Karl D. Lehman, M.D. Charlotte E.T. Lehman, M.Div.

The Immanuel Approach & Eye Movement Desensitization and Reprocessing (EMDR)
(Initial 1/18/2002, Revised 6/23/2021)

Many have asked questions and/or raised concerns regarding Eye Movement Desensitization and Reprocessing (EMDR) and the Immanuel approach. The Lord seems to have placed me in a position to have extensive training and experience with respect to both the Immanuel approach and EMDR. Hopefully this essay will address many of the questions and concerns of people in the Immanuel approach community regarding EMDR.

I. Brief Summary of My Training and Experience with Respect to EMDR and the Immanuel Approach:

EMDR: • I have read more than fifteen hundred pages about EMDR, including the first three books written about EMDR[1] and hundreds of pages of research articles; • I have completed both the basic and advanced EMDR training. • I have received EMDR as a part of my own healing, with good benefit; • I have used EMDR in my professional work for over 25 Years, with 6,000+ hours of EMDR sessions, • and I have spent 3,000+ hours using EMDR along side of Theophostic and/or the Immanuel approach, observing and thinking about similarities and differences.

The Immanuel Approach: • Working closely with Dr. E. James Wilder, I developed the Immanuel approach between 2002 and 2007; • With continued input from Dr. Wilder, I have been constantly refining it from 2007 to the present. • I have used the Immanuel approach in my professional practice since 2002 (early iterations), with 17,000+ hours of experience as of 2021. • I have developed and presented material for many seminars about the Immanuel approach. • I have put in 5,000+ hours preparing written material for our web site in response to questions about the Immanuel approach; I spent 10,000+ hours putting together the material for the big lion book; and I have received hundreds of hours of Immanuel Approach sessions as part of my own ongoing healing and growth.

II. What is EMDR?: EMDR stands for Eye Movement Desensitization and Reprocessing, and is a form of psychotherapy that combines neurological stimulation[2] to produce alternating activation of the right and left hemispheres of the brain with basic trauma theory psychotherapy techniques. This alternating hemisphere stimulation, when combined with the psychotherapy techniques of EMDR, appears to dramatically facilitate the healing of psychological trauma.

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[1] Shapiro, *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures* (1995); Shapiro & Forrest *EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma* (1997); Parnell *Transforming Trauma: EMDR* (1997)

[2] Moving the eyes from side to side is the most common form of neurological stimulation, but other simple stimuli can also be used (such as headphone sounds alternating from side to side, or tapping on the person's hands, alternating from side to side).

EMDR was discovered in 1987 by Dr. Francine Shapiro, and has been developed primarily in secular mental health settings. As of January 2001, the EMDR International Association estimates that 30,000 mental health professionals have been trained in EMDR and that these 30,000 mental health professionals have treated 500,000 clients.[3] EMDR is being incorporated into the curriculum of many social work, psychology, and psychiatry training programs.

III. Compare and contrast the Immanuel approach and EMDR – Similarities and Differences: Many of the questions and/or concerns I have received focus on the similarities and differences between the Immanuel approach and EMDR. I thought it would be helpful to outline as carefully as possible what I see to be the similarities and differences.

When discussing similarities and differences between the Immanuel Approach and EMDR, it is important to distinguish between secular EMDR and optimal Christian EMDR. There are important phenomena, principles, and tools that are present in the Immanuel Approach, optimal Christian EMDR, and secular EMDR. There are also many important Immanuel Approach principles and tools that are *not* included in secular EMDR but that *can* be included in optimal Christian EMDR. For example, in my Immanuel Approach training I talk a lot about the ways in which wounds and lies in the facilitator can hinder the therapeutic process. My secular EMDR training did not include this material; but once discovered, these principles can easily be included in optimal Christian EMDR. Finally, even though optimal Christian EMDR includes more of the principles and tools of the Immanuel Approach, it still has several very important differences as compared to the Immanuel Approach.

Please see *The Immanuel Approach: For Emotional Healing and for Life* if you would like a more detailed description and discussion of any of the Immanuel Approach phenomena, principles, and tools mentioned in this discussion of similarities and differences.

