Karl D. Lehman, "Discerning Truth in Memory," last modified February 18, 2014; Special Subjects/Advanced Topics section, Referrals page, www.immanuelapproach.com.

especially important source of hindrances, and I talk about how we can deliberately, systematically build faith that will help us establish good, interactive connections with the Lord. When we integrate these truths into our beliefs, when we are deliberate about practicing these skills, and when we build these behaviors into our *day to day lives as habits*, we get what I call the doctor Lehman, obsessively thorough, take-no-prisoners version of the Immanuel lifestyle.

In my journey with this more rigorous version of the Immanuel lifestyle, building these principles and tools into my day-to-day life has translated into the following practical skills and habits (which have profoundly blessed and progressively transformed my relationship with the Lord):

- Becoming more and more consciously aware of my relational circuits, and especially becoming more aware of when they go off-line.²⁶
- Taking responsibility for getting my relational circuits back on-line when I notice that they are off-line.²⁷
- Deliberately pointing my relational circuits toward the Lord.²⁸
- Regular times of deliberately establishing interactive connection with the Lord, becoming more and more consciously aware of spontaneous connections, and deliberately making more space for spontaneous connections when I notice them.²⁹
- Regular, ongoing troubleshooting to remove hindrances.
- Regular, ongoing work to resolve trauma, as an especially important part of removing hindrances. And,
- Regular, ongoing work to accumulate faith-building experiences and stories.

The ultimate goal of the Immanuel *lifestyle* is getting us to the place where we perceive the

²⁶See chapter 37 in the big lion book and chapters 15 and 16 in *Outsmarting Yourself* for discussion of how to become more consciously aware of the status of your relational circuits.

²⁷When you notice that your relational circuits are off-line, you can get them back on by employing one or more of the following interventions: receiving attunement, calming, deliberate appreciation, and strategic humor. Training segment one in this video series and chapter 6 in the big lion book present a thorough discussion of how to use deliberate appreciation for bringing your relational circuits back on-line, and chapters 17 through 23 in *Outsmarting Yourself* provide detailed, practical discussions of the remaining three interventions.

²⁸See chapter 37 in the big lion book for additional comments regarding how to point your relational circuits towards the Lord.

²⁹See chapter 37 in the big lion book for additional discussion regarding how to make more space for spontaneous connections.

Lord's presence, and abide in an interactive connection with Jesus, as our usual, normal, baseline condition as we walk through life each day.³⁰

II. Can the Immanuel Approach be used with _____ (fill in the blank)?

A. Can the Immanuel Approach be used with children? The short answer is, “Yes, children have wonderful results with the Immanuel Approach. In my opinion, the Immanuel Approach is the safest, gentlest, overall best option for doing emotional healing work with children. And they can also have fun, beautiful encounters with Jesus just using the first steps of positive memory recall, deliberate appreciation, and interactive connection.”

For a much longer answer, see question number 8 in the FAQ section of the big lion book (1 page discussion), and also the essay, “The Immanuel Approach with Children” (13 page discussion).³¹

B. Can the Immanuel Approach be used with non-Christians? The very short answer is, “Yes, the Immanuel Approach can be used with non-Christians. I have seen consistently positive (and often amazing/wonderful) results when using the Immanuel Approach with non-Christians who are willing to try it.” In fact, willingness to try it seems to be the only pre-requisite. Furthermore, I have heard similar stories from many others who have used the Immanuel Approach with non-Christians.

For additional details, see the section on using the Immanuel Approach with non-Christians at the end of chapter 2 in the big lion book (pages 28-30), and see the FAQ question about IA with non-Christians in chapter 40 of the big lion book (pages 630-631).

C. Can the Immanuel Approach be used with people with clinical mental illnesses? In the care of people taking psychiatric medications? The very short answer is, “Yes.” My assessment is that the Immanuel Approach is the gentlest, safest, overall best option for emotional healing work with those who have serious mental illnesses. The initial steps of positive memory recall, deliberate appreciation, and connection with Jesus can even be used with people who are intoxicated and/or acutely psychotic. For additional general discussion regarding how to include the Immanuel Approach in the care of people with clinical mental illnesses, see *Mind and Brain: Separate but Integrated*,³² and also the following three essays (all available as free downloads from the “Special Subjects/Advanced Topics” section of the Resources page of www.immanuelapproach.com):

³⁰For a much more thorough discussion of embracing the Immanuel Approach as a way of life, see supplementary chapter 35b, available as a free download from “Immanuel Approach Book (Draft Version)” section, Getting Started page, www.immanuelapproach.com.

³¹Karl D. Lehman, “The Immanuel Approach with Children,” last modified February 11, 2023, “Immanuel Approach Book (Draft Version)” section, Getting Started page, www.immanuelapproach.com.

³²Karl Lehman, *Mind and Brain: Separate but Integrated* (Evanston, IL: Immanuel Publishing, 2023).

“The Place of the Immanuel Approach Emotional Healing In the Treatment of Clinical Disorders.”

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

“Mood, Monthly Cycle, and the Immanuel Approach.”

D. Specifically, can the Immanuel Approach be used as part of the treatment for:

(All essays mentioned are available as free downloads from the Special Subjects/Advanced Topics section of the Resources page of www.immanuelapproach.com.)

Major depression?: See the essay, “Depression & the Immanuel Approach: General Comments and Frequently Asked Questions.”

Bipolar disorder?: See the essay, “Bipolar Disorder and the Immanuel Approach: General Comments and Frequently Asked Questions.”

Schizophrenia?: See the following two essays: “Psychosis and Psychotic Symptoms: Definitions and Diagnostic Considerations,” and “Schizophrenia and the Immanuel Approach: General Comments and Frequently Asked Questions.”

Attention Deficit and Hyperactivity disorder?: See the essay, “ADD/ADHD and Immanuel Approach Emotional Healing.”

Obsessive Compulsive disorder?: “Obsessive Compulsive Disorder (OCD) and the Immanuel Approach: General Comments and Frequently Asked Questions.”

E. Is the Immanuel Approach effective for attachment trauma? It is incredibly difficult to permanently resolve attachment trauma, and most therapies can only manage the symptoms, as opposed to permanently heal these wounds. Fortunately, Jesus seems to know about attachment trauma, and His living presence is able to heal even the deepest of these wounds. The Immanuel Approach is the most effective intervention I am aware of for every form of attachment trauma I am aware of. See Chapter 34 in the big lion book, “Rita, Attachment Trauma, and Immanuel,” for additional discussion of the Immanuel Approach and attachment trauma.

F. Is the Immanuel Approach effective for type A (absence wound) trauma? Type A trauma, or absence-wound trauma, is trauma from the absence of good things that a person needs but doesn’t get. For example, in the case study presented in Chapter 1 of the big lion book, Eileen was traumatized as a child by not getting the love and attention that she needed from her mother.

Just as with attachment trauma, it is incredibly difficult to permanently resolve absence-wound trauma. For example, people who were wounded by the absence of love and attention in childhood will endlessly seek love and attention as adults, in an attempt to fill the hole left by the love and attention they didn’t get as children. However, even when those around them pour huge amounts of love and attention into their lives, the absence wound is

usually only temporarily comforted as opposed to permanently resolved. The hole never seems to stay filled—they will feel better for a little while, but then a few hours or a few days later (as soon as the underlying wound gets triggered again), it seems like the hole is empty again. It is possible for a person with an absence wound to work with a therapist and/or her community to receive permanent healing, but it is long and slow and difficult.

However, one of the particularly good things about the Immanuel Approach is that it is particularly effective for healing absence wounds. As described in Eileen's story from Chapter 1 in the big lion book and Rita's story from Chapter 34 in the big lion book, if the recipient will allow Jesus to stand in for the person who did not give them what they needed in childhood, Jesus can actually meet them inside of the childhood memories and permanently fill the absence wound holes.

G. Does the Immanuel Approach work with narcissists? I don't have a lot of experience with narcissism because people with narcissism seldom pursue personal healing and growth. Here are the few thoughts that come to me:

- First, I am repeatedly surprised and grateful for how willing Jesus is to connect with us. The point being that I'm sure Jesus would be happy to spend time with a narcissist, if the person gives Jesus just this smallest opening. For example, a narcissist might not be interested or willing to work on traumatic memories or look at their areas of dysfunction, but they might be able to experiment with connecting with Jesus in the context of positive memories. And depending on what kinds of blockages may or may not be in the way, they might be able to perceive Jesus' presence and establish an interactive connection.

And I can guarantee that spending time with the living, interactive presence of Jesus will be a good thing for a narcissist, in one way or another. For example, as a narcissist experiences the unconditionally loving presence of Jesus, and experiences that Jesus is *always* glad to be with them, the underlying insecurity and fear of shame that fuels their narcissism might slowly begin to lose power.

- Second: If there are blockages hindering the person from perceiving and/or connecting with Jesus, narcissism would seriously hinder the process because resolving blockages often requires the person to look at areas of woundedness and dysfunction, and a person with narcissism might have a lot of resistance to this.

H. Does the Immanuel Approach work for couple's issues? **See "What about Immanuel Approach for couples?" in the "Working with spouse and/or family and/or friends section below.**

I. Can a person facilitate the Immanuel Approach for themselves/do the Immanuel Approach on their own? **See the answer to this question in the "Miscellaneous general questions" section, below.**

J. Are there any situations in which the Immanuel Approach does not work? The Immanuel Approach *always* has the potential to work. However, on very rare occasions the recipient will persistently choose to turn away from healing by indulging in bitterness and/or self-pity and/or rebellion. This will block the Immanuel Approach process, and since this blockage is anchored

in the person's persistent free-will choice, it cannot be resolved with any of the usual troubleshooting tools. That being said, even in these cases of persistent, stubborn bitterness and/or self-pity and/or rebellion, a persistent, skillful, strongly-relational facilitator can sometimes (eventually) help the recipient to repent of these choices and turn back to healing (and then the Immanuel Approach will work).

For additional discussion of bitterness and self-pity as blockages to emotional healing, and for discussion 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 the Special Subjects/Advanced Topics section of the Resources page of www.immanuelapproach.com.)

III. Similarities and differences between the Immanuel Approach and other approaches to emotional healing

A. Could you talk about how other models/methods of inner healing are the same or different from the Immanuel Approach? For example, Restoring the Foundations, Theophostic, Sozo, Elijah House, Etc.?

- There is an entire essay on the www.kclehman.com website talking about Theophostic and the Immanuel Approach.
- There is a whole section of chapter 3 in the big lion book describing the journey from Theophostic to the Immanuel Approach, which includes quite a bit of discussion regarding "What is the same and what is different."
- There is a whole chapter in the big lion book on "What is genuine Immanuel Approach?" Having the answer to this question clearly focused – what the Immanuel Approach *is* and what it is *not* – helps in comparing the Immanuel Approach to other emotional healing ministries.
- One of the FAQ questions in chapter 40 of the big lion book is: "Isn't the Immanuel Approach just the same as other approaches to emotional healing, such as Theophostic, or Sozo?" The response to this FAQ question provides additional helpful content.
- Finally, the next question, "What is unique/new/different about the Immanuel Approach?" touches very briefly on a number of points that I perceive to be differences between the Immanuel Approach and other approaches to emotional healing.

B. What is unique/new/different about the Immanuel Approach? The first point I want to make in addressing this question is that there is a lot of overlap between the Immanuel Approach and other approaches to emotional healing. My assessment is that many of the core principles are shared with most other approaches to emotional healing. For example, all other approaches I am aware of understand that many problems in the present are caused by underlying trauma, and the primary resource for healing is to help the person get to the

traumatic memories, and then from inside the traumatic memories ask the Lord to come with healing. And all of these approaches are at least somewhat effective in finding and resolving traumatic memories.

This being said, I think there are a number of pieces that are new with the Immanuel Approach, and that make it easier, gentler, safer, more transferrable, and more effective:

- *Starting with a positive memory and appreciation:* As far as I am aware, the Immanuel Approach is the only approach to emotional healing that starts with positive memory recall and deliberate appreciation to get the recipient's relational circuits on – to prepare the recipient's brain to connect with God. This is a very gentle, easy on-ramp.
- *Starting with memories for past positive experiences with God:* For those who have memories of previous positive experiences with God, starting with a positive God memory further prepares the brain, mind, spirit for connecting with the Lord. To some extent this creates the “just right” conditions that worked the first time, and it also takes advantage of the way in which relationships are memory-mapped. As far as I am aware, the Immanuel Approach is the only approach to emotional healing that includes this piece of applied brain science.
- *Starting with connection with Jesus, letting Jesus drive from the beginning:* With many other approaches to emotional healing, the facilitator and recipient go through much of the session with the facilitator providing most/all of the leadership, and with the recipient not yet perceiving the presence of Jesus. For example, with many approaches to emotional healing, the facilitator will lead the process of focusing the issue to be worked on, the facilitator will lead the process of finding the underlying traumatic memories, the facilitator will lead the process of working in the traumatic memories to identify specific healing targets (such as distorted perceptions/core lies that are anchored in the trauma), the facilitator will lead the process of focusing these healing targets and preparing them for resolution, and the facilitator will lead the process of identifying other issues that might need to be addressed (for example, bitterness or demonic interference); and then, only after all of these pieces are in place, they will invite Jesus into the memory and into the process. Furthermore (with some ministries), even after all of the pieces are in place, much of the healing intervention comes from prophetic words, guidance, truth, etc. that the facilitator receives from God on behalf of the recipient.

These approaches required the facilitator to bring a lot of gifting, knowledge, and skill to the healing work, and they require the recipient to spend a lot of time in the traumatic memories without yet perceiving the presence of Jesus with them. These approaches are still effective, but they are less transferrable because many people do not have the gifting, knowledge, and skill necessary to be able to facilitate these ministry sessions. And the recipient spends a lot more time in the trauma without Jesus, which is much more painful, much more draining, and requires much more capacity.

