

**Growing with Isa: A Trauma Healing Program for Muslim Background Christians**

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## **Abstract**

Research in the global mental health field has revealed a large treatment gap in low- and middle-income countries. Task-sharing initiatives that are evidence-based are gaining recognition as a sustainable response in settings with limited resources. Spiritually oriented interventions are also growing in demand as research reveals the increased benefit of including spirituality in treatment. The Growing with Isa program was developed for Christians from Muslim backgrounds who reside in LMICs. This population represents a specific group who is at heightened risk for potentially traumatic events, not only in the dramatic shift that accompanies a religious conversion where the identity change permeates every aspect of one's social, relational, and spiritual life, but also in the violence and threats that may accompany conversion. Growing with Isa is based on the Tree of Life program, which is spiritually oriented, evidence-based, and developed for use in LMICs. The clinical intervention is the Immanuel Approach, originally developed by Karl Lehman. Modifications to the Tree of Life program were based on the literature review provided, with rationale included. The resulting Growing with Isa program provides participants with the tools to address traumatic experiences, process painful memories, and promote spiritual wellbeing. Development of this program contributes to the field by providing a population-specific intervention for use in LMICs with potential to reduce PTSD symptoms, increase well-being, and address unique issues of grief and loss.

*Keywords:* trauma, spirituality, low- and middle-income countries, task sharing, Immanuel Approach, global mental health, program development, religious conversion and trauma

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## Chapter I: Introduction and Literature Review

The rate of Muslims converting to Christianity since the 1960s has been increasing as the Evangelical church has renewed its efforts to send witnesses to populations where there are currently no representatives of the Christian tradition, offering a choice where there previously had been none (Miller & Johnstone, 2015). The conversions of individuals from a Muslim background to Christianity have given rise to a distinct population known as Believers from a Muslim Background (BMBs), with their own unique culture, characteristics, and challenges. When a Muslim converts to Christianity, they often face the unavoidable loss of connection with the Muslim *ummah*, or community (Arzouni, 2022). That loss, which includes a loss of identity, is more complex than a modified religious identity. Upon conversion, men and women are most likely disowned by parents, even if still dependent. They may lose spouses, children, extended support systems, and social networks (Arzouni, 2022). The loss experienced may be compounded if there is violent persecution because of this conversion, especially if perpetrated by trusted members of one's family or community.

The problem is the significant issue of insufficient resources tailored to this population, particularly in trauma care. There is a need for spiritually oriented interventions that address the complex losses and grief that these individuals may experience. The purpose of this resource development project is to determine how to create a tool to address this trauma, grief, and loss in this population based on the current literature. The literature review will include topics on global mental health (GMH), as many of these conversions are taking place in low- and middle-income countries (LMICs); identity and related concepts; trauma and relevant treatment responses; and finally, a presentation on the available literature on BMBs.

## **Global Mental Health**

Globally, common mental disorders, including posttraumatic stress disorder, anxiety, substance use disorders, and depression, represent one of the most significant causes of disability (Petersen et al., 2019; Singla et al., 2017; Wainberg et al., 2017), with mental illness accounting for an estimated 11-18% of the global disease burden (Anum et al., 2020). The treatment gap in LMICs has been well documented (Anum et al., 2020; D’Orta et al., 2022; Harris et al., 2020; Mills & Lacroix, 2019; Patel et al., 2018; Petersen et al., 2019; Ruzek & Yeager, 2017; Wainberg et al., 2017), representing the majority of the world’s population with limited or no access to mental health treatment options. An estimated 70-98% of those living in LMICs with mental illness lack access to treatment (Harris et al., 2020; Ruzek & Yeager, 2017; Singla et al., 2017; Wainberg et al., 2017). Among LMICs, Africa remains understudied, utilizing only 1.4% of available funds for research in mental health (Anum et al., 2020). The need for mental health resources is evident among the relatively few studies conducted in Africa. For example, in countries such as Kenya and Sierra Leone, extremely limited professional mental health care is reported along with higher-than-average risk of potentially traumatic events (PTEs) due to higher frequencies of violence, civil war, disease outbreak, recurrent flooding, and substance abuse issues (D’Orta et al., 2022; Harris et al., 2020). Healy and colleagues conducted a systematic review of studies in LMICs and found higher than average rates of exposure to risk factors such as violence, conflict, and socio-economic disadvantage in LMICs as compared to high-income countries (Healy et al., 2018).