Similarities: There are a number of important phenomena, principles, and tools that are present in all three of the therapeutic modalities being discussed here – the Immanuel Approach, optimal Christian EMDR, and secular EMDR.

A. General phenomena, principles, tools:

1. The lie/negative cognition is replaced with truth: EMDR helps the client connect to the traumatic memory where the lie is carried, and then also helps connect this place with the adult cognitive mind so that the truth carried in the adult cognitive mind can replace the lie carried in the traumatic memory. When it works, the end result looks much like the Immanuel Approach sessions in which the Lord quietly connects the truth already present in the client's adult cognitive mind with the traumatic memory where the cognitive distortion/lie is stuck.[4] (In other Immanuel sessions, the Lord provides much more than is

[3] E-mail correspondence January 29, 2001 between this author and Gayla Turner from EMDR International Association. One can obtain information about EMDR referrals at e-mail: inst@emdr.com, snail mail: P.O. Box 141743, Austin TX 78714-1743, or phone 512-451-6944 (Note: these psychotherapists may or may not be Christians).

[4] Our perception is that this is Jesus' mercy to the secular world. Just like modern medicine is Jesus' mercy to us when we aren't able to release physical healing with prayer. We believe that Jesus is still providing the healing with both modern medicine and EMDR, but in ways that are usually not recognized

received with EMDR – see comments in "Differences" below.)

2. Traumatic memory roots. EMDR and the Immanuel Approach share the same basic theory regarding the psychological trauma at the root of many current problems:
   *Unresolved traumatic memories are the cause of many current physical, emotional, and spiritual problems.
   *Current symptoms (for example, patterns of cognitive distortion, specific negative cognitions, negative emotions, exaggerated reactions to certain triggers) can lead us to the underlying trauma.
3. Cognitive therapy theory: EMDR and the Immanuel Approach share the same basic cognitive therapy theory[5]:
   *Our thoughts, "what we really believe," drive our emotions and choices/behaviors.
   *Patterns of cognitive distortion, and specific negative cognitions, drive the emotions and choices seen in many mental health conditions (for example, depression, phobias, panic disorder, obsessive compulsive disorder, eating disorders, and all forms of addiction). Underneath each mental illness, one will find cognitive distortions and negative cognitions consistent with the signs and symptoms of the mental illness in question.[6]
   *Resolution of dysfunctional emotions and relief from the compulsion to dysfunctional choices will flow naturally from the correction of cognitive distortions and negative cognitions – the signs and symptoms of the current mental illness will resolve when the underlying cognition distortions and negative cognitions are corrected.
4. Negative cognitions/core lies are an important part of psychological wounds.
5. Three basic components must always be present for healing to occur: EMDR and Theophostic ministry share the understanding that the root memory, the negative cognition/core lie, and the associated negative emotions must all be present for healing/ resolution to occur.
6. Location of healing: The Immanel approach and EMDR agree that healing needs to take place *in* the traumatic memory, where the painful emotions, lies/negative cognitions, and other unresolved toxic content are carried.
7. Expectation that complete healing can be accomplished for each wound: The Immanel approach and EMDR share the conviction that if you scan through a traumatic memory, and experience anything other than complete peace and calm, there is still something that needs to be resolved.
8. Systematic and persistent trouble shooting: The Immanel approach and EMDR share the

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and/or acknowledged.

[5] Note that basic Immanuel Approach work does not require this detailed theory regarding distorted negative cognitions (lies). We just help the recipient connect with Jesus, coach her to engage with Jesus directly, and let Jesus sort out all of the details with respect to healing. For example, Jesus can recognize and resolve lies anchored in trauma without our needing to know more detailed principles or techniques regarding distorted negative cognitions. However, advanced Immanuel Approach theory includes understanding of the pain-processing-pathway, which includes understanding that failed processing at Level 5 results in lies anchored in traumatic memories, and then all of the associated cognitive-behavioral theory with respect to distorted negative cognitions (lies).