In contrast, the Immanuel Approach **starts** the session with helping the recipient to establish an interactive connection with Jesus, and then coaches the recipient to focus on Jesus and interact with Jesus as the primary source of guidance for the rest of the session. Jesus brings most of the knowledge and skill to the healing endeavor, which makes the Immanuel Approach more transferrable and easily available because it is possible for lay

people with minimal knowledge and skill to facilitate effective emotional healing sessions. Also, starting with a positive memory and connection with Jesus is a particularly gentle on-ramp.

Furthermore, whenever the recipient is working inside of a traumatic memory, the first thing the facilitator does once the recipient enters the trauma is to help her connect with Jesus *inside* the traumatic memory. So the recipient starts the session by connecting with Jesus in the comfortable context of a positive memory, and spends very little time in the trauma without the presence of Jesus right there with her. These two pieces result in a process that is much gentler, much less intimidating, and much less draining.

- *An interactive connection with Jesus is necessary, central, and foundational:* The whole Immanuel Approach process is organized around an interactive connection with Jesus – you help the recipient to establish an interactive connection with Jesus at the beginning of the session; you monitor the interactive connection throughout the session; the first thing you do when the recipient connects with a traumatic memory is to help her establish an interactive connection with Jesus inside the memory; whenever the recipient loses her connection you troubleshoot to help her reestablish a connection; and you try to take the recipient back to an interactive connection at the end of each session. And even when complex blockages prevent perception and connection early in the process, troubleshooting so that the recipient can eventually perceive Jesus’ tangible presence and experience a living, interactive connection is one of the most important priorities and objectives for the long-term plan.

This deliberate, pervasive focus on the connection with Jesus is one of the clearest and most important differences between the Immanuel Approach and other approaches to emotional healing. In all forms of emotional healing, the recipient can receive healing for trauma and experience symptom relief without perceiving Jesus’ tangible presence or establishing an interactive connection. For example, with Theophostic, the recipient can find underlying traumatic memories, identify the core lies, and receive truth from God that replaces core lies, all without perceiving Jesus’ presence or establishing an interactive connection. With SOZO, the recipient can go through their various steps for resolving issues and can receive prophetic words from the facilitator, all without perceiving Jesus’ presence or establishing an interactive connection. With deliverance ministries, demonic spirits can be identified, bound, and removed, all without perceiving Jesus’ presence or establishing an interactive connection. With all of these other emotional healing ministries, perceiving Jesus’ tangible presence and establishing an interactive connection is something that *sometimes* occurs. And it is welcomed when it does occur – it is always embraced as a wonderful bonus. But it is incidental, irregular, random, occasional, peripheral, unpredictable, and *optional*.

In contrast, with the Immanuel Approach, perceiving Jesus’ tangible presence and establishing an interactive connection is a *necessary, central, foundational* component that we *deliberately, systematically, consistently facilitate* – a part of the *standard* process.

- *Our brains are designed to work best in community:* Compared to any other approaches I am aware of, the Immanuel Approach places more emphasis on coaching the recipient to describe everything that comes into her awareness, *regardless of whether it makes sense, feels important, or is neatly packaged*. There are two whole chapters in the big lion book

that discuss this in much more detail, but the very short summary is that this simple intervention helps pull mental content through the parts of the brain that enable us to feel whether or not the content is important and that enable us to recognize how it fits into our personal story. Without this important piece, many *subtle* manifestations of the Lord's presence, many *subtle* guiding clues, and much subtle content from the Lord are missed.

- *Immanuel Interventions:* Immanuel Interventions – an array of interventions very specifically focused on helping the recipient establish or reestablish an interactive connection with Jesus – are the most important troubleshooting interventions. As far as I am aware, this is unique with the Immanuel Approach.
- *Brain, mind, spirit capacity:* Intermediate and advanced Immanuel Approach work explicitly recognizes the importance of brain-mind-spirit capacity. As far as I know, the Immanuel Approach is the only approach to emotional healing that recognizes and directly addresses issues of capacity. This is an important, strategic, large issue discussed in much more detail in the big lion book, but I will quickly summarize two of the most important points here: 1) lack of capacity is a very common, often unrecognized reason for emotional healing work to bog down; and 2) helping the recipient connect with Jesus and spend time with Jesus are two of the most powerful interventions to resolve problems with lack of capacity.
- *The pain processing pathway, the source of trauma, and the mechanisms for healing:* Intermediate-advanced Immanuel Approach principles include an understanding of the pain processing pathway, an understanding that the source of psychological trauma = failure to complete all processing tasks, and an understanding that the mechanism for healing = helping the recipient with remedial work to resolve previously unfinished processing tasks. As far as I am aware, the Immanuel Approach is the only Christian approach to emotional healing that includes these pieces, which can be very helpful with intermediate and advanced troubleshooting.
- *Safety nets:* Starting with a positive memory, appreciation, and connection with Jesus establishes a safe “home base” to come back to. This provides a safety net. If you get in trouble or run out of time, you can coach the recipient back to the initial positive memory, appreciation, and connection with Jesus. And the second safety net for beginners and groups is: “If the recipient doesn’t get a good connection with Jesus in her positive memory, then she doesn’t do trauma work.” As far as I am aware, the Immanuel Approach is the only Christian approach to emotional healing that includes these safety nets, which dramatically reduce the risk of recipients being re-traumatized by getting stuck in unresolved trauma, and especially make it possible for lay people to safely facilitate emotional healing sessions.
- *Intimacy with Jesus is the number one priority:* To the best of my knowledge, all other approaches to emotional healing focus on healing trauma and relieving symptoms, and connection with Jesus is unpredictably, occasionally part of the picture. With the Immanuel Approach, connection with Jesus and intimacy with Jesus is the *primary* objective, and resolution of trauma with its associated symptom relief are wonderful secondary blessings.

Furthermore, many of the components of the Immanuel Approach *inherently* prioritize connection with Jesus and intimacy with Jesus. This *REALLY* important point is discussed in much greater detail in supplementary Chapter 18b (accessed from the Resources page of the Immanuel Approach website, www.immanuelapproach.com).

C. Is the Life-Model “Pass the Peace” process the same as the Immanuel Approach? The Pass-the-Peace (PtP) version of the Immanuel Approach, developed by Dr. Jim Wilder and Life Model Works, is so dramatically different from the process that I teach that many cannot even recognize it as the Immanuel Approach. In fact, people in the wider Immanuel Approach community have come to me in varying degrees of confusion and distress, asking why those using the PtP version even refer to it as the Immanuel Approach. Hopefully the explanations below regarding the dramatic differences between the Pass-the-Peace version and my version will be helpful.

1. Dramatically simplified to make it more accessible (easier to teach, easier to use): The Pass the Peace (PtP) version of the Immanuel Approach is dramatically simplified. This makes it more accessible by making it easier to teach and easier to use. This change with the PtP version will be especially beneficial in situations where time for teaching is desperately limited, resources of every kind are desperately limited, and many participants cannot read.

a. Positive memory recall & deliberate appreciation dramatically simplified: The gratitude step in the PtP version is much less complicated than the positive-memory-recall and deliberate-appreciation steps in the Lehman version of IA.

b. No connect-with-God step: The PtP version does not include an explicit connect-with-God step. That is, there is no explicit invitation and prayer to help the recipient perceive and connect – there is no explicit, direct effort to help the recipient perceive God’s tangible, personal presence or establish an interactive connection.

c. No Immanuel intervention troubleshooting: The PtP version does not include any troubleshooting for people who do not spontaneously perceive God’s tangible, personal presence and establish an interactive connection.

d. No teaching or coaching regarding “describe everything”: The PtP version does not include any teaching about how our brains work better in community, or any coaching to “describe everything that comes into your awareness, regardless of whether it makes sense, feels important, or is neatly packaged.”

e. Safety net dramatically simplified: With the PtP version, the safety net consists of helping the recipient get back to “peace island” if they encounter trouble of any kind. And, as mentioned above, the gratitude step in the PtP version is much less complicated than the positive-memory-recall and deliberate-appreciation steps in the Lehman version of IA. Furthermore, peace island (the initial place of gratitude) with the PtP version does not include the additional step of helping the recipient to establish an interactive connection with God in the context of their initial positive memory. So

setting up peace island with PtP is much simpler than setting up the primary safety net in the Lehman version.

f. Avoids talking about trauma, avoids deliberate trauma-work: Recipients can sometimes receive healing for trauma if they are already connected to trauma as they go into the PtP process, and if they happen to establish a connection with the Lord that leads to resolution of trauma. But the PtP booklet does not include any teaching about trauma, and the facilitator does not initiate or lead trauma work in any way. In fact, PtP deliberately, explicitly avoids talking about trauma or initiating trauma work of any kind.

g. Minimal teaching regarding theory: The PtP booklet includes minimal teaching about any of the theory behind any of the components of the Immanuel Approach.

2. Dramatically modified to decrease certain risks and make it more accessible to non-Christians: The Pass the Peace (PtP) version of the Immanuel Approach has also been dramatically modified to make it more accessible to non-Christians, and to decrease certain risks that can be especially concerning in certain extreme situations.

a. More accessible to non-Christians: Eliminating steps that explicitly invite God, explicitly facilitate connection with God, and troubleshoot regarding connection with God all make the PtP version easier to use with non-Christians. This was/is one of the major motivations for these major modifications -- PtP was deliberately, explicitly prepared to be able to be used in disaster-care situations anywhere in the world with any population, including non-Christians and even people who might be suspicious/hostile toward Christianity.

b. Decreased risk of unwanted trauma-triggering, trauma overwhelm: The deliberate, explicit avoidance of talking about trauma or proactively initiating any kind of trauma-work decreases the risk that recipients might be triggered to trauma that they do not want to deal with and/or are not yet ready to deal with. This avoidance of talking about trauma or proactively initiating any kind of trauma-work decreases the risk of people being overwhelmed and/or being re-traumatized by traumatic memories getting stirred up. *NOTE: Many facilitators can use the full process that I teach and deliberately avoid all of these problems, but this takes some additional skill, knowledge, and discernment. Some beginners, who are less experienced, less knowledgeable, and less discerning, can (and sometimes do) cause problems related to unwanted triggering.

c. Decreased chance of disclosing information that will put recipient at risk: Not only does PtP not include teaching and coaching regarding “describe whatever comes into your awareness,” it explicitly teaches that the recipient should be as vague as possible in many situations. And this is not just to avoid triggering others with similar trauma, but also to avoid disclosing information that might put the recipient at risk. This is because PtP was developed (at least in part) for extreme situations in which perpetrators might be present, in which informants who might pass information to perpetrators might be present, in which people who might use sensitive information unwisely might be

present, and in which even the translators who are facilitating the work might not be trustworthy.

3. Much less effective: **HOWEVER**, while these dramatic simplifications and modifications make the PtP version more accessible to some (much easier to learn, much simpler to use, minimal stumbling blocks for non-Christians), and safer for some (less risk of stirring up trauma, less chance of sharing information that will put the recipient at risk), it will also be **much less effective** for many.

a. Positive memory recall & deliberate appreciation dramatically simplified: To my assessment, the much simpler PtP gratitude step is also significantly less effective – less effective for getting the recipient’s relational circuits strongly online, less effective as the positive-memory context for connecting with Jesus, and also less effective as the safety-net homebase.

b. No connect-with-God step: While recipients going through the PtP process do sometimes experience an interactive connection with the tangible, personal presence of God, my perception is that this is less consistent and less common, as compared to the Lehman version of IA, which includes a step where the coach proactively, explicitly helps the recipient to perceive the Lord’s presence and establish an interactive connection.

c. No Immanuel intervention troubleshooting: Again, some recipients going through the PtP process do perceive God’s tangible, personal presence and establish an interactive connection. However, if there are blockages hindering this perception and connection, the PtP version does not include any troubleshooting to find and remove these blockages. In contrast, the Lehman version of IA includes a rich troubleshooting toolbox, so that blockages can almost always be identified and resolved, and recipients who initially encounter blockages almost always eventually perceive the Lord’s presence and experience an interactive connection.

d. No teaching or coaching regarding “describe everything”: As mentioned above, the PtP version does not include coaching to “describe everything that comes into your awareness, regardless of whether it makes sense, feels important, or is neatly packaged.” So it loses the benefit of this aspect of how our brains are designed to work best in community – it loses the benefit from the way this piece helps the recipient to catch subtle manifestations of the Lord’s presence and subtle content from the Lord.

e. Safety net dramatically simplified: The PtP version does not include any teaching about safety nets, it’s gratitude step establishes a peace-island home base that is not as strong as the safety-net home base established by the Lehman version positive-memory-recall and deliberate-appreciation steps, and it’s peace island does not deliberately, explicitly include an interactive connection with the Lord. So if the recipient does get into trouble of any kind, the peace island safety-net is not as robust as the safety net established with the Lehman version of the Immanuel Approach.

f. Avoids talking about trauma, avoids deliberate trauma-work: With the PtP version, recipients can sometimes receive healing for trauma if they are already connected to trauma as they go into the process, or if trauma comes up spontaneously during the process; but the facilitator does not initiate or lead trauma work in any way. In fact, the PtP version deliberately, explicitly avoids talking about trauma or initiating trauma work of any kind. In contrast, with the Lehman version of the Immanuel Approach, which includes a lot of teaching about trauma and steps to address trauma, trauma work is routine and common. If a recipient wants help with resolving trauma, the facilitator can coach them through a well-established process for doing this. If a recipient is persistently avoiding trauma that is disrupting their life, the facilitator can help identify and address this persistent avoidance. And if there are blockages and/or defenses hindering trauma resolution, the facilitator can help to identify and resolve these blockages and/or defenses. Overall, the PtP version of the Immanuel Approach is much less effective for identifying and resolving trauma.

g. Minimal teaching regarding theory: Some people will be more open to the Immanuel Approach, will be able to facilitate more effectively and efficiently, and will be able to receive more effectively and efficiently if they understand the theory behind each of the components of the process. For these people, eliminating almost all teaching regarding theory will significantly reduce openness, effectiveness, and efficiency. (This would certainly be my experience if I were encountering the Immanuel Approach for the first time.)