To address the treatment gap challenge, the World Health Organization (WHO) and publications like *The Lancet* and others began in 2007 to call for scaling up of services in LMICs through initiatives like “task sharing” (Mendenhall et al., 2014; Mills & Lacroix, 2019; Patel et al., 2018; Petersen et al., 2019; Ruzek & Yeager, 2017; Wainberg et al., 2017). Task sharing utilized highly trained specialists, such as psychiatrists and psychologists, to

equip non-specialists to engage in mental health care delivery through collaboration and supervision (Healy et al., 2018; Karyotaki et al., 2022; Mendenhall et al., 2014; Mills & Lacroix, 2019; Raviola et al., 2019; Ruzek & Yeager, 2017; Singla et al., 2017). Utilizing primary care facilities has been a favored way of implementing task sharing (Healy et al., 2018); however, it has been suggested that utilizing other community-based institutions may reach more people who don't have physical healthcare access, who may be reluctant to bring up mental health issues with physicians due to stigma, and may be more sustainable to avoid overtaxing healthcare workers (Hervey, 2023). A study was conducted in Pakistan among postpartum women to determine if a task-sharing intervention that incorporated elements of cognitive behavioral therapy (CBT) would effectively reduce depression symptoms as compared to a control group (Waqas et al., 2022). Of the 903 women who participated, response data regarding outcomes were available for 818, and results indicated significant differences in remission rates for women receiving the intervention (Waqas et al., 2022). Common mental health interventions that have been adapted for use through task sharing in LMICs include interventions for depression, posttraumatic stress disorder, substance use disorders, childhood trauma, and other severe mental disorders (Raviola et al., 2019).

To determine the efficacy of task-sharing efforts in LMICs, a systematic review was conducted that included 27 studies across 17 LMICs where non-specialists delivered services to individuals struggling with mental health disorders, most commonly depression or posttraumatic stress (Singla et al., 2017). A moderate to strong effect size was observed for all trials studied with improved symptom outcomes. Indicators of success were then analyzed across studies. Both specific elements—such as treatment technique, psychoeducation, or assigning homework—and nonspecific elements—such as empathy, warmth, and collaboration—were tracked to determine potential effectiveness. Findings revealed both specific and nonspecific elements indicated the effectiveness of the trial, suggesting both

types of responses are important in treatment and in the training of non-specialists (Singla et al., 2017). In a review of task-sharing initiatives in LMICs, Jack et al. (2020) presented an intervention called the Friendship Bench in Zimbabwe, a low-income country (LIC) with only 14 psychiatrists for a country of over 16 million people. The Friendship Bench was developed as a task-sharing initiative which trained lay counselors who met with people struggling with depression on benches outside of primary healthcare facilities. The non-specialist counselors were trained in basic CBT techniques and integrated cultural practices for six sessions, and the results indicated improved mental health outcomes (Jack et al., 2020).

In a review of 18 studies where interventions in LMICs utilized task sharing among refugee and asylum seekers, common trends included: (a) the need to keep flexibility ingrained in intervention approach, material, and timing to allow for culturally relevant conceptions and room to negotiate meaning; (b) a continued need to think broadly about cultural influence on mental health issues and responses; (c) emphasis on increasing research capacity in LMICs; and (d) the awareness of local context by the facilitator (Jannesan et al., 2021). Similarly, Mendenhall and colleagues examined stakeholders' perceptions of task-sharing measures in five LMICs (Mendenhall et al., 2014). Stakeholders in this study were those receiving care and those engaged in providing services. They found three necessary components of establishing a successful task-sharing initiative, which included: (a) utilizing a context-specific and relevant framework, (b) providing training and supervision for non-specialists, and (c) providing adequate ongoing access to specialists for needed follow-up training and supervision.