[6] Kaplan HI, Sadock BJ, Grebb JA. *Kaplan and Sadock's Synopsis of Psychiatry, Seventh Edition*. Baltimore, MD: Williams & Wilkins; 1994, pp 860,861. For extensive discussion of two specific examples, see Beck AT, Emery G, Greenberg RL. *Anxiety Disorders and Phobias: A Cognitive Perspective.* New York, NY: Basic Books; 1985, and Beck AT, Rush AJ, Shaw BF, Emery G. *Cognitive Therapy of Depression.* New York, NY: Guilford; 1979.

overall attitude "If it doesn't work, there is a reason. And when we find and resolve the blockage, healing will occur."

B. Specific trouble-shooting problems addressed

10. Blocking beliefs/guardian lies: EMDR and the Immanuel Approach both identify and address blocking beliefs/guardian lies as "clutter" that can hinder the healing process.
11. Psychological defenses: Both EMDR and the Immanuel Approach identify and address psychological defenses (denial, repression, dissociation, etc.) as "clutter" that can hinder the process.

There are a number of important Immanuel Approach principles and tools that are *not* included in secular EMDR but that *can* be included in optimal Christian EMDR (these are <u>differences</u> between the Immanuel Approach and secular EMDR, <u>similarities</u> between the Immanuel Approach and optimal Christian EMDR).

A. General principles present, tools used in both optimal Christian EMDR and the Immanuel Approach:

1. Asking Jesus to guide every aspect of the process (guide the person to the core memories, help identify unresolved processing tasks, reveal demonic opposition and other clutter, guide in the process of finishing previously unresolved processing tasks, etc).
2. Asking Jesus to come to the traumatic memories with truth and healing.
3. Faith in Jesus' presence, goodness, and power.

B. Specific trouble shooting problems addressed, trouble shooting tools used in both optimal Christian EMDR and the Immanuel Approach:

5. Intentionally looking in the darkest corners for splinters, unresolved issues.
6. Recognizing and addressing demonic opposition, including several specific tools such as the exposure and binding prayer and the 1 John technique for differentiating internal parts from demonic spirits.
7. The Immanuel Approach and optimal Christian EMDR both recognize and address the possibility of demonic deception as a source of "false truth." The therapist/minister is prepared to help expose demonic deception from a foundation of Biblical truth, Christian authority in prayer, and the living presence and guidance of the Holy Spirit. One of the biggest problems with secular EMDR is that it does not recognize or address the possibility of demonic deception (we are aware of situations where demonic deception is infiltrating secular EMDR therapy).
8. Identifying and addressing judgment/bitterness as "clutter" that can hinder the process.
9. Identifying and addressing unconfessed sin as "clutter" that can hinder the process.
10. Eye contact technique for working with internal parts.
11. Identifying and addressing the therapist/minister's wounds and lies as sources of interference.
12. Dissociation recognized as an especially important source of "clutter" that can hinder the process. Mild dissociation recognized as much more common than usually understood.

<u>Differences.</u> Even though optimal Christian EMDR includes more of the principles and tools of the Immanuel Approach, there are still several very important differences between the Immanuel Approach and optimal Christian EMDR.

1. The Immanuel Approach does not use alternating hemisphere neurological stimulation.

There are also several other minor techniques (such as the body scan) that are included in EMDR but not in the Immanuel Approach.

2. The Immanuel Approach establishes a connection with Jesus at the beginning of the session, and then turns to Jesus for guidance and help throughout the rest of the session. Optimal Christian EMDR also includes asking the Lord for guidance and following His leadership, but my experience is that the facilitator is required to provide much more direction and leadership with EMDR than with the Immanuel Approach.

3. The Immanuel Approach is safer than EMDR: The absence of neurological stimulation and the more central place of the Lord's guidance make the Immanuel Approach safer than EMDR. The alternating neurological stimulation in EMDR is like a neurological power tool. It seems to make it easier to connect with memories and emotions by energizing the traumatic memory system, and it seems to facilitate connections between the truth in the adult cognitive mind and the lies stuck in the experiential traumatic memories. But it also seems able to "manually" breach defenses before a person has internal unity about cooperating with the process (I have seen this happen in sessions I was facilitating). In the Immanuel Approach, the living presence of Jesus moves the process forward, and Jesus does not force His way through psychological defenses.