In the *Pass the Peace* booklet, Dr. Wilder mentions that people are unusually open to God's presence during times of crisis and that God seems to release special grace to people in crisis, and I agree with this assessment – I have observed these same phenomena. And when it is being used in the extreme situations for which it was designed, these beneficial factors for people in crisis will certainly decrease the negative impact of the ways in which PtP is less effective. However, even with these special beneficial factors, there will still be some people for whom the differences between the PtP version of the Immanuel Approach and the Lehman version will mean the difference between the process working or not working.

Furthermore, if those who learn the PtP version end up using it wherever they go, and not just in the extreme situations for which the major modifications were specifically developed, it will be **much** less effective for many recipients. For example, at the Urbana 2022 conference, our estimate from facilitator feedback is that 20 to 40% of the recipients required some amount of troubleshooting to be able to perceive and connect with the Lord and have a positive experience; and my perception is that these recipients would have had disappointing, negative experiences if we had been using the PtP version (that does not include any troubleshooting). Therefore, my request/recommendation is that we use the PtP version only in the extreme situations for which it was designed and where it is truly needed.

4. Inoculation against the Immanuel Approach (potentially huge cost): Mediocre, disappointing outcomes are an immediate disappointment for the specific session that goes

poorly, but a much larger, more important concern is inoculation. If recipients try PtP and have a disappointing experience, they will be inoculated against the Immanuel Approach. They will believe that they have tried the Immanuel Approach, and that it was minimally helpful. At any point in the future, these individuals (and any others in their community that witness and/or hear about their disappointing experience) will be uninterested: “We already know about that – we’ve already tried that – it was a disappointment and we’re not interested.”

In light of this additional concern, I *strongly* request/recommend that people in the Immanuel Approach community use the PtP version only in the extreme situations for which it was designed and where it is truly needed.

5. Causing confusion in the wider IA community: The PtP version of the Immanuel Approach is so dramatically different from the IA process that I teach that many cannot even recognize it as the Immanuel Approach. As mentioned above, people in the wider Immanuel Approach community have come to me in varying degrees of confusion and distress, asking why the PtP version is even called the Immanuel Approach. Hopefully these explanations regarding the dramatic differences between the PtP version and the Lehman version will resolve unnecessary confusion and/or distress.

IV. Working with spouse and/or family and/or friends

A. What about using the Immanuel Approach with my children (or grandchildren, or nephews/nieces, etc)? See “Can the Immanuel Approach be used with Children?” in the “II. Can the Immanuel Approach be used with _____ (fill in the blank)?” section above.

B. How do you help your kids with healing when you know you’ve done things that have caused emotional damage? How can you be the one to help when you’ve caused the pain?

- One of the most valuable things you can do is to be persistent in getting your own healing to the point that your children can see the fruit. This is especially true with respect to any triggered patterns that contributed to the harm to your children. You want your children to know that you are working on your own healing, and you want them to be able to *see* meaningful change with respect to the patterns in your behavior/triggering that hurt them. Your children will be much more open to anything you say about Immanuel Approach healing, and anything you offer with respect to healing for them, if they know you are getting your own healing and they can actually see lasting, observable positive changes that are accumulating steadily over time.

There is a modeling component that is powerfully helpful,³³ it will be meaningful to them that you care enough about these hurtful behaviors that you are taking responsibility to resolve them, and they will feel more emotionally safe with you as they see you becoming healthier and stronger,

³³For the right-hemisphere capacity and emotional-maturity-skill components, it will be very helpful for your children to see you leading the way with respect to the courageous, vulnerable work of looking at and getting healing for emotional wounds.

- Get healing for any pain and triggers you carry with respect to hurting your children. For example, it will really get in the way if your own triggered pain and shame around hurting your children causes you to have a triggered, pressured need to “help” them, *so that you will be able to feel better*.
- Apologize, with relational circuits on, no triggering, and no excuses. If you can’t do this, keep going back to your own healing until you can. (Note: if you are *not* triggered and your relational circuits *are* on, it will be surprisingly easy to offer thorough, clean, heartfelt apologies with no excuses or justifications mixed in; and if you *are* triggered and your relational circuits are *not* on line, it will be incredibly difficult (impossible?) to offer thorough, clean, heartfelt apologies that will feel good to your children.)
- When you offer to facilitate Immanuel Approach healing, describe exactly what you are offering/suggesting, and then ask if they would like to try it. (If you have already been sharing, as appropriate, about your own healing journey, they will already know a lot about the Immanuel Approach and this last step will be easy and natural.) You can also suggest that they might work with someone else, if that would be more comfortable. And then give them the space to say “no” if they don’t feel comfortable with this for any reason. Again, if you have been sharing about your own healing journey (as appropriate), and if they can see lasting positive changes in your life, they will be more open to anything you have to say and anything you offer/suggest with respect to their healing.

I know of families that are getting excellent results with the parent facilitating IA sessions for adult children, even with content that often includes ways in which the parent-facilitator hurt the child. My perception is that a big part of the success is that the parents in question have gotten a lot of their own healing, so that they are not feeling defensive or triggered regarding ways in which their wounds, blind spots, weaknesses, sins, etc. have hurt their children. And I’m sure it has also been helpful that these children have seen their parents lead the way with respect to healing for emotional trauma.

C. What about Immanuel Approach for couples? At some point I hope to address this very important topic much more thoroughly; but for right now, here are some key pieces in my approach to working with couples:

- *Learn to recognize non-relational mode:* I challenge/inspire/invite/implore/require both partners to read chapters 15 & 16 in *Outsmarting Yourself*, and then help them to learn the maturity skill of recognizing when their relational circuits go off.
- *Learn to get relational circuits back online:* I challenge/inspire/invite/implore/require both partners to read chapters 18 through 22 in *Outsmarting Yourself*, and then help them to build the habit of using the tools in these chapters for getting them back on. (Getting one’s relational circuits back online *dramatically* decreases the short-term cost of being triggered.)
- *Understand trauma, triggered implicit memory, and the VLE:* I challenge/inspire/invite/require both partners to read chapters 1 through 6 in *Outsmarting Yourself*, so that they can

understand how trauma, triggered implicit memory, and the Verbal Logical Explainer (VLE) combine to produce LOTS of relationship disruption when one or both of them get triggered. (Implicit memory content from old trauma slides forward and feels true in the present, and their VLE convinces them that the thoughts, emotions, and perceptions from the old trauma are actually being caused by their spouse in the present.)

- *Immanuel Approach healing work to progressively decrease the trigger burden:* I challenge/inspire/invite/require both partners to do Immanuel Approach healing work in order to shovel away at the traumas that are behind the triggered reactions that are disrupting their marriage. Sometimes they need to do this work separately (if they get too triggered and/or feel too unsafe with the other person in the room), but sometimes I do this with both partners in the room. (It has often been a powerfully bonding, trust-building, compassion- building experience for each of the spouses to see the other go to the underlying trauma. Seeing their partner in the childhood memory that is underneath the difficult/irritating/painful behavior in the present usually brings compassion and understanding.)
- *The Immanuel Approach and relational circuits in conflict resolution sessions:* Possibly the biggest reason that many couples' sessions go poorly is that both partners get triggered in the process of trying to work with some point of conflict. They both get triggered as they are talking about the point of conflict, and then they try to resolve the conflict while both are in non-relational mode, while both have "invisible" implicit memory content distorting their perceptions and clouding their discernment, while both have decreased capacity, and while both have impaired maturity skills. They hammer away at each other with relational circuits off line, distorted perceptions, clouded discernment, decreased capacity, and impaired maturity skills. If I am doing a couples session and this scenario unfolds, I call a timeout and describe what I am observing, especially noticing specific indicators that each of their relational circuits are offline. And with the foundation from first four points above already in place, we then pursue either: 1) I coach each to go to a positive memory, stir up appreciation, and connect with Jesus. And then, with relational circuits back online, we come back to the point of conflict. Or, 2) I coach each partner through a piece of IA healing work, where each can watch the other go with Jesus to the underlying pain that was contributing to the point of conflict. And then we come back to the point of conflict with relational circuits back online, compassion on both sides, and at least one piece of contributing trigger resolved on each side. Option two especially yields consistently good results.
- *Using the Immanuel Approach to facilitate healing for each other:* This is not always possible (depending on many variables), but some couples are able to learn to facilitate Immanuel Approach healing for each other. Note: Most couples are *not* able to facilitate healing for each other regarding triggers that contribute to conflict between them; but many couples are able to facilitate regular, beautiful healing for many issues that are *not* directly involved with conflict between them. This is usually a powerful positive bonding experience, and as they progressively dump out trauma and triggers on both sides, the overall level of joy and health in their marriage and family steadily increases.

V. Practical questions regarding facilitating sessions (basic level)

A. How can you tell if the recipient is perceiving and interacting with the genuine presence of Jesus, or whether she is just making things up with her own mind? And how do you discern when the recipient is perceiving and engaging with some other presence that is not actually Jesus? (Basic-level comments) This is a really common question as people first learn about the Immanuel Approach.

- One important, encouraging point to make in answering this question is that this issue usually turns out to be *much* less of a problem than most people anticipate.
- Another important, encouraging point to make is that we have one particular diagnostic indicator that is *one-hundred percent reliable, when followed over time*. If the recipient appears to be perceiving and interacting with Jesus *and she demonstrates objective, observable, lasting positive changes that accumulate steadily over time*, you can be confident that she is, indeed, engaging with the genuine presence of Jesus. In contrast, even if the recipient reports that she is perceiving the presence of Jesus, and describes all kinds beautiful, dramatic interactions with Him, if she does NOT demonstrate objective, observable, lasting positive changes that accumulate over time, you will know that she is NOT actually engaging with the genuine presence of Jesus – you will know that significant contamination and/or counterfeit is hindering the process.

See chapter 31 in the big lion book for a thorough discussion of basic-level contamination and counterfeit phenomena and how to address them.

B. What do you do when the recipient is so mad at Jesus that they don't want to work with Him, and so are not allowing the healing process to move forward? This scenario is actually fairly common, and is discussed in detail in the big lion book (pages 359-365). For the reader's convenience, I included here a few sample thoughts from the more detailed discussion.

- Intense anger toward the Lord can often prevent the recipient from even perceiving His presence. Not only is the person so angry that they don't want to work with the Lord or talk to the Lord, but they are so angry that they don't even want to allow Him to be tangibly present. In these scenarios, you need to address the blocking anger before the person is even able to perceive Jesus' presence.
- As with most other blockages, blocking anger can often be resolved with very basic interventions, such as simply helping the person to focus and get words for their anger, and then helping them to tell Jesus about their anger and ask Him for help.
- However, you will occasionally encounter blocking anger that is particularly intense, particularly persistent, and that requires more advanced Immanuel Intervention troubleshooting. In these scenarios, I find that it is important to work *in the context of the specific memories that are the source of the person's anger*.
- Once the recipient has identified the specific memory-anchors for their anger, and they are

“inside” one of the memory-anchors, I find that I can usually attune to the recipient in the place they are angry, validate the pain underneath their anger, and then invite/coax/negotiate with them to come up with an acceptable plan – *specific conditions that feel acceptable to them* – for allowing the Lord to be present. For example, “Would you be willing to allow Jesus to be present with you in this memory if the agreement is that you can be angry, you can say anything you want, and Jesus will agree to listen to everything you have to say? This is your chance to be heard – this is your chance to tell Him how angry you are about ____ (fill in the blank)! So would it be okay for Him to be present if He agrees to just listen?”

- When I’m working with this kind of intense blocking anger, I find that the recipient often also has an associated blocking fear that there will be negative consequences of some kind if they allow Jesus to be present and express their anger towards Him. For example, the recipient is often afraid that Jesus will be angry at them and/or punish them in some way and/or cut them off relationally if they really let themselves express their anger towards Him.
- This blocking fear can often be resolved with very basic interventions, such as simply helping the person to focus and get words for their fear, and then helping them to tell Jesus about their fear and ask Him for help. And for the scenarios in which the blocking fear is particularly intense and persistent, and requires intermediate-advanced interventions, I use similar interventions as just described for anger. For example, I invite/coax/negotiate with the recipient to come up with an acceptable plan – *specific conditions that feel safe to them* – for allowing the Lord to be present. (See pages 355-359 in the big lion book for more details regarding how to address difficult blocking fears.)
- Once the person becomes willing to allow Jesus to be with them in one of the specific memories anchoring their anger, and once they can perceive His presence with them there, I help them to get words for their anger and then coach them to engage directly with Jesus.
- Note: *it is very important that they talk directly to Jesus, and pay attention to His responses*, as they engage with Him regarding their anger. My observation is that recipients receive very little benefit if they just spew their anger into the air (even with Jesus standing beside them as an observer). In fact, they just refresh and rehearse their anger. However, if they *stay focused on Jesus*, if they *talk directly to Jesus* as they express their anger, and if they *constantly pay attention to Jesus’ responses* as they engage with Him, ***then something good happens.***
- I usually coach with something along the lines of, “You can be as angry as you want to, and you can *express* your anger in any way you want to (as long as you don’t throw furniture in my office), *but I ask that you express your anger directly to Jesus, and that you continue to focus on him and notice his responses as you’re expressing your anger.*” And then, as they’re expressing their anger, I periodically check in to make sure they are continuing to focus on Jesus, and I ask them to observe and report regarding how he’s responding.

