



Traumatic Brain Injury and the Immanuel Approach

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I have only worked with a handful of people with traumatic brain injury, and I have only studied traumatic brain injury peripherally, so I am not an expert, but here are a few observations and thoughts from my modest experience and study. Also, the case study should be both encouraging and instructive.

Trauma will always exacerbate TBI, healing trauma will always be helpful: When “little t” traumas are included, everyone has at least some trauma.¹ And psychological trauma can exacerbate specific problems associated with traumatic brain injury, and will always exacerbate the overall clinical picture. Correspondingly, it will always be helpful for a person with traumatic brain injury to get healing for trauma.

The Immanuel Approach is very gentle: The Immanuel Approach is very gentle. The first steps in the process (recalling and connecting with a positive memory, and then perceiving and connecting with Jesus) are especially gentle and safe. If you do not feel comfortable doing trauma work with recipients with traumatic brain injury, I encourage you to at least try the initial steps to the point of connecting with Jesus.

Spending time with Jesus will always help: The problems/issues associated with traumatic brain injury are quite variable, since the details of each case depend on which areas of the brain have been injured. So the problems/issues needing to be addressed and the ways in which the Immanuel Approach can help will be quite variable. However, regardless of the specific problems/issues that a particular TBI patient struggles with, spending time with the living, tangible, interactive, personal, friendship presence of Jesus can only help and will always help.

Case study/Immanuel story:² This case study describes Immanuel Approach work with a middle-aged man with post traumatic stress disorder (PTSD) and traumatic brain injury (TBI). And again, the problems/issues associated with traumatic brain injury are quite variable, so the person you are working with may have a clinical picture that is quite different from the recipient described in this case study. Nevertheless, I hope this Immanuel story will still be encouraging and instructive.

“I began to use the Immanuel Approach (among other things) with this man in hopes of reducing his PTSD symptoms which included intense and highly disruptive nightmares experienced seven out of seven nights each week. He was suicidal when I began working with him 4 years ago and had quit every other therapist he'd been assigned to. I was fresh out of grad school and willing to do home visits.

¹ For discussion of how minor painful events can cause minor (or “little t”) trauma, see chapter one in Karl Lehman, *Outsmarting Yourself: Catching your Past Invading the Present and What to Do about It* second edition (Libertyville, IL: This Joy! Books, 2014).

² Shared with permission of both the facilitator and recipient.

“We began with positive memories and appreciation which helped to refocus his mind and to build rapport. Over many months we moved toward his experiencing the interactive presence of Jesus, and this has been real and life changing for him. At times he experiences Jesus only in the memory, and at other times he experiences Jesus right there in his living room. We invited Jesus to join him at the scene of one of his most traumatic events (the murder of a friend), and Jesus spoke meaningful and healing words to him.

“Many sessions have been frustrating because this client often seems to only be able to talk *about* God in a religious sort of way. Nothing much is accomplished during these sessions.

“My perception is that the IA sessions that have gone well have reduced his nightmare frequency to four or five nights/week. He tells me that his nightmares are now much less intense than when we started working together and that he no longer experiences flashbacks or hypervigilance upon waking. His sleep is better, but is still disrupted (generally 0-4 hours/night, and occasionally 5 hours/night). He's on a significant number of medications, including Seroquel which he takes at bedtime for sleep.

“My client's TBI-related memory loss has been, and continues to be, an issue. He faithfully completes a daily log so we can review how his week has been, as he would not otherwise remember. The log has expanded and now includes many things, including sleep hours, whether or not he has had a nightmare, daily nap hours, self-reported degree of depression and anxiety, and quite a few other things. When an Immanuel session results in him having a significant interactive connection with Jesus, I *always* need to review the notes the following week because he has no memory of his experience and what transpired.

“One particular conversation was quite interesting. As I reviewed the play-by-play notes of the previous IA session, I asked, “Do you remember what happened next?” He replied, “No.” I continued (for example), “You experienced Jesus sitting over there in that chair.” With great gusto he replied, “Yes!” This went on for several rounds until I finally said, “You say you don't remember, but when I tell you, it seems you *do* remember.” He responded with emphasis, “I *don't* remember it. What I remember is the *feeling*.”

“In closing I'll mention that, just as you have stated regarding the purpose of the Immanuel Approach, this unchurched man now has a relationship with God. He told me last year, “I'd rather have a traumatic brain injury and have a relationship with God than *not* have a traumatic brain injury and *not* have a relationship with God.” This is very real for him. He talks with God regularly throughout his day and out on his doorstep at night while looking at the stars. (His previous nightly pattern was to wake from nightmares, and then in a hypervigilant state, practice martial arts moves in the dark until sunup - ready for imminent home invasion.) He doesn't have his mind nor his theology together (frequently asks me to clarify the Trinity), but he does experience and have a relationship with God and Jesus.

“We've recently begun to work from an Internal Family Systems perspective, and he has been encouraged to realize some of his inclinations as parts activity. Speaking with his “Loner Part” enabled him to join family members for a quiet cabin vacation at the end of August, during which time he slept 6 hours/night and had NO nightmares for five out of seven nights!

“I hope to return for another round of facilitating Immanuel Approach sessions to address additional traumatic events and their related nightmares. Jesus was very real for him at the scene of his friend's murder, yet his nightmares became more frequent and severe for several weeks afterward - not unlike what can happen with EMDR [when working with trauma that gets activated during the therapy work, but is not yet fully resolved]. Given his memory loss and the fact that he lives alone, I decided to ease up for a while.”

Please send testimonies/case studies: I would greatly appreciate additional information regarding the Immanuel Approach and traumatic brain injury. If you are facilitating Immanuel Approach sessions for people with TBI, please send me any details that the recipients are comfortable with you sharing.