   Therapists/ministers are fallible, and can make mistakes regarding what a client is ready and able to deal with. It is often said that a person's internal defenses will protect them – that their mind knows what it can handle, and won't cooperate with a plan that is dangerous. My experience is that this is usually true, but that even our own minds/internal defenses can make mistakes regarding what is the best plan and also about what we are ready to do. As just described, with the Immanuel Approach the living presence of Jesus guides the process in a very real way, and He truly knows the best and safest way to get the job done. (And, again, the alternating stimulation in EMDR seems to sometimes breach defenses that the recipient is otherwise not ready to release.)

   These differences make it easier to precipitate decompensation with EMDR than with the Immanuel Approach. I think this is why lay people and ministers with no mental health training have been able to release such powerful healing with the Immanuel Approach with so little accidental damage. EMDR, on the other hand, should not be used by anybody who is not a trained mental health professional. (And even in the hands of mental health professionals, EMDR is still more risky that the Immanuel Approach.)

4. The Immanuel Approach is easier than EMDR. The absence of neurological stimulation and the more central place of the Lord's guidance make the Immanuel Approach easier than EMDR. There is an intricate dance between what Jesus expects us to learn and what Jesus provides in the way of specific guidance during Immanuel Approach sessions; nevertheless, the living Jesus Christ is very present as the guide and leader with the Immanuel Approach. Our experience is that Jesus leading the process makes it possible for non-mental health professionals to successfully use the Immanuel Approach. We have seen pastors and lay people, with no formal mental health training, release profound healing for major mental illnesses using the Immanuel Approach. As discussed in #2, with EMDR, the facilitator provides more leadership and direction. More training and expertise are therefore required in order to accomplish positive results. As discussed in #3, more training and expertise are also required in order to avoid accidental damage.

5. The Immanuel Approach accesses a better source of truth than EMDR: As mentioned

above, the neurological process in EMDR seems to help the client's adult cognitive truth connect with the place where negative cognitions are stuck in earlier traumatic memories. However, this process can only use the truth available in the person's own mind. In contrast, the Immanuel Approach explicitly identifies Jesus as the source of truth, and the center of the Immanuel Approach healing process is helping the recipient to connect and engage directly with Jesus inside the traumatic memories. Jesus has all truth, and He responds to prayer.[7] If we explicitly ask Him to come with healing and truth, He will provide healing and truth beyond what He might otherwise provide through the usual processes He has built into creation (for example, the biological-neurological phenomena EMDR uses).

An experience in my practice illustrates the special and unique value of explicitly asking Jesus to come with His truth: One of my clients had been working on certain lie/ negative cognition themes through a number of EMDR/Immanuel Approach sessions. This client had been working hard to press into difficult memories and to address anything in the way of the healing process. During the final session, while focusing on the painful emotions and lies/negative cognitions, he finally got back to the earliest memory containing these thoughts and feelings. Suddenly he could see that the lies/negative cognitions were not true – that they had been misinterpretations during the original traumatic memory. He could also see that the negative emotions had been produced by these misinterpretations, and were now no longer appropriate. Then he went forward in his life through all of the many memories we had worked on, seeing how this same lie/negative cognition had been affecting his life in all these many situations. He experienced a subjective sense of neurological stimulation during this process, and then tremendous relief. This whole scene would not be unusual in an Immanuel Approach session, but an EMDR therapist would also say "that is a textbook EMDR resolution."

At this point, I also specifically asked the Lord to come with His truth and healing. The client immediately received additional truth and healing from the Lord. Jesus spoke clearly into his heart, showing the client how He had been with him, and also speaking directly to the lies/negative cognitions from the perspective of the Lord always being with him and protecting him. Finally, this client had a profound and intimate encounter with the living Jesus Christ, "like we were good friends, leaning towards each other over a coffee table and sharing about how much we meant to each other." At this point in the session, the client spontaneously asked the Lord to come into his life and made an adult decision to commit his life to the Lord. That was ***not*** a textbook EMDR resolution. After reading the draft of this paragraph, he commented "to read about or even explain the experience seems almost trivial compared to the actual and lingering emotion concerning that session....one can't imagine that the truth and honesty of the event could ever be communicated to another."