C. Is it ever okay to just go straight to working with a trigger and/or traumatic memory, as

opposed to always needing to start with an initial positive memory and connection with Jesus? I have not yet had the time to write a thorough, systematic discussion of this point, but here are a number of thoughts that should be helpful:

- I think the safety net pieces are especially important for beginners, for group exercises, for lay-ministers, and for situations where there will be minimal supervision and I don't know the people involved. In these situations, the safety nets especially help prevent bad outcomes that are really costly. And therefore, in these situations I am very emphatic about needing to start with the positive memory, appreciation, and initial connection with Jesus.
- Also, for people who have a lot of trouble with capacity, I especially emphasize the importance of recalling a positive memory, stirring up appreciation, and connecting with Jesus at the beginning of each session.
- Furthermore, it is important to remember that the number one priority for the Immanuel Approach process, and for the whole Immanuel Approach lifestyle, is increased intimacy with God. With recipients who are not in crisis, who seem to be mostly focused on symptom relief, and who want to rush or skip the initial steps, it is important to periodically remember that regularly practicing positive memory recall, appreciation, and connection with Jesus is one of the most important things they can do to promote ultimate, long-term emotional and spiritual thriving.

These points being made, it is also important to acknowledge very real, very practical concerns with respect to time, money, urgency, and efficiency:

- If a person has time-limited sessions (often just 50 minutes in the usual psychotherapy practice), that are expensive with respect to both time and money, and if they are struggling with symptoms that are causing intense practical difficulties in their lives, then taking time at the beginning of each session to go through the initial steps of recalling a positive memory, stirring up appreciation, and establishing an initial connection with Jesus can feel like a luxury that they just can't afford.
- In my psychotherapy practice, I have clients who have difficulty finding and connecting with certain important trauma roots. With these clients, we can spend much of the session just trying to find and connect with the memories that are anchoring the issues we are trying to resolve. In fact, we sometimes even spend the entire session, for multiple sessions in a row, just trying to find and connect with the underlying traumatic memories. So when one of these people comes into a session already stirred up about a key therapeutic target (that is, already connected to the negative emotions from strategic underlying traumatic memories), I see the activated trigger as a special opportunity to work more easily with material that is otherwise very hard to access.³⁴

³⁴I myself am one of these people who often have great difficulty finding and connecting with certain important trauma roots. So with my own personal healing journey, when I bump into certain triggers and get stirred up about certain strategic issues, I just jump right into healing work instead of starting with the positive memory, appreciation, and initial connection with Jesus.

Furthermore, we have already done experiments to test this theory. For some sessions, when these clients came in all stirred up about one of their issues that is rooted in difficult-to-access underlying trauma, we began the session with the usual positive-memory recall, appreciation, and connection with Jesus. And, to our frustration and disappointment, we found that the difficult-to-access trauma had usually gone back into deep storage by the time we finished these usual initial steps. In contrast, for other sessions, when these clients came in all stirred up about one of their difficult-to-access-the-underlying-trauma issues, we went straight to healing work – I went straight to coaching the recipients to lean into their triggers and ask Jesus for help in finding the underlying traumas. And we were impressed by how much easier it was to find and connect with the underlying traumatic memories that were usually so difficult to access.³⁵

- From previous experience with these clients, I know that they usually have capacity to go into traumatic memories. Also, these clients already have lots of practice with establishing interactive connections with Jesus, so if we sometimes skip the positive memory and connection with Jesus at the beginning of the session, and just jump right in with the trigger, they are still able to get a connection with Jesus once they get inside of a specific traumatic memory. Finally, these clients are usually able to work with Jesus to resolve their traumatic memories. With these pieces already known, it is particularly low risk to jump right into healing work at the beginning of some sessions.
- Yet another factor is that I know that these clients have good coping skills and good support networks, so that I can be confident they will not end up in crisis at the end of the session. Furthermore, we have discussed this question of occasionally skipping the initial steps (again, *for certain strategic scenarios, such as when they come in all stirred up regarding issues that they usually have difficulty accessing*); and they have agreed with the plan to occasionally, strategically skip the safety-net piece at the beginning.
- Yet another factor is that, as a mental health professional in the one-on-one setting of a therapy session, I have other tools besides the Immanuel Approach safety net to help with clients who might get stuck in a bad place.
- Yet another factor with these clients in my private practice is that I have notes about positive memories and connections with Jesus from prior sessions. So we actually *do* have

³⁵One last observation regarding certain traumatic memories being especially hard to access: The same recipient can sometimes experience dramatic variability from one issue to the next. That is, a given recipient can come into a session all stirred up about *certain* issues, but with attunement regarding the initial triggering and reassurance that we will come right back to it, the recipient will be able to easily reconnect with the initial triggering and easily find the underlying traumatic memories, even after temporarily changing gears to go through the usual initial steps of positive memory recall, appreciation, and connection with Jesus. *And this same recipient* will have the opposite experience with other issues – with other issues, if they temporarily change gears to go through the initial steps of connecting with Jesus in the positive memory, they will have tremendous difficulty reconnecting with the initial triggering and finding the underlying traumatic memories. With these recipients, the facilitator and recipient will want to work together to identify the strategic targets for which they will want to use the modified process of going straight to healing work.

the safety-net ingredients in place. The safety-net ingredients are not quite as strong when they have not been refreshed right at the beginning of the session; but they can still be effective, especially with persistent coaching, and they are one of the tools in my mental-health-professional tool box if the person runs into trouble.

Another way to say all of this is that I sometimes use a modified version of the Immanuel Approach in my private psychotherapy practice and in my personal healing work, *for certain situations*. I would describe this modified version as, “all of the other components of the Immanuel Approach, but just not the initial positive memory and initial connection with Jesus at the beginning of *this particular session*.” (And just in case you’re having trouble remembering components of the Immanuel Approach other than the really important piece of (usually) starting each session with a positive memory, appreciation, and connection with Jesus, another really important component of the Immanuel Approach is the especially strong emphasis on an interactive connection with Jesus *throughout the entire session*. For example, the first thing you do when the recipient connects with a traumatic memory is to help her to perceive and connect with Jesus inside the traumatic memory; and as the recipient works with Jesus to process the trauma, you coach her to focus on Jesus and engage directly with Jesus regarding every question, issue, problem, etc. that she encounters. See chapters 3 and 39 in the big lion book to review other important components of the Immanuel Approach.)

D. Self-pity: It seems like some recipients get stuck in self-pity, and that this gets in the way of moving forward with the Immanuel Approach. How do I help with this? Self-pity can really hinder the Immanuel Approach process – it can really get in the way of emotional healing, and can even get in the way of using the Immanuel Approach to just connect with Jesus. If you are encountering self-pity in a recipient you are working with (or in your own journey toward growth and healing), I would strongly encourage you to look at “The Deadly Perils of the Victim Swamp: Bitterness, Self-Pity, Entitlement, and Embellishment.”³⁶ (free download essay, posted on the Special Subjects/Advanced Topics section of the Resources page of www.immanuelapproach.com). In the mean time, here are a few quick, practical thoughts regarding interventions:

- Most people feel either offended or ashamed (or both) when someone points out that they are in self-pity. So it’s really important to start with making sure that your relational circuits are on, and to start with generous attunement to any legitimate pain. (Note: your relational circuits will need to be **strongly** online to be able to offer generous attunement to someone in self-pity.)
- If possible, share about your own experience with self-pity – a simple, powerful way to communicate “I understand how someone could get into this place, and I will be able to look at this with you without judging you.”
- Gently, relationally share the specific observations that lead you to think that self-pity

³⁶Karl D. Lehman, “The Deadly Perils of the Victim Swamp: Bitterness, Self-Pity, Entitlement, and Embellishment,” last modified May 5, 2006, Special Subjects/Advanced Topics section, Resources page, www.immanuelapproach.com).

might be present. (This might be as simple as, “Together, as a team, I would like to look at the possibility that self-pity might be making things more difficult. And I bring up the possibility of self-pity because the way you have been talking about your pain reminds me of how I talk about my pain when I slide into self-pity.”)

- At this point (depending on the person’s reaction and what feels right), one option is to make an invitation along the lines of, “Would you be willing to look at this possibility with Jesus? Would you be willing to focus on Jesus and ask Him what He thinks about this possibility?”
- If you sense resistance, you can also coach the person to take this directly to Jesus. For example, “I may be perceiving this incorrectly, but it seems like maybe you’re feeling hurt (and/or ashamed and/or offended) by my thought that you might be stuck in self-pity. Are my perceptions at all on target?” And then after helping the person get words for whatever they are thinking and feeling (for example, “It just feels so shameful to think about having self-pity), and after communicating (*especially nonverbally*) that you hear them and are still glad to be with them, you can make an invitation along the lines of, “Would you be willing to focus on Jesus and talk to Him about these thoughts and feelings?” Finally, after the resistance has been addressed, you can go back to coaching the person to focus on Jesus and asking Him about the possibility of self-pity.
- The *Victim Swamp* essay is an additional resource. One option is to bring this in immediately after sharing your observations. For example, “So I might be wrong, but if you’re willing to try it, I would like you to look at this essay and then we can talk more about this possibility at your next session. The good news perspective is that self-pity really gets in the way of Immanuel Approach healing and there are fairly simple interventions that usually resolve it. If self-pity *is* part of the problem, and we resolve it, then your Immanuel Approach healing work will get a lot easier.” On the other hand, it sometimes feels right to go directly from sharing your observations to inviting the person to look at the question with Jesus. If you do this, and the person has good interactions with Jesus, *but you feel that the issue is not yet fully resolved*, you can acknowledge the initial positive results and then also suggest the Victim Swamp homework idea. “Strong work for looking at this with Jesus! I think this is really important. Just to make sure that we really get this sneaky stinker out of the way, would you be willing to look at this essay between now and your next session, and then we can go over it together with Jesus just to make sure we don’t miss anything.”

E. Sometimes facilitators seem very directive, rather than letting Jesus lead the session. They take the place of Jesus and speak for Him. Are there precautions to make sure one doesn’t move into control and manipulation? This is one of my biggest challenges when training/coaching mental health professionals and those with lots of experience in ministry. They keep jumping back into the driver’s seat, to lead the session in the same ways they usually lead therapy and/or other approaches to ministry. They have spent many years learning and practicing a variety of principles, techniques, skills, and tools, and it is very easy (and natural, and common) to slip back into familiar patterns of using these familiar principles, techniques, skills and tools to lead the healing work.

NOTE that many of these principles, techniques, skills, and tools can still be applied, but in new ways in the role of serving as Jesus' assistant, and in coaching the recipient to focus on Jesus and interact directly with Jesus.

Furthermore, the facilitator will need to use many of these old principles, techniques, skills, and tools for *intermediate-advanced* work, when she will need to lead the process during blocks of time in which the recipient does not have a good connection with Jesus.

Finally, an entire chapter of the big lion book (Chapter 25: Let Jesus Drive (with Respect to Non-process Aspects of the Session)) has been dedicated to addressing this very important topic. If you are encountering situations in which the facilitator seems to be taking over for Jesus, or if you are concerned about this in your own work as a facilitator, I would encourage you to look at the material in this chapter.

F. How do you recover when you are failing as a facilitator and the session has already turned into a big mess? I'm afraid to start in case this happens and I won't know what to do. First, if you are facilitating a session and "it turns into a big mess," then use the positive memory and Jesus connection safety net for *both yourself and the recipient*. That's what the safety net is for.

Second, after you and the recipient are both back at home base (in a safe, positive memory, feeling appreciation and connected to Jesus), I would encourage you to:

- Get a consultation and/or refer the person to someone more experienced.
- Get Immanuel Approach healing for any of your own triggering related to the session.
- Keep learning and growing in your Immanuel Approach knowledge and skill, and then get back in the ring (with the same person, if he is willing, or with other recipients with similar concerns).

And third, I would encourage you to get Immanuel Approach healing for yourself as soon as is convenient, regarding any triggered component of the fear you have about "failing as a facilitator" and thereby causing an IA session "to turn into a big mess."

G. Can a person facilitate a session for themselves/do the Immanuel Approach on their own? **See the answer to this question in the "Miscellaneous general questions" section, below.**

VI. Practical questions regarding facilitating sessions (intermediate – advanced level)

A. How can you tell if the recipient is perceiving and interacting with the genuine presence of Jesus, or whether she is just making things up with her own mind? And how do you discern when the recipient is perceiving and engaging with some other presence that is not actually Jesus? (Intermediate-advanced level comments) This is a really important question, since the recipient's unconscious mind and/or internal parts and/or demonic spirits will sometimes contaminate the presentation of Jesus, or even produce a "counterfeit" Jesus that

the recipient can mistake for the real Jesus. As mentioned above, the most important basic-level answer is that this issue usually turns out to be much less of a problem than most people anticipate. That being said, this is still an important question. Chapters 31, 32, and 33 present thorough discussions of basic, intermediate, and advanced-level contamination and counterfeit phenomena, and how to address them. To give you an idea of the kind of intermediate-advanced material that is available, I have included a few sample points from chapters 32 and 33:

- Both internal parts and demonic spirits seem to have learned that one of the most powerful ways to disrupt a person's Immanuel connection and Immanuel healing journey is to contaminate or counterfeit the presence of Jesus so that the recipient perceives "Jesus" to be doing something disturbing, confusing, or inappropriate. As long as the recipient thinks that the disturbing/confusing/inappropriate content is really coming from Jesus, they will be profoundly disturbed and unable to continue with the Immanuel Approach process. This is surprisingly common, and I have seen it many times.
- One piece of good news is that demonic spirits tend to do very poorly with respect to impersonating Jesus, so their attempts at contaminating or counterfeiting the presence of Jesus are usually pretty easy to spot. More good news is that there is a simple test that has been 100% accurate so far in my experience. I call it the "First-John" test (since it comes from 1 John 4:2-3), and it is described in the essay "Distinguishing Between Demonic Spirits and Internal Parts."³⁷ Here's the very short summary: If the presence can say 'Jesus Christ is the Son of God and came in the flesh' then it is either Jesus or an internal part. Demons simply cannot do this.
- When the recipient encounters a presence that does not seem to be life-giving (and especially if we work with it for a while, and the whole picture continues to seem NOT life-giving), I try the First-John test. And then if the presence can pass the First-John test, I use the direct-eye-contact technique³⁸ to work with the internal part(s). Whenever we discover that internal parts are producing a counterfeit Jesus, we can always eventually figure out why they are doing what they are doing, and then help them engage directly with the real presence of Jesus to resolve the reasons they are producing a counterfeit.