Finally, Jesus is the only one who can really address questions like "Where were you when my mother was dying of cancer?" or "Why did you allow me to be abused?" (see "Theophostic, What is Unique?" for additional comments about Jesus' unique efficacy in bringing truth and healing).

6. The Immanuel Approach is more effective than EMDR: At a very concrete, practical level, my experience is that the Immanuel Approach is more effective than EMDR. The Immanuel Approach has not yet been studied with empirical research, but my assessment

[7] See Dutch Sheets, *Intercessory Prayer* for a discussion of the perspective that the Lord has given us the responsibility of releasing His will and blessings with our prayers.

after approximately 15,000 hours of work with Immanuel Approach principles, approximately 6,000 hours of EMDR sessions, and approximately 3,000 hours of using them together is that the Immanuel Approach is even more effective than optimal Christian EMDR. The Immanuel Approach is particularly effective for healing absence wounds, in that Jesus can actually meet recipients inside their childhood memories and give them the love, care, connection, etc that they needed but didn't get from their care providers. I use the Immanuel Approach with all of my clients who are willing to use it.

Note that I do not perceive EMDR and the Immanuel Approach to be inherently in competition, and as mentioned elsewhere, I have found that I can use them together. I have had a number of patients that were "stuck" for months in EMDR therapy who then moved forward dramatically with the addition of the Immanuel Approach. I also have several clients who find that alternating neurological stimulation seems to enhance their ability to connect with memories and emotions during Immanuel Approach work.

In summary: EMDR and the Immanuel Approach have many similarities. The Immanuel Approach includes everything in EMDR except the alternating hemisphere neurological stimulation and several other minor techniques. When I combine the Immanuel Approach and EMDR, it is basically the Immanuel Approach with the addition of alternating hemisphere stimulation. Secular EMDR is missing many important principles and tools included in the Immanuel Approach. Christian EMDR can include more of the principles and tools of the Immanuel Approach, but still has several very important deficiencies as compared to the Immanuel Approach (Jesus is not as clearly designated as the leader and guide, Jesus is not explicitly identified as the source of truth, and the center of the healing process is not helping the recipient connect and engage with Jesus inside the traumatic memory). The differences between EMDR and the Immanuel Approach result in the Immanuel Approach being easier to use, safer, and more effective.

IV. Research – Is there research support for the effectiveness of EMDR? What about the studies showing that EMDR is not effective/less effective than other therapy techniques?:

EMDR competes with Cognitive therapy and Exposure therapy for the psychotherapeutic technique with the most research documentation of efficacy.[8] My personal assessment is that EMDR has the strongest empirical research support of any treatment modality for the healing of psychological trauma. SPECT scan research documents brain activity changes with EMDR.[9] A number of controlled studies indicate that EMDR is a valid treatment for civilian PTSD.[10] A meta-analysis looking at 59 studies of PTSD treatments indicated that EMDR is effective for reducing the symptoms of PTSD.[11] Other controlled studies have shown that EMDR is

[8] As of spring 2003, I have seen articles written by proponents of EMDR, articles written by proponents of Exposure therapy, and articles written by proponents of cognitive therapy, each claiming that their respective psychotherapy approach has the most research documentation of efficacy. The good news is that there is strong research evidence supporting the efficacy of each of these techniques.

[9] Levin-P, Lazrove-S, van-der-Kolk-B, 1999; Amen-DG, 2002.

[10] Carlson et al, 1998; Marcus, Marquis, & Sakai, 1997; Rothbaum, 1997; Scheck, Schaeffer, & Gillette, 1998; Wilson, Becker, & Tinker, 1995; Wilson, Becker, & Tinker, 1997.

[11] Van Etten & Taylor, 1998.

effective in treating phobias, stress in law enforcement employees, and distress experienced by traumatized children.[12] My summary assessment of research finding positive results is that studies done by mental health professionals who actually use EMDR in their own professional work consistently show dramatic benefit.

These research results are consistent with my personal and professional experience. In my personal healing journey, EMDR has been more effective in accomplishing tangible change than anything other than Theophostic and the Immanuel Approach. I have seen the same thing in my professional work. For example, one of our clients with 35+ years of intense phobic symptoms experienced complete resolution of her phobia in one 90 minute EMDR session[13]. I have never witnessed anything similar to this with any other therapy techniques other than Theophostic and the Immanuel Approach.

Studies done by researchers who "learn" EMDR just for the purpose of completing their study tend to get poor results. My personal assessment is that some of the studies observing poor results have been done by researchers who were skeptical of EMDR and intending to demonstrate its lack of efficacy. Two recent articles written by the same research group provide a good example. One article is skeptical and antagonistic towards EMDR.[14] In the other article the same team claims to use EMDR, but finds that it is less effective than their treatment of choice[15]. I would like to review video footage of these sessions. Dr. Shapiro spoke with the author of one of the studies showing that EMDR was not effective. As she asked specific questions regarding the details of his study, she discovered that he had not used what she would call EMDR. She then checked the EMDR training records and discovered that he had not even completed the EMDR basic training.[16] Poor results are to be expected in these studies, since EMDR, just like Theophostic and the Immanuel Approach, requires some amount of "troubleshooting" in most cases.[17] It is hard to imagine someone being able to persist with effective troubleshooting when they are minimally trained, have little experience, and do not believe in the technique. I would not want to gauge the effectiveness of EMDR, Theophostic, the Immanuel Approach (or any other technique) based on the experience of someone who was minimally trained, had little experience, and who did not expect the process to succeed.

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[12] de Jongh & ten Broeke, 1998; de Jongh, ten Broeke, & Renssen, 1999; Wilson, Logan, Becker, and Tinker, 1999; Chemtob, Nakashima, Hamada, & Carlson, in press; Greenwald, 1994; Puffer, Greenwald, & Elrod, 1998.

[13] Many of my clients, both EMDR and Immanuel Approach, have required much more work to deal with the defenses and other problems in the way of healing. However, I think it is significant that there are patients with this kind of rapid and dramatic response, and that we have never seen this with any other therapy techniques.

[14] Muris and Merckelbach, 1999.

[15] Muris, Merckelbach, Holdrinet, & Sijsenaar, 1998.

[16] Incident described by Francine Shapiro in conversation with one of our colleagues.

[17] Both Dr. Shapiro (*Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures*, pg 167) and Dr. Smith acknowledge that some amount of trouble-shooting is usually required. This is consistent with my experience. Very few of my clients, EMDR, Theophostic (prior to IA), or Immanuel Approach have gone through the process without getting stuck at some point. Almost everybody has required "trouble-shooting" at some point.

Finally, laboratory brain studies provide data supporting the efficacy of EMDR: For example, Several studies using quantitative EEG (QEEG) and single photon emission computerized tomography (SPECT) indicate impairment of cerebral hemispheric synchronicity in PTSD, and show preliminary evidence for integration and reactivation of metabolically inhibited regions in the left hemisphere by relatively brief treatment with EMDR."[18]

February 2020 update: The research just discussed above are all studies that I reviewed when I wrote the first version of this essay in 2002. For more recent discussions of many additional research studies supporting the efficacy of EMDR, see Francine Shapiro, "The Role of Eye Movement Desensitization and Reprocessing (EMDR) Therapy in Medicine: Addressing the Psychological and Physical Symptoms Stemming from Adverse Life Experiences," *The Permanente Journal*, Vol. 18, No. 1, (Winter 2014), pages 71–77; and the "Research Overview" page of the EMDR Institute website (https://www.emdr.com/research-overview/).

V. Additional questions regarding EMDR:

Can lay-people get trained in EMDR?