B. What do I do when both I and the recipient are initially convinced that she is interacting with the genuine presence of Jesus, but then partway through the session she reports that Jesus is starting to say and/or do things that are strange and/or confusing and/or disturbing?

- *Genuine Jesus is ALWAYS life-giving:* When I'm in the middle of a session, and it seems

³⁷ Available as a free download from the Special Subjects/Advanced Topics section of the Resources page of www.immanuelapproach.com.

³⁸For information regarding the direct-eye-contact technique, see "The Direct-Eye-Contact Technique for Engaging with Internal Parts," available as a free download from the Special Subjects/Advanced Topics section of the Resources page of www.immanuelapproach.com.

like we have been working with the genuine presence of Jesus but then the recipient starts to describe interactions with “Jesus” that are strange, surprising, or confusing, the first thing I do is to remind her (and myself) of the basic, foundational truth that Jesus is *always* life-giving: “The genuine presence of Jesus is *always* life-giving. If this presence you’re interactive with is really Jesus, then He will be life-giving; and if this presence is not life-giving, then it’s not Jesus.”

- *Not yet perceiving Jesus’ larger strategy*: A fairly common reason that the facilitator and recipient will initially be convinced that they are working with the genuine presence of Jesus, but then later become uncomfortable with what He is saying and/or doing, is that they do not yet perceive His larger strategy. So after reminding the recipient of the basic, foundational truth that the genuine presence of Jesus is always life-giving, I’ll say something along the lines of, “Let’s carefully go forward with this, and if the presence you’re engaging with is really Jesus, then the pieces will eventually come together, make sense, and be life-giving. If this happens – if the pieces do eventually come together and the whole package is life-giving – then we can be reassured that the presence we’re working with really is Jesus. And we can be especially confident as we observe that lasting positive fruit is accumulating over time.

In contrast, if we go forward and the pieces do *not* come together into a package that is life-giving, then we will know that this presence is *not* Jesus, and we will just troubleshoot regarding contamination/counterfeit.

- *Internal parts can take over in the middle of a session*: An interesting detail with respect to contamination and/or counterfeit is that internal parts seem to be able to take over a session that is initially interacting with the genuine presence of Jesus. That is, I have seen sessions in which the recipient was clearly *initially* interacting with the true presence of Jesus, but then she became confused and disturbed, she described “Jesus” to be saying and doing things that were no longer life-giving, and we eventually discerned that she was no longer engaging with the genuine presence of Jesus, but rather with a counterfeit that was being produced by internal parts. My understanding regarding these sessions is that internal parts were able to “take over” the recipients’ perceptions of Jesus’ presence because the Lord was permitting these recipients to exercise their free will choices to allow interference. For example, if the recipient realizes that the healing work is moving toward an important traumatic memory that she does not want to look at, and she therefore chooses to allow an internal part to take over her internal perception of Jesus’ presence, the Lord will allow her to do this.

The good news is that once we figure out what’s happening, and deal with the underlying reasons for the interference, the recipient will report, “Oh, now the real Jesus is back again – I can sense/see/feel that this is the real Jesus again.” And then the confusing, disturbing content from the Jesus-presence (now truly Jesus) stops, and her interactions with Jesus become life-giving again.

- *Genuine Jesus can be outside of the box*: Sometimes the genuine presence of Jesus says and/or does things that seem strange and/or confusing and/or disturbing because they are

“outside of the box” for the recipient and/or facilitator,³⁹ or because they present truth that the recipient and/or facilitator have difficulty accepting.⁴⁰ It is always important to humbly, carefully consider this possibility.

When considering this possibility, you will want to watch *very* carefully regarding “Is the whole picture life-giving?” And you should continue to watch this closely as you work with the possible-Jesus presence over time. For example, I have worked with recipients who have been confused and disturbed by the fact that Jesus wanted to be with them, and by the way He related to them with profound tenderness and compassion, even while they were still floundering in messy, painful sin and dysfunction. They had been taught that Jesus would only want to be with people after they surrendered, repented, and turned away from the sin and dysfunction in their lives, and they were therefore afraid that the presence that was showing up in their Immanuel sessions might not really be Jesus. However, as these recipients continued to work with this “possible Jesus,” it became increasingly clear that the work was profoundly life-giving, and that observable positive changes were steadily accumulating.

3. *Have you ever used EMDR with the Immanuel Approach?* I routinely use EMDR with the Immanuel Approach in my professional practice. My perception is that it can provide a neurological turbo-charge that speeds the healing process. But it can also overwhelm recipients and breach defenses that they are not yet ready to surrender voluntarily, and therefore needs to be used very carefully by mental health professionals with appropriate training. In recent years, most of my clients have been getting such good results with the Immanuel Approach that they have not felt the need or desire to include EMDR as an additional resource. At this time, the primary place for EMDR in my practice is for finding and removing memory-anchored blockages that are preventing a client from being able to use the Immanuel Approach. For a much more detailed discussion of EMDR and the Immanuel Approach, see the essay, “The Immanuel Approach and EMDR: F.A.Q.s and Common Misunderstandings.”⁴¹

4. *As a mental health professional, is it appropriate to bill insurance for Immanuel Approach sessions?* First of all, in light of the discussion above regarding empirical evidence supporting the Immanuel Approach, it should be clear that it is appropriate to include the Immanuel Approach as part of the treatment plan for a wide variety of clinical mental

³⁹See the “Could this Really be from God?” section in chapter 28 in the big lion book for examples of Jesus saying and/or doing things that some might experience as “outside of the box.”

⁴⁰With respect to Jesus presenting truth that we have difficulty accepting: The different denominations and factions within Christianity disagree regarding a number of important questions/issues. Both sides can’t be right. This means that many of us must be mistaken regarding one or more of these important questions/issues. What do we do with the possibility that the genuine presence of Jesus might present truth that indicates we are in error regarding an important question or issue?

⁴¹Karl D. Lehman, “The Immanuel Approach and EMDR: F.A.Q.s and Common Misunderstandings,” last modified March 11, 2020, Special Subjects/Advanced Topics section, Resources page, www.immanuelapproach.com.

illnesses.⁴²

Secondly, mental health professionals will be providing the Immanuel Approach in the wider context of a psychotherapy practice, and this wider context includes resources that will be important and valuable for whatever specific psychotherapy principles and techniques that might be applied. For example, mental health professionals receive training regarding boundaries and ethical practices, and they practice under the supervision and regulation of professional boards. This provides important protection for vulnerable recipients. Mental health professionals also receive training regarding basic therapy principles, tools, and techniques, such as listening skills, mindsight, mindfulness, attunement, relaxation techniques, and other tools for finding and resolving trauma-anchored blockages (very important for recipients who are not yet able to perceive or connect with Jesus). In this wider context of a psychotherapy practice, I think it is appropriate for mental health professionals to consider Immanuel Approach work as a form of psychotherapy.

Thirdly, my understanding with respect to therapists in the United States is that if you are a licensed mental health professional authorized to bill insurance, all you have to specify is “psychotherapy.” That is, you don’t have to specify which of the many forms of psychotherapy you are using when you fill out the insurance-billing paperwork. And, as discussed above, there are literally hundreds of different approaches to psychotherapy currently being used by mental health professionals, most of which have less case study support, less indirect research support, and less theoretical support than the Immanuel Approach. Mental health professionals bill insurance for all of these other forms of psychotherapy. I think it is at least as legitimate to bill insurance for Immanuel Approach emotional healing work.

Therefore, as a licensed mental health professional (physician, specialty of psychiatry), I bill Immanuel Approach sessions as psychotherapy; and in the chart notes I label the session as “Psychotherapy with components of EMDR, exposure therapy, and cognitive-behavioral therapy, with the explicit goal of memory reconsolidation, and with faith-based components at the patient’s request.”⁴³ If someone asked me to defend this policy of billing for Immanuel Approach work, I would point out that my Immanuel Approach work is provided in the wider context of the many psychotherapy resources I bring to the table, I would point out that the faith-based components of the Immanuel Approach are included *at the patient’s request and with the patient’s informed consent*, and I would point out that the Immanuel Approach incorporates many of the key principles and techniques from mainstream psychotherapies, including those that are most strongly supported by empirical research (such as cognitive-behavioral therapy, exposure therapy, Eye Movement Desensitization and

⁴²For additional discussion regarding the appropriateness of including the Immanuel Approach in the treatment for clinical mental illnesses, see Karl D. Lehman, “The Place of the Immanuel Approach In the Treatment of Clinical Disorders,” last modified July 14, 2023, Special Subjects/Advanced Topics section, Resources page, www.immanuelapproach.com.

⁴³I present the Immanuel Approach as an option, and then we include it if the patient says, “Yes, I would like to include that as part of my care.”

Reprocessing (EMDR), and coherence therapy).⁴⁴

G. Working with internal parts

1. Does each internal part need to be lead to Christ? Each internal part needs to get to know Jesus – each internal part needs to learn the truth about His character and heart. (And with parts that have carried hugely distorted perceptions of Jesus, this is sometimes a long, complicated, and wonderful process.) But my understanding of scripture (and my observations during sessions) is that a person has only one spirit; and once the recipient's spirit has accepted Jesus as the leader, source of forgiveness, etc. for her life, then this "salvation" question has been taken care of and does not need to be repeated. One of my personal observation data points supporting this position is that, when working with Christians, I regularly discover internal parts that think they are not yet Christian – that think they are not yet "saved." However, in one-hundred percent of these scenarios Jesus accepts them immediately, with no indication of the need for any kind of "salvation" conversation. He will often address wounds that need to be healed, lies that need to be replaced with truth, demonic spirits that need to be removed, and sins that need to be repented of and forgiven, but Jesus has never indicated that newly discovered parts of a believer need to be led to the Lord as if they are truly different persons, each with their own separate spirits.

As a quick addendum: In many situations, internal parts have been co-conscious with the person's adult self/core self, and have been quietly watching, learning, and agreeing with the core/adult self as she has come to know and follow the Lord. So in many situations, the internal parts are essentially in the same faith position as the core/adult self. The most common scenario is that an internal part will mostly share the same faith package, but carry a traumatic memory (or memories) that are the source of certain specific distorted perceptions about the Lord's character and heart; and when the traumatic memory anchor is resolved, the part will then be able to perceive and feel the truth. See supplementary Chapter 35c for a much more detailed discussion of how traumatic memory anchors can be the source of distorted perceptions regarding the Lord's character and heart (with or without the involvement of internal parts).

2. How do you handle a client with 2 or 3 different parts that are so intensely at war with each other that they continually hijack his system and keep him from being able to talk to Jesus? This is actually a fairly common scenario with advanced Immanuel Approach work. When I encounter this situation, I work directly with each of these parts, in every possible way I can think of (with lots of prayer asking for Holy Spirit inspiration), to try to get each one to be willing to engage directly with Jesus. The ideal goal I am always working towards is to get to the place where each of the parts trusts Jesus enough to let Him lead the overall process. Then, when they each trust Jesus to lead, Jesus being in the middle and leading the whole process can disarm the polarized adversity between the parts. ****They don't trust each other, but they all trust Jesus. So if you can get them to let Jesus lead the whole adventure, something totally new can happen (with respect to system's dynamics).****

⁴⁴Coherence therapy is the psychotherapy that most deliberately and systematically incorporates the discoveries from memory-reconsolidation research.

Note: I describe my goal at the beginning, explaining to all of the parts that I understand that they don't feel safe with each other, and that they are totally stuck because they are so afraid of each other and so angry at each other that they can't work together. And I explain my vision, "First, I would like to help each one of you talk directly to Jesus, get to know Jesus, and decide whether you trust Jesus. And then, after all of you have gotten to know Jesus, I want to talk about whether we can trust Jesus to lead. Again, I know you don't trust each other, but if all of you decide that Jesus is so wise and so loving and so safe that you can each trust Him to lead the whole process, then maybe we can move forward and you can all get help. And here's a really important point: when each of you is getting to know Jesus, the other parts need to support this effort. If you have questions or fears while I'm working with one of the other parts, let me know and we will ask Jesus for help; but overall, each of you will need to help (instead of interfere) when I'm working to help one of the other parts get to know Jesus."

In addition to explaining the big picture at the beginning, I sometimes have to give frequent reminders throughout the process.

3. *What do you do when one or more internal parts are so mad at Jesus that they don't want to engage in a conversation with Him, and so are not allowing the healing process to move forward?* I use the direct-eye-contact technique to communicate directly with the internal part(s), and then use essentially the same interventions that I use when working with any recipient who is so angry at Jesus that they don't want to work with Him (see above). It's just that I have all of these interactions directly with the internal part(s).

4. *How does one distinguish between demonic spirits and internal parts?* Demonic spirits and internal parts are both common, and can easily be mistaken for each other. (I have seen wounded, scared, angry, and deceived internal parts manifest with just about every "demonic" presentation you can think of, and I have also seen demonic spirits try to present as internal parts.) It is important to distinguish between demonic spirits and internal parts, because demonic spirits must be removed and internal parts must be treated like "persons" who need healing. This need to differentiate demonic spirits from internal parts was one of the most intimidating challenges I faced as I was discovering that both demonic spirits and internal parts are commonly encountered in routine prayer for emotional healing. The good news is that this distinction is much easier to make than I had initially thought.

The essay "Distinguishing Between Demonic Spirits and Internal Parts"⁴⁵ shares my observations regarding the similarities and differences between demonic spirits and internal parts, and also describes two simple techniques/tools that have been especially helpful.