EMDR requires more training and requires more expertise to use. Only mental health professionals can receive EMDR training. As mentioned in "Similarities and Differences," an advantage of the Immanuel Approach is that lay people can learn and use it. (Many lay people have received Immanuel Approach training and are working as effective Immanuel Approach facilitators.)

Safety: Is one safer than the other?

The Immanuel Approach has less risk of causing problems by forcing through psychological defenses. See "Similarities and Differences" for additional comments.

Efficacy: Which is more effective?

The Immanuel Approach ministry has not yet been studied with empirical research, but my assessment is that the Immanuel Approach is even more effective than EMDR. See "Similarities and Differences" for additional comments.

If The Immanuel Approach is easier, safer, and more effective, why use EMDR?

First, for those with memory-anchored blockages preventing them from perceiving and/or connecting with Jesus (thereby preventing them from using the Immanuel Approach), EMDR can be very helpful for finding and resolving the underlying traumatic memories. In my practice, EMDR and Theophostic are my two primary tools for finding and resolving traumatic memories that anchor blockages that initially make the recipient unable to use the Immanuel Approach.

Second, EMDR can augment the Immanuel Approach. As mentioned above, I have several

[18] Robert Scaer, *The Body Bears the Burden: Trauma, Dissociation, and Disease* (Binghamton, NY: Haworth Medical Press, 2001), page 168.

clients who find that the alternating neurological stimulation seems to enhance their ability to connect with memories and emotions during their Immanuel Approach work.

Third, if somebody needed immediate care for psychological trauma and no Immanuel Approach facilitators were available, a committed Christian with good discernment using optimal Christian EMDR would be the next best plan. (The best possible scenario here would be for the person to introduce the Christian EMDR therapist to the Immanuel Approach. If the person wanting healing were stable and did not need immediate care, I would encourage them to speak with their church, friends, and Christian therapists in the area, hopefully finding someone who would be willing and able to learn and use the Immanuel Approach.)

Fourth, some clients are uncomfortable with the Immanuel Approach because they are uncomfortable with any faith-based intervention. I would recommend EMDR for these scenarios. (And hopefully, as they resolve trauma, they will resolve the pain that fuels their resistance to faith-based interventions.)

Would you ever recommend EMDR instead of the Immanuel Approach?

As just described above, the scenario in which I most often use EMDR instead of the Immanuel Approach is with people who are not yet able to use the Immanuel Approach due to blockages that hinder their ability to establish a connection with Jesus. In these situations I use a combination of EMDR and Theophostic, with one of the explicit goals being to find and resolve blockages that prevent using the Immanuel Approach. Even when I am using EMDR and Theophostic instead of the Immanuel Approach, I am always trying to help the person move toward an interactive connection with the living presence of Jesus.

As also just describe above, I would recommend EMDR instead of the Immanuel Approach when a person needs care immediately and he/she is in an area where no Immanuel Approach facilitators are available but competent, mature Christian EMDR therapists *are* available. **Note:** Many Christian EMDR therapists may not include all aspects of optimal Christian EMDR (e.g., listening for the Lord's guidance during therapy sessions, prayer to address demonic opposition, explicit prayer for the Lord to come with healing) because they are simply not familiar with these ideas and/or tools. If they are open to these ideas, you can ask them to learn about and include these aspects of optimal Christian EMDR. My guess is that any Christian EMDR therapist willing to include all aspects of optimal Christian EMDR should also be willing to learn the Immanuel Approach and could become an excellent Immanuel Approach facilitator. Unfortunately, some psychotherapists are Christian in their personal spiritual life but have been taught that it is not appropriate to integrate prayer and/or Christian principles with their psychotherapy techniques. If there are no Immanuel Approach facilitators in your area and you are considering working with a Christian EMDR therapist, I strongly encourage you to find one that is comfortable with integrating prayer and Christian principles in their EMDR work.

And, again, I would recommend EMDR for people who are uncomfortable with the Immanuel Approach because they are uncomfortable with any faith-based intervention.

VI. Concerns/misunderstandings regarding EMDR:

"The Immanuel Approach is just EMDR with some prayer thrown in."

Some people seem to be disturbed by the similarities between EMDR and the Immanuel Approach. The similarities and differences outlined above is the first part of my response to this concern. As summarized above, there are significant differences that result in our overall

clinical experience that the Immanuel Approach is easier, safer, and more effective than EMDR.

The second part of my response is to ask why it is a problem that the two most effective therapy/ministry techniques have many similarities? Thousands of different mental health professionals and people in ministry have worked for more than a hundred years trying to find ways to bring healing for those who have been psychologically wounded. More than 500 different psychotherapy and prayer for emotional healing techniques have been developed. It makes sense that some of these individuals and techniques have discovered the same underlying principles and patterns in the Lord's creation. It also makes sense that the ones that are most effective will have similar understandings of these true underlying principles and patterns.

I fail to see the problem in the Lord leading Dr. Shapiro, Dr. Wilder, and myself to discover many of the same underlying principles regarding the effects and treatment of psychological trauma.[19] I also fail to see the problem with a situation where the Lord has inspired Dr. Wilder and I to develop a technique which, in addition to being explicitly Christ-centered, is easier, safer, and more effective than the most effective and most research-supported secular technique for treating psychological trauma – a technique that thousands of lay-people have been able to learn and use effectively[20] – a technique that has made deep healing accessible to tens of thousands who would otherwise probably not have been able to afford it.

"EMDR is hypnosis and/or similar to it."

Many Christians (including Charlotte and myself) have been concerned that EMDR might be some form of hypnosis. Brain wave patterns provide a simple and clear answer to this question. Hypnosis produces altered states of consciousness (various forms of trance state) that have corresponding EEG patterns different from normal awake brain wave patterns. EMDR does not produce changes in the client's brain wave patterns – the EEG pattern remains the same as in the normal awake state.[21] This is consistent with my own experience of receiving EMDR. I have not felt like I have been in an altered state of consciousness at any time.

"EMDR is 'New Age'."

EMDR has been mostly developed in secular mental health settings, and usually does not have any specific spirituality associated with it. We are aware of new age practitioners who are including EMDR in new age practices (using EMDR as a part of past life therapy, for example), but I do not perceive EMDR to be inherently new age in any way. My perception is that EMDR is a spiritually neutral neurological tool. It can be used by Christians to enhance Christian therapy, but it can also be used by others to increase the neurological effect of what-

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[19] Careful review of the history of science and medicine will reveal many "discoveries" where the Lord seems to have helped/inspired people that were honestly seeking to understand his creation. The discovery of benzene rings, penicillin, and the work of George Washington Carver are all good examples. I think Dr. Shapiro's discovery of EMDR, and especially my "discovery" of the initial pieces of the Immanuel Approach, are very similar to these other examples of "discoveries" that seemed to have been made with inspiration/assistance from the Lord.

[20] Many well trained professionals are using the Immanuel Approach, and I also encourage lay-people to use the Immanuel Approach (with appropriate supervision).

[21] Nicosia, 1995. Note: people with significant dissociative disorders are an exception. They will go in and out of trance states regardless of what technique or method of therapy is used.

ever they are doing. Cellular phones or computers provide an analogy – they can be used by Christians to increase their effectiveness in ministry, but they can also be used by drug dealers to increase their criminal efficiency.

VII. Additional information regarding EMDR: The best introductory book about EMDR is "EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma" by Francine Shapiro Ph.D. It is excellent, well written, and readable for the general public. NOTE: There is an earlier book written by Dr. Shapiro that is for the professional doing EMDR. It is not the best book to start with. Make sure to get the second book, copyright 1997. As far as I know, there are not yet any books about EMDR that are written from an explicitly Christian perspective.

VIII. Referrals: One can obtain information about psychotherapists who use EMDR at the EMDR International Association web site, www.EMDRIA.org, or by e-mail to: inst@emdr.com, snail mail to: P.O. Box 141743, Austin TX 78714-1743, or phone 512-451-6944 (Note: these psychotherapists may or may not be Christians).

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