5. *Does the Immanuel Approach bring about natural/spontaneous integration of internal parts, or does the facilitator need to initiate and guide this process?* In my experience, spontaneous/natural integration seems to happen on a regular basis in the context of ongoing Immanuel Approach work. My observation is that Jesus' discernment, timing, etc. has been very good with respect to this aspect of the long-term plan. In my own practice, I am currently deferring the whole issue of integration to Jesus.

⁴⁵Karl D. Lehman, "Distinguishing Between Demonic Spirits and Internal Parts," last modified January 25, 2013, Special Subjects/Advanced Topics section, Resources page, www.immanuelapproach.com.

6. For the direct eye contact technique, is there an optimal distance to be from the client? Or a range of distances that works? The optimal distance for the direct eye contact technique is whatever feels comfortable with respect to interpersonal distance in the particular context in which you are working. In my experience this has ranged between two feet (for example, in a tight group exercise circle of three, where we are in a crowded room and leaning towards each other) and eight feet. When I do therapy sessions in my office, the usual direct-eye-contact distance is six to seven feet.

H. Questions regarding additional training

A. How would you suggest someone go about learning the Immanuel Approach? We frequently get questions along the lines of how/where can I get training regarding the Immanuel Approach, and I am constantly updating my response to this question. Here's my updated response as of October 2021:

- Come to live training seminars, especially for the supervised practice exercises. Note: a number of other people and ministries, besides myself, provide live Immanuel Approach training seminars. For example (*partial list*), InterVarsity Christian Fellowship has a program for providing Immanuel Approach training for it's staff and ministry leaders, many Vineyard churches provide Immanuel Approach training, Pastor Patti Velotta and others in her Immanuel: A Practicum network provide Immanuel Approach training seminars, and Melinda Wilson and Cathy Little with Face-to-Face Ministry provide live Immanuel Approach seminars.
- Go through the new (Fall 2021) Immanuel Approach Basic Training videos, ideally with a practice partner or study group, so that after watching the explanation and demonstration, you can then go through the practice exercise that will enable you to actually experience the principles and tools presented in each training segment.
- **Keep practicing**, (in the context of conference exercises, study groups, or some other setting) *until you feel comfortable facilitating IA sessions*. (This usually requires at least 4-6 successful repetitions through the whole Immanuel Approach process, from the opening prayer and initial positive memory through resolution of a traumatic memory and then the closing prayer.)
- Work through the big lion book (ideally with a study group).
- Watch Live Ministry Session (LMS) DVDs – your right hemisphere wants, “Show me what it looks like, *show* me how to do it (please demonstrate!).” The LMS DVDs are the most convenient resource to obtain this. LMS #24 Ian: “*I’m not enough*,” LMS #18 Rita #3: “*Jesus is better than candy*,” and LMS #19: Maggie #3: *Labor & Delivery Trauma* are all excellent basic sessions. More specific suggestions regarding which DVDs are best for specific learning objectives are provided in the big lion book appendix B (see below).

- The ideal is to gather a study/practice group, and then 1) at least some members attend a conference with supervised practice exercises (by far the best way to get started); then gather periodically to go through the *Immanuel Approach Basic Training* videos, study pieces of the big lion book, watch DVDs for additional demonstration, and practice with each other. ****Again, keep practicing until you feel comfortable facilitating Immanuel Approach sessions.****
- The entire Appendix B from the big lion book is dedicated to additional suggestions regarding how to get training. (The updated, most recent version is available as the last file with the Draft version of the big lion book – accessed from the drop-down menus from either “Getting Started” or “Resources” tabs on the Home page of www.immanuelapproach.com)

B. Do you offer continuing education credit (CEUs) for Immanuel Approach training?

Unfortunately I have not been able to find a way to offer CEUs. (I spent more than 100 hours investigating a number of different possibilities, but could never find a plan that was workable.) Sorry I can’t give you better news regarding this one.

C. How can I become an Immanuel Approach trainer? Occasionally someone will ask, “How do I become an Immanuel Approach trainer? What do I need to do to be able to teach the Immanuel Approach to others?” Unfortunately, I don’t have any established program for training or certifying those who want to teach the Immanuel approach. However, here are my current thoughts about becoming a trainer:

- *Start in small settings and start right away:* All of the additional points presented below are for people who want to put on seminars to train groups of people; however, anyone who discovers the Immanuel Approach and is excited about it can start sharing with others immediately. You can talk to your friends, family, and colleagues about what you are learning. You can tell them about the video clips, Live Ministry DVDs, book excerpts, and other resources that you have found to be most helpful.⁴⁶ You can share about your own experiences with receiving and/or facilitating the Immanuel approach. And if you begin using the Immanuel Approach in your emotional healing ministry/therapy practice, you will gain additional teaching practice as you explain the Immanuel Approach principles and tools to your clients.

****Note:** if you are really excited about the Immanuel Approach and want to share it with others, please get a copy of *The Immanuel Approach: For Emotional Healing and for Life* and look through chapters 2, 3, 4, and 39 as soon as possible. If you are talking about it to everyone you know, it will be really helpful to the wider Immanuel Approach community for you to explain it correctly (and it can be really costly to the wider Immanuel Approach community for you to present a confused version of the Immanuel Approach.)

- *Become an effective facilitator:* If you want to be a trainer, you first need to become a consistently effective facilitator. *One hundred percent* of those I know who are currently

⁴⁶For LOTS of information about resources related to the Immanuel Approach, go to www.immanuelapproach.com.

effective trainers first became consistently effective facilitators. One practical point here is that live demonstrations are an important resource for training. As people are learning the skill aspects of facilitating, their right hemispheres want to see someone model/demonstrate, “this is how to facilitate.” (I always include at least one live demonstration whenever I provide Immanuel Approach training.) And, obviously, you can’t include live demonstrations in your training if you can’t consistently facilitate successful sessions.

So the next obvious question is, “How do I learn to facilitate?” Appendix B in *The Immanuel Approach for Emotional Healing and for Life* includes my thoughts in response to this question.

- *Thoroughly understand the basic principles and tools:* If you want to be a trainer, you also need to have a clear cognitive understanding of the principles and tools included in the Immanuel Approach. I think of *The Immanuel Approach: For Emotional Healing and for Life* as required reading for anyone who wants to become a trainer. You don’t have to master every page (it’s a very large book), but you should have a strong understanding of Parts I and II, and also chapters 24, 25, 31, 35, and 39 from the “Special Subjects” section.
- *Be familiar with Chapter 39 from the big lion book:* If you want to train others, please be familiar with the material in Chapter 39, “How Do I Know If I Am Receiving/Facilitating/Teaching the Genuine Immanuel Approach?” If you claim to be teaching the Immanuel Approach, please do teach the Immanuel Approach. As explained in Chapter 39, it is very costly for people to teach an inadequate and/or contaminated version of the Immanuel Approach, but then still call it the Immanuel Approach. (If you don’t yet have a copy, the store page on our website, <http://www.immanuelapproach.com/products-page/>, has a link to the team that does our online fulfillment.)
- *Receive regular Immanuel Approach healing:* We ALL have wounds and triggers that hinder our discernment, get in the way of peak performance, and make us vulnerable to ministry disasters. If you want to be the best possible trainer, you should be using the Immanuel Approach to shovel away at your own wounds and triggers. Ideally, you should develop and live the Immanuel lifestyle. (For a discussion of the Immanuel Lifestyle, see supplementary chapter 35b from the Getting Started page of the Immanuel Approach website.)
- *Chapter 24 from the big lion book will be helpful:* Chapter 24, “Exercises for Groups and Beginners,” includes many practical tips regarding how to teach/share/train the basic principles and tools. (Again, if you don’t yet have a copy, the store page on our website, <http://www.immanuelapproach.com/products-page/>, has a link to the team that does our online fulfillment.) Also, see the updated version of Chapter 24 on the “Getting Started” page of the website, and the updated versions of the actual exercise handouts on the “Resources” page of the website.
- *Attend a Lehman Immanuel Approach Basic Training seminar:* When you get to the point where you are preparing your actual teaching material, I would strongly encourage you to

attend one of the basic training seminars I am now providing. (I have worked for many years and thousands of hours to put together my current basic training package.) You can note which lecture explanation content I include in my basic training (and also the theoretical explanations I choose to leave out, as content that is *not* strategically necessary for basic training); you will see how I alternate back and forth and back and forth between explanation of theory and experiential exercises; you will experience (and get written notes for) the practice exercises that carefully add each component of the process, until the last two exercises include the full basic Immanuel Approach process for resolving trauma; and, finally, the right hemisphere part of your brain that learns new relational skills will greatly benefit by observing as I demonstrate the skill of leading group practice exercises.

- *Inspire, find people who want to learn from you:* Eventually, you also need to inspire people to want to learn from you and/or find people who want to learn from you. I don't have an established structure for training people regarding the Immanuel Approach, and, as mentioned earlier, I don't have any kind of official certification to establish people as trainers. All of this is to say that I don't have a system where you can just get certified as a trainer, and then say, "Sign me up as the trainer for the next seminar request that comes in." Rather, you would need to develop your own connections with respect to people that want to learn about the Immanuel Approach, and, specifically, people that would like *you* to provide the training for them.
- *Pastor Patti Velotta with Immanuel: A Practicum, and Margaret Webb and Jessie Handy with Alive and Well:* Pastor Patti Velotta has been doing Immanuel Approach training for a number of years, and she is now raising up others to present the training package she has developed. If you are interested in this possibility, the first step would be to attend one of her basic training seminars, in which you will experience Pastor Velotta delivering her basic training package. If you like her material, and can see yourself presenting it as the way you would provide Immanuel Approach training, you and she can discern together regarding whether you should be one of her training presenters. (Note: this discernment process would not merely be the subject of a couple of meetings, but rather would need to take place over time. In order to become one of her presenters, you need to be doing your own Immanuel Approach healing work, and you need to demonstrate good relational maturity skills, high emotional capacity, and a trustworthy character (among other things). And you need to do/demonstrate all of these pieces consistently over time.) For more information on Pastor Velotta and her Immanuel Approach ministry, see www.immanuelpracticum.com.

Similarly, Margaret Webb and Jessie Handy have also been doing Immanuel Approach training for a number of years now, and have also developed a fairly well established training package. They have leaders in their network that help them with their training, but I am not aware of them deliberately raising up others to present their package as independent Immanuel Approach seminars. Again, the first step would be to actually participate in their training events to see how you feel about their material. Then you would need to communicate with them directly if you are interested in providing Immanuel Approach training as part of their network. For more information regarding Margaret Webb, Jessie Handy, and *Alive and Well*, see <https://alivewell.org>.

IX. Questions regarding specific training resources

A. Do you have a “cheat sheet” that summarizes the Immanuel Approach very briefly – something much shorter than the full exercise instructions – something that just briefly reminds the facilitator of the key components of the Immanuel Approach? Most ministry teams use more detailed exercise instructions (such as those I use for the exercises in the Basic training seminar) for facilitators who are just learning the Immanuel Approach process; and then once the facilitators have a bit of experience, they use a much shorter (ideally just one page) prompt/cheat sheet to give the facilitators brief reminders that are easier to find. I have posted my version of the one page prompt sheet in the "Exercises/Prayers for Study Groups & Beginners" section of the "Resources" page of www.immanuelapproach.com. (Thank you to the Immanuel Approach team at Laguna Niguel Community Vineyard Church for the graphic layout.)

B. What are the best resources to purchase if you are trying to start an Immanuel Approach ministry in your church? *For each of the resources mentioned below, see Appendix B in the big lion book for thoughts regarding how to use the resource as part of your IA training program.*

If you have a generous budget:

- Get a copy of each of the books (*Outsmarting Yourself* and the big lion book) for each person who will be participating.
- Get a full set of the Lehman DVDs (both the Live Ministry Session DVDs and also the teaching DVDs) for the team library. If you really do develop an ongoing Immanuel Approach ministry, every one of these resources will eventually be valuable. Note that taking advantage of the “one of everything” package will provide substantial savings.

For a moderate budget:

- Get a copy of each of the books (*Outsmarting Yourself* and the big lion book) for each of the people involved in leadership for the ministry.
- Get the following as good representatives of basic, intermediate, and advanced Immanuel Approach sessions:

Basic: LMS #24, Ian: “I’m not enough”, LMS #19, Maggie #3: *Labor & Delivery Trauma*; LMS #18, Rita #3: *Jesus is Better than Candy*, LMS #17, Renae: *Healing Helps Parenting*.

Intermediate: LMS #7, Eileen: *Immanuel Intervention (Intermediate)*; LMS #9, Doug: *Immanuel Interventions (Intermediate)*.

Advanced: LMS #3, Patricia: *First Session with Internal Parts*; LMS #26, Rita #1: *Advanced Immanuel Intervention*.

- Get Condensed Sets Four and Five (Live Ministry Series #20 and #25) to serve as an especially effective resource for introducing the Immanuel Approach to new people.
- Get the following four teaching sets: *Immanuel Approach Basic Training*, *Immanuel: God with Us*, *Psychological Trauma*, *Implicit Memory*, & *The Verbal Logical Explainer (VLE)*, and *The Immanuel Lifestyle and Sustaining Joy for a Lifetime*.

For a minimal budget:

- Get as many copies of *Outsmarting Yourself* and the big lion book as you can afford.
- Get the following as good representatives of basic and intermediate Immanuel Approach sessions (wait until the ministry is going well to invest in advanced sessions):

Basic: LMS #24, *Ian: "I'm not enough"*, LMS #19, *Maggie #3: Labor & Delivery Trauma*.

Intermediate: LMS #7, *Eileen: Immanuel Intervention (Intermediate)*; LMS #9, *Doug: Immanuel Interventions (Intermediate)*.

- Get Condensed Set Four (Live Ministry Series #20) to serve as an especially effective resource for introducing the Immanuel Approach to new people.
- Get the following three teaching sets: *Immanuel Approach Basic Training*; *Psychological Trauma*, *Implicit Memory*, & *The Verbal Logical Explainer (VLE)*; and *"The Immanuel Lifestyle and Sustaining Joy for a Lifetime."*

C. Do you have Immanuel Approach materials that have been translated into other languages? We have limited materials translated into the following languages:

- Chinese
- Dutch
- Farsi
- French
- German
- Indonesian
- Japanese
- Korean
- Polish
- Portuguese
- Romanian (pending)
- Russian (pending)
- Spanish
- Swahili
- Thai
- Turkish

- Ukrainian

For additional information regarding the specific materials translated into each of these languages, see Translated Materials, accessed from the left-hand sidebar on the Home page of from the bottom of the Resources page of www.immanuelapproach.com.

D. Is Dr. Lehman available for consultations? I get many requests for consultations. And I totally understand people's desire to get consultation input from someone with extensive experience and proven efficacy (especially when they have a particularly difficult/complicated situation, and especially when they have already tried many other resources and/or ministries and/or therapists). If I were in this situation, I would also ask for a consultation from Dr. Lehman. Unfortunately, intense time constraints make it impossible for me to provide consultations regarding specific situations. It grieves me to say "no" to so many earnest requests, but I just can't find a way to fit more than 24 hours into each day.

However, I can offer a few thoughts that might be helpful for those of you who are dealing with a situation with some aspect that is beyond your current training and/or experience and/or skill and/or capacity (and therefore you are understandably looking for consultation input as one way to bring additional resources into the situation):

- Ask the Lord for help in finding the right additional resources (with the right consultation being only one possibility), and be persistent in prayer.
- Look through the material on our websites (and remember to use the search function on kclehman.com). I have gotten many consultation questions that have already been answered in one or more of the essays available as free downloads.
- Get a copy of the big lion book *and use the index*. (We paid thousands of dollars to have an indexing expert generate a professional index, so please use it as you are looking through this very large book in search of answers to your consultation questions.) I have gotten many consultation questions that have already been answered in the big lion book.
- One indirect option for obtaining consultation input is to formulate your questions, as clearly and concisely as possible, into questions that might be FAQs for the general public. I am not able to respond to individual e-mails, but I am constantly watching for questions that would be helpful as FAQs, and I will try to answer them as I am able.

X. Miscellaneous General Questions

A. Does the Immanuel Approach use guided imagery? As described in Chapters 6 and 8 in the big lion book, with the Immanuel Approach we coach the recipient to deliberately recall and re-enter memories for past positive events *that have actually happened*. And as described in Chapters 16 and 17, we coach the recipient to observe and report content that comes into her awareness *spontaneously*. However, we do *not* coach the recipient to *deliberately, proactively generate imaginary content*. In fact, we specifically coach the recipient to *avoid* generating her own imaginary content, since this actually gets in the way of receiving content from the Lord.

And as described in Chapter 36, we teach the recipient to watch for the sense that she is proactively generating imaginary content with her own mind, and whenever this is noticed it is taken as an indicator that the content is *not* coming from the Lord.

For additional discussion of how Immanuel Approach perceptions of God's presence and Immanuel Approach interactive connections with God are *not* guided imagery, see Chapter 8 (pages 111–112), and Chapter 47 (page 738) in the big lion book.

B. Can a person facilitate a session for themselves/do the Immanuel Approach on their own? The short answer is, “Yes, with two very important caveats: 1) the most important caveat is that you can get stuck in a bad place, and then not have a facilitator/coach to help get you get back to your positive memory and connection with Jesus; and 2) the second concern is that the Immanuel Approach is not as effective when you coach/facilitate for yourself, because of the way our brains have been designed to work best in community. The biggest concern with respect to this is that you can have a disappointing experience with coaching/facilitating for yourself, and then *erroneously* conclude that the Immanuel Approach is not worth pursuing.”

The long answer, which I really encourage you to look at if you are experimenting with doing the Immanuel Approach on yourself, is presented in Chapter 36 of the big lion book. (The entire chapter is dedicated to addressing this question.)

C. Questions regarding anger: Is anger inherently sinful? Is there an appropriate, healthy function for anger? Are anger and judgment the same thing? First, let me offer several very brief answers: No, anger is not inherently sinful. Yes, there are appropriate, healthy functions for anger, but anger has a very short shelf life before it becomes toxic. And no, judgment is not the same thing as anger; but judgment does give anger a bad name.

For much more detailed discussions of why anger is not inherently sinful, of what the appropriate functions of anger are, of what it means for anger to have a short shelf life, of how judgment and anger are different, and of how judgment gives anger a bad name, see Charlotte's fantastic essay about anger, “On the Art of Being Relationally Angry, or ‘I Have a Pet Tiger,’” posted on the Special Subjects/Advanced Topics section of the Resources page.

D. Is it important to choose an actual memory to focus on for the initial appreciation and connection with Jesus, or can you go to an imaginary place? My perception, both theoretically and from clinical observations, is that an actual memory, with actual autobiographical memory traces as its source and anchor, provides a stronger context for connecting with Jesus, and also a stronger home base/safe place to come back to when you need to use the safety net. Also, I try to avoid imaginary scenarios because people can get into trouble when they start generating imaginary content in the Immanuel Approach process.

The one scenario for which I make an exception with respect to this principle is if the recipient has had an incredibly bleak life, and is having a lot of trouble finding any positive memories (and especially having difficulty finding any splinter-free positive memories). In this situation I will use an imaginary place as the context for the initial appreciation and connection with Jesus. But before saying more about this scenario, let me take a step back for a moment. It is actually fairly common for a recipient to start out with some version of “I’ve had a hard life – I don’t have any positive memories.” However, *in most of these cases the person can find at least a few positive memories if the facilitator persists with coaching*. For example, if I go through, “Did you ever get a birthday present that you were especially happy with?” “Think of

your best childhood Christmas-morning experience,” “Have you ever had a pet that you especially enjoyed playing with?” “Tell me about your best experience on a family vacation,” “Have you ever had a good friend? Tell me about one of your favorite memories with her,” “Have you ever had a particularly beautiful experience in nature? – even just watching a particularly beautiful sunset?” and “Can you describe, in detail, thoroughly enjoying/savouring your absolutely most favorite food?” I can almost always collect several positive memories.

Now, back to the one exception scenario: On rare occasions you will encounter a recipient who has had a truly, profoundly bleak, tough life – a person who has spent his entire life in a refugee camp, or a person who has spent her entire life in a profoundly blighted urban slum. For example, a colleague was doing Immanuel Approach training with a mission team in an urban slum. He was working with a woman who had lived in this crowded slum her whole life, surrounded by concrete, trash, poverty, and social decay. Eighty-five percent of the people in the area where she lived were alcoholic, she had never been on a vacation, and she could not find any happy family memories. On top of all this, her husband beat her up on a regular basis, and he had just thrown her out of the house the day before the training event. Finally, because of the recent violence with her husband, DCFS had just taken her two young children. My colleague wasn’t quite as thorough as I usually am with respect to asking about specific possibilities, but even so he was quite persistent with his coaching. Unfortunately, the young woman was still without any positive memories when he got to the end of his usual list of questions.

In light of this bleak memory landscape, he decided to try something a little different. He asked her if she had ever seen any place that she thought was nice, and that she could use as an imagination context for connecting with Jesus. She remembered that she had once driven past a city park that looked pretty. He coached her to imagine herself sitting on one of the benches in the park, and then they invited Jesus to be with her and to help her to perceive His presence in that context.

As mentioned above, I usually work really hard to find an actual memory context because actual memories tend to be stronger in a number of ways, and I try to avoid imaginary scenarios because people can get into trouble when they start generating imaginary content in the Immanuel Approach process. But the good news is that this plan worked. The young woman was quickly able to perceive Jesus’ presence with her, and reported that he had picked her up, that he was holding her, and that he was telling her how much he loved her. By this point she was weeping tears of joy, and stated “I have never in my life felt this much love. Ever.”

The key with respect to this imagination context approach is that the recipient uses her imagination *only for the context*. Coach the recipient to proactively construct *the imagery for the positive context* with her imagination, but make sure that she understands that she should *NOT* construct Jesus with her imagination. After inviting Jesus and asking him to help her perceive his presence, it’s very important for her to go back to just observing and reporting whatever comes into her awareness.

As discussed in the sections in the big lion book on accidental counterfeits, trying to “help” by constructing Jesus with her imagination will just get in the way. First of all, if the real Jesus’ living interactive presence is manifesting in subtle ways, imaginary constructions will get in the way of recognizing these subtle manifestations. And secondly, if there is something in the way of perceiving Jesus, an imaginary Jesus construction will obscure the important information that the process is not yet working. An imaginary Jesus will just postpone the next

step of recognizing that something's in the way and then moving on to troubleshooting. (For additional discussion of the ways in which imaginary content can be problematic, see *The Immanuel Approach: For Emotional Healing and for Life*, Chapter 32, pages 449-455, and Chapter 33, pages 538-536.)

E. Can Immanuel Approach sessions be provided via phone/Skype/Zoom?

I regularly provide both phone and Zoom Immanuel Approach sessions, and have had excellent results with both. And I have heard this same report from many others. In fact, I have colleagues whose practices consist mostly of doing Zoom Immanuel Approach sessions with international mission teams. Given the desperate lack of IA facilitators, many people can't find a local IA facilitator (with the training, maturity, capacity, skill, etc. necessary for the specific issues in question). In this context, I am profoundly grateful that phone and Skype sessions are an option.

These points being made, there are also several important caveats:

- If possible, it is ideal to start the relationship face-to-face, and/or to have a good relationship with the person that can serve as a trust, relational-connection foundation for the IA work.
- Certain intermediate-advanced interventions are easier/more effective face-to-face. For example, the direct eye contact technique is easier and more effective face-to-face (especially when first establishing a connection with internal parts), and the enhanced safety net interventions are more effective face-to-face. However, with more effort and skill, intermediate and advanced interventions can be adequately effective over Zoom. (I have used both the direct-eye-contact technique and enhanced safety nets over Zoom.)
- Especially for recipients who have some combination of severe trauma, inadequate coping skills (in light of the size of the trauma), and poor support network (in light of the size of the trauma), it is ideal to work face to face. The intense, complicated assessment and care around personal safety is especially more difficult to provide at a distance. *However*, even in these very difficult situations, if a local IA facilitator is not available then phone/Zoom IA work is better than no IA work. (This is the painful reality for many, especially in high-need, low-resource areas of the world.)

F. As a mental health professional, can I bill insurance for Immanuel Approach sessions?

As a licensed physician and board-certified psychiatrist, I bill Immanuel Approach sessions as psychotherapy. And if anyone asks me to defend this practice, I honestly describe the Immanuel Approach to emotional healing as psychotherapy that includes a faith-based component, and that incorporates many of the key principles and techniques from mainstream psychotherapies, including those that are most strongly supported by empirical research (such as cognitive-behavioral therapy, exposure therapy, and Eye Movement Desensitization and Reprocessing (EMDR))—as just summarized above, in the discussion of evidence supporting the efficacy of the Immanuel Approach.

To be very practical and specific, I bill Immanuel Approach sessions as “Psychotherapy” on the insurance forms; and in the chart note I describe my therapeutic intervention as

“Psychotherapy incorporating principles and techniques from cognitive therapy, exposure therapy, and EMDR, with the explicit goal of memory reconsolidation, and with inclusion of faith-based components at the patient’s request.”

For additional discussion of using the Immanuel Approach in the context of a professional psychotherapy practice, see “The Place of the Immanuel Approach In the Treatment of Clinical Disorders.”⁴⁷ And for additional discussion of the shared principles and techniques between the Immanuel Approach and other mainstream psychotherapy approaches, see “Cognitive Therapy and the Immanuel Approach,” “The Immanuel Approach and EMDR: FAQs and Common Misunderstandings,” “Exposure Therapy and the Immanuel Approach,”⁴⁸ and Dr. Mark Hattendorf’s doctoral thesis, *Narrative Case Studies Exploring Inner Healing in Clinical Settings*.⁴⁹

G. Shouldn’t lay people offer IA sessions for free? Or, to put this another way, is it okay for lay people to charge for facilitating Immanuel Approach sessions? People are often puzzled/concerned, and sometimes even angry and/or offended that some lay people charge for Immanuel Approach sessions. The parallel they often describe as comparable is a family member or friend, or maybe fellow parishioner at church, who would charge to pray for some concern you might bring to them. I would offer the following thoughts:

- We are trying to train lay people in every way possible, and I encourage them to offer Immanuel Approach sessions as a gift to their family, friends, and community as much as possible.
- Those who are particularly good at it often get more training, and then spend more and more of their time engaged in Immanuel Approach related activities. Mostly, it’s just simple life logistics. If people spend an hour or two each week facilitating Immanuel Approach sessions with family and friends, everything works fine to do it for free. But if they want to make a lot of time available for Immanuel Approach work, there’s no magic—that time and energy has to come from somewhere (not to mention the money they spend on training and supervision). If they get paid for the time, it’s a lot easier to make space for it. If folks are expecting a lay minister to offer Immanuel Approach sessions for free, then they shouldn’t be surprised when the person says, “Sorry, I don’t have any more space. I’m currently using all the free time I have available, and don’t have time/energy for any more.”

⁴⁷Karl D. Lehman, “The Place of the Immanuel Approach In the Treatment of Clinical Disorders,” last modified July 7, 2023, Special Subjects/Advanced Topics section, Resources page, www.immanuelapproach.com.

⁴⁸Karl D. Lehman, “Cognitive Therapy and the Immanuel Approach,” last modified March 10, 2020; Karl D. Lehman, “The Immanuel Approach and EMDR: FAQs and Common Misunderstandings,” last modified March 11, 2020; Karl D. Lehman, “Exposure Therapy and the Immanuel Approach,” last modified March 10, 2020; all available as free downloads from Special Subjects/Advanced Topics section, Resources page, www.immanuelapproach.com.

⁴⁹Mark Elliott Hattendorf, *Immanuel: Narrative Case Studies Exploring Inner Healing in Clinical Settings* (Ann Arbor, MI: ProQuest LLC, 2014).

My short summary is that some of the best Immanuel Approach facilitators out there are lay people, and they can make a lot more space in their lives for doing Immanuel Approach ministry if they charge for it.

I think a useful parallel is someone asking me to paint their garage. How would I feel if someone came up to me and said, “I need to get my garage painted, but I don’t want to pay a professional painter. I was wondering if you might come over for a couple hours every Saturday morning and do it for me? And, of course, since you’re not a professional painter, I would expect that you would do it for free.”

If you want free Immanuel Approach sessions, I would encourage you to take the initiative to form a practice group with family/friends, and then both give and receive Immanuel Approach sessions in that context.

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

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

For a more thorough discussion of this question, see the essay, “How Long Will it Take for Me to Be Healed?”⁵⁰

I. How/where can I find someone to facilitate Immanuel Approach sessions for me? I am working hard to train Immanuel Approach facilitators, and to get these people to post profiles on the network directory,⁵¹ but the small number of facilitators currently available are profoundly unable to provide sessions for the large number of people who want them. At least for now, many people will need to find or recruit their own Immanuel Approach facilitators. See Appendix C in the big lion book, “Finding/Recruiting Your Own Immanuel Approach Facilitator,” for my thoughts regarding how one might pursue doing so.

⁵⁰Available as a free download from the Special Subjects/Advanced Topics section on the “Resources” page of www.immanuelapproach.com.

⁵¹The network directory can be accessed from the Referrals page of the Immanuel Approach website, www.immanuelapproach.com. And remember that zoom sessions are usually effective. (This dramatically expands your options).

J. What about “extras” that we want to include in our Immanuel Approach teaching/training? I get a lot of requests, from people all over the world, who have discovered/developed various “extras” that they include as part of and/or in association with their Immanuel Approach work. Understandably, all of these folks would like me to look at what they are doing and approve it to be officially included as part of the Immanuel Approach. Unfortunately, I just don't have the time or energy to even begin to look through all of the potential extra concepts, principles, techniques, tools, and interventions that people ask me about. So my response to all of these requests is that I ask the people to just make it clear, when they are teaching about these extras: “This (fill in the blank -- technique, principle, tool, intervention, phenomena that we observe, etc.) is not part of Dr. Lehman's official teaching about the Immanuel Approach, but it is something that we have observed/developed/discovered and found to be helpful.”

XI. Advanced topics

A. How do you help someone who is working on infant primary-caregiver absence wounds, and says something along the lines of, “I don’t want Jesus, I want my mother!!”? This is the blockage that most often hinders a recipient from being able to receive healing for infant attachment trauma from loss of a primary caregiver. Fortunately, there are two fairly simple interventions that are usually effective:

- *Offer attunement:* The first thing I do is to offer attunement, with comments along the lines of, “Of course you want your mom. That’s the way it’s supposed to work. You should have gotten these things from your mom. It’s totally okay to want to get these things from your mom. It’s also okay for you to be hurt and sad and angry.”⁵²
- *Help them engage directly with Jesus:* After they receive my attunement, and can feel that I am with them and on their side, I help them engage directly with Jesus regarding the problem/issue/blockage. For example, “Would you be willing to let Jesus be present and say all of this directly to Him?: ‘I don’t want You, I want my mom. And I don’t know how to change it – I don’t know how to make it different – I don’t know how to fix it. Could You please help?’”

These two pieces work for most people. If the recipient is still refusing to receive Jesus’ presence and let Him fill the absence wounds, I explain “This is one of the most difficult healing blockages we ever encounter. If you can let Jesus help you get past it, that would be great. Otherwise you can wait another year (or two...or five...or twenty) until you’re ready. The good news is that Jesus will keep loving you, and He will wait patiently until you are ready.

For additional discussion regarding infant attachment trauma from loss of a primary-caregiver, for explanation regarding why the living presence of Jesus is uniquely effective for healing this particularly difficult absence wound, and for a profoundly encouraging true story illustrating

⁵²Note that these comments will only be helpful if your relational circuits are on and you truly are attuning to the recipient.

this point, see chapter 30 in the big lion book and chapter 8 in *An Introduction to the Immanuel Approach for Mental Health Professionals*.⁵³

B. What are your thoughts regarding SRA and DID (Satanic Ritual Abuse and Dissociative Identity Disorder)? First, I don't consider myself an expert on SRA and DID. SRA and DID are not the primary focus of my practice or my study and writing. However, over the past thirty years I have gathered at least a couple thousand hours of experience working with maybe ten to twenty different SRA and DID clients, and I have spent maybe a thousand hours of study specifically focused on SRA and DID. Within this context, I will offer a few thoughts:

- *Big picture with respect to dissociation:* First, I want to make a few quick comments regarding the wider context with respect to dissociation: There are many people with mild to moderate dissociation who are not DID. (My experience is that most of us fit into this category.) And there are many people with DID who are not SRA. That is, DID can be caused by other sources of severe childhood trauma besides SRA.
- *Include the Immanuel Approach:* I definitely encourage including the Immanuel Approach in any plan for working with SRA and DID. One will, of course, need to use advanced troubleshooting at many points, and one will especially encounter complex problems with blockages that are anchored in specific (often deliberately planned) traumatic memories. But I still strongly recommend including the Immanuel Approach in the overall plan. The Immanuel Approach is the foundation for my work with the SRA and DID people in my practice.
- *Help every part you encounter to connect with Jesus:* Here is the really short summary of the central principle I try to keep my eyes on: For every part that you identify, work with troubleshooting until the part is able to allow Jesus to be present; and then help the part work directly with Jesus regarding every issue, problem, fear, question, and trauma that comes up.
- *Go through the big lion book:* There are many principles and tools in the big lion book that will be helpful. For example, everything about capacity and the Immanuel Approach as a resource for building capacity; the three chapters on discerning between the genuine presence of Jesus, internal parts, and demonic spirits; the material on how to resolve anger and/or fear that is blocking connection with Jesus; the chapter about blocking thoughts/fears that are anchored in specific traumatic memories; and the deliberate, thorough opening and closing prayers have all been helpful at many points in my work with SRA and DID clients.
- *Additional resources on the website:* There are also additional resources in the "Special Subjects/Advanced Topics" section of the "Resources" page on the Immanuel Approach website. For example, I have found the *direct eye contact technique* to be very helpful in many sessions, and I have also found the material on *discerning between internal parts and*

⁵³Karl D. Lehman, *An Introduction to the Immanuel Approach for Mental Health Professionals*, (Evanston, IL: Immanuel Publishing, 2023), pages 51-54.

demonic spirits to be especially helpful in working with my DID and SRA clients.

- *Build your own capacity and get your own healing:* Working with SRA and DID can be very intense, and you need to be able to keep your relational circuits on and stay relationally present during this intense work. For one, there will be blocks of time during which the person is not able to connect with Jesus, and you will need to be the relationally present, attuning bridge during these times. Second, you need to have your discernment and skills at peak performance. To keep your discernment and skills at peak performance, and to be able to provide the relational, attuning bridge during times when the recipient cannot connect with Jesus, you will need to have high capacity to stay with intense negative emotions and you will need to be free of triggered reactions from your own unresolved issues. (Working with SRA and DID is a good way to find triggers that you need to work on.)
- *Facilitator recommendations:* I often get e-mails asking me to recommend experienced, skilled, high-capacity Immanuel Approach facilitators to provide care for people with DID and/or histories of SRA. The key problem with this is that all of the most experienced facilitators I know have practices that are full (with waiting lists so long that they don't even offer a waiting list any more – this is part of the reason I am working so hard to produce IA training materials and to provide IA training conferences). I wish I had more to offer here, but my current thoughts are to first pray for guidance and then watch for any guidance the Lord provides. And second, try looking through the network directory; and for any facilitators you think might be a good fit -- communicate with them regarding exactly what you are looking for, and also feel free to move to a different facilitator if a trial period of working together doesn't seem to go well.
- *Does SRA actually exist, or is it just the result of misguided suggestive therapy techniques and false memories?:* One question that occasionally comes up is whether SRA is even real – a question that is somewhat understandable when one hears the details, which are so horrific and so far beyond what most of us have ever experienced that they can be hard to believe. People also understandably wonder how such horrific crimes can be fairly common without being regularly discovered, proven, and reported on the front page of our newspapers. People sometimes suggest that supposed SRA is just the result of misguided suggestive therapy techniques and false memories (and possibly also some kind of conspiracy of deliberate deception). I would like to respond very briefly to this question with three quick points:
 1. Similarity of elaborate details between many different clients: Over the thirty years during which I have worked with a number of SRA survivors, I have been struck by the similarity of their stories. I think it is significant that many different people from all over the country and all over the world describe certain very elaborate components that are so similar. I am very careful to *not* suggest details with respect to trauma that might come forward, and most of these people have had no contact with each other. Furthermore, most of the people I have worked with have avoided reading about the subject – partly because it would be intensely painfully triggering, but also to specifically avoid suggestion. To my assessment, it

seems *very* unlikely that many different people would independently fabricate elaborate details that are so similar. It seems much more likely that they have all survived similar experiences, and are simply recalling and describing them.

2. Dramatic, lasting, observable, progressively-accumulating positive changes: There are several SRA survivors who I have worked with for many years (almost 20 years for one person); and I have observed dramatic, lasting, progressively accumulating positive changes with each of these clients. The usual session is that the person comes in with a painful reaction to some trigger in the present, we ask Jesus for guidance, Jesus leads the person to an underlying traumatic memory (often a memory that they previously had no conscious awareness of), Jesus works with the person to resolve the traumatic memory, and the painful triggered reaction resolves as the underlying trauma is resolved. And over time, as we have eliminated the sources of many, many painful triggered reactions by shoveling out piles and piles of traumatic memories, the person experiences dramatic, lasting, progressively-increasing positive changes. To my assessment, it makes complete, easy sense that the observed lasting positive changes would be produced by resolving memories for real traumatic events. In contrast, it's hard for me to imagine how working on false memories for fabricated traumatic events could produce dramatic, observable, lasting, accumulating fruit in these client's lives.

3. *Red Dragon Cast Down* by Dr. E. James Wilder: Dr. Wilder provides a very thorough, detailed, carefully documented, totally compelling discussion of this question in his book, *Red Dragon Cast Down*. To my assessment, any reader who goes through Dr. Wilder's book carefully and honestly will be convinced that Satanic Ritual Abuse is both real and soberingly common. (Two caveats: 1. People with intense unconscious reasons to not believe in SRA will not be able to receive Dr. Wilder's evidence and arguments; 2. People with conscious-but-hidden reasons to deny SRA will not acknowledge the validity of Dr. Wilder's evidence and arguments.)

C. Additional thoughts for those who are dealing with especially difficult situations: I get a steady stream of emails describing extremely difficult, complicated situations, and then asking for help along the lines of individual sessions and/or consultation input. Unfortunately, I am not able to provide individual sessions or consultation for specific, personal situations. However, I would like to offer several additional thoughts that I hope will be helpful to those of you who are dealing with especially difficult, especially complicated scenarios:

- *Get your own healing and keep your relational circuits on:* When you are helping with an especially difficult, complicated situation, it is strategically important to optimize your own discernment, capacity, and maturity skills. As discussed at length in *Outsmarting Yourself*, getting triggered and/or losing access to your relational circuits will dramatically impair your discernment, capacity, and maturity skills. And when you are helping with an especially difficult, complicated situation you need your discernment, capacity, and maturity skills to be at peak performance. Therefore, it is especially important to watch for triggering and/or loss of relational circuits at the difficult points at which you have not yet

been able to discern an effective plan or facilitate some kind of progress. Notice the strategic points at which you get triggered and/or lose access to your relational circuits, and then work on your own stuff (that is, find and resolve the underlying memories/issues). And use the tools described in *Outsmarting Yourself* to keep your relational circuits on-line.

- *Help others in the system to get healing and keep their relational circuits on:* When working with an especially difficult, complicated situation, it is strategically important to optimize the whole support network. And with respect to the wider support network, it is tremendously helpful to have as many people as possible functioning at peak performance with respect to discernment, capacity, and maturity skills. Therefore, try to get as many people as possible to watch for where they get triggered and/or lose access to their relational circuits, and then to work on their own stuff and use the tools described in *Outsmarting Yourself* to keep their relational circuits on-line.
- *Optimize connection to Jesus and let him lead:* Use the Immanuel Approach whenever possible, with the ideal being for both the facilitator and the recipient to establish an interactive connection with the Lord. To the extent that the facilitator and recipient can receive guidance from the Lord, He can make all of the toughest clinical judgment calls. For example, Jesus can make the judgment calls regarding when to deliberately build capacity, when to rest, and when to push into painful memories; Jesus can make the judgement calls regarding which memories to work on when; and Jesus can make the judgement calls regarding which internal parts to work with, how to navigate complex internal systems, etc.
- *Help the recipient build capacity by “just” spending time with Jesus:* If the recipient is struggling with complicated, severe, difficult problems, where the need for her to have more capacity is part of the picture, use the Immanuel Approach to help her establish an interactive connection and then help her to spend time “just” being with Jesus. This is one of the best interventions for helping her to build capacity. Also, if the recipient has internal parts, help them get to the point at which they can perceive the Lord’s presence, and then help them allow him to come close (or at least close enough so that they can receive benefit). I have worked with situations in which the recipient and I spent every session for months just helping part after part identify and resolve blockages, so that an increasing number of internal parts were able to perceive the Lord’s presence and allow him to come close. Then one day the recipient spontaneously started going to memories, and the whole healing process started moving forward. (Prior to this we had tried every other troubleshooting technique we could think of, but none of these other techniques had enabled the recipient to go to memories).