## **Identity**

Erik Erikson (1980) presented his seminal lifespan development theory in 1950, including his work on identity formation, in which he suggested that the identity development

crisis was an event that needed resolution in adolescence. James Marcia (1966) operationalized Erikson's theory by presenting four statuses of reaction during the adolescent period characterized by varying levels of exploration and commitment. Even though Erikson was the first to recognize the importance of culture, the inclusion of social factors in the developmental process was diminished with Marcia's qualifications of status (Yoder, 2000). The diminished emphasis on context continued over the following decades, but research trends shifted around the turn of the century and again focused on the importance of cultural influence with a consensus that a theory of identity development is incomplete without a conceptual framework that allows for an understanding of context (de Bruin-Wassingkmaat et al., 2019; Halevy & Gross, 2024; Megreya & Ahmed, 2011; Sneed et al., 2006; Sokol, 2009). Yoder (2000) attempted to add a consideration for culture to Marcia's work by suggesting using barriers as qualifiers. McLean & Syed (2015) later concluded Yoder's (2000) barriers allowed for an emphasis on personal agency that may diminish some aspects of culture. Aghatabay and colleagues supported Yoder (2000) in emphasizing the socio-cultural barriers that impact identity development by conducting a mixed-methods study with secondary school females in Iran (Aghatabay et al., 2023). Results revealed three main barriers to positive identity development among these adolescent girls: (a) barriers to a sense of control over one's life, such as being limited by failures, deprivation of freedoms, and being controlled excessively by parents; (b) barriers to adequately deal with these challenges, such as inappropriate emotional expression, isolating, or blaming; and (c) barriers to self-esteem, such as negative emotions regarding religious performance, communication with caregivers, or past mistakes (Aghatabay et al., 2023). Erikson's (1980) original theory suggested the successful achievement of identity required a certain degree of personal choice and determination. However, there is a gap in existing research concerning the relevance and

function of agency in collectivistic cultures where agency may be diminished (Aghatabay et al., 2023).

One alternative to the Erikson-Marcia tradition was proposed by McLean and Syed (2015) as a master narrative model of identity development, which allowed for consideration of both the agency of the individual and barriers that might be experienced given one's context and environment. Master narratives are "culturally shared stories that provide frameworks within which individuals can locate and story their own experiences" (McLean et al., 2019, p. 7). In one of the few studies that offered a definition of identity, the proposed definition of identity was "a subjective, constructed, and evolving story of how one came to be the person one currently is...[and] integrates the past, present, and future providing the individual with a sense of personal continuity" (McLean & Syed, 2015, p. 6). Those whose personal stories or identities aligned closely with the master narrative of a cultural group found belonging and security, whereas others had to develop an alternative narrative to search for similar others in a social minority group within which to belong (McLean et al., 2019). In a study examining the efficacy of this framework, those who reported an alternative identity reported experiences of loss (power, belonging, security) but also an ability to utilize other master narratives (e.g., redemption) to navigate their deviation (McLean et al., 2019).

### ***Religious Identity***

Religious identity formation remains an understudied domain, with only 15 studies conducted on this topic between 1960 and 2017 (Halevy & Gross, 2024). To understand the religious identity development process, de Bruin-Wassingkmaat et al. (2019) conducted a review that included 15 studies: six conducted in the U.S., seven in Israel, and two in the Netherlands. There was not a standard definition of religious identity between studies, and a lack of consistent theoretical framework was observed as well, with 11 framing identity development from an Eriksonian-Marcian tradition and the remaining four without a specific

tradition (de Bruin-Wassingkmaat et al., 2019). Four articles to date offered a definition of religious identity development as "a process in which individuals explore and commit to a set of religious beliefs and practices," and only one provided a definition of religious identity as "self-perception of religiosity" (de Bruin-Wassingkmaat et al., 2019, p. 72). The researchers discovered four common themes from the studies including: (a) the developmental nature of religious identity, with a peak of activity in adolescence but a synthesizing, consolidating, construction process occurring lifelong; (b) the reciprocal influence between context on religious identity formation, with one's culture influencing one's religious identity and also individual identity influencing the context they are a part of; (c) a normative engagement in exploration and commitment during the process of religious identity formation; and (d) the importance of perceived autonomy and choice (de Bruin-Wassingkmaat et al., 2019).

Peek (2005) found three increasingly salient stages of religious identity development among Muslim Americans—*ascribed* (passive identity acceptance without exploration), *chosen* (after thoughtful reflection, choosing to be identified primarily by one's religious identity), and *declared identity* (usually found after a crisis as the chosen identity becomes even more meaningful, sincere, and serious). Halevy and Gross (2024) also found three categories of religious identity development among Israeli male students: *conceptual*, which is related to one's understanding of beliefs and ideologies; *practical*, which includes the practices and religious observations engaged in; and *collective*, which related to being a part of a group and finding meaning through one's identification with that group (Halevy & Gross, 2024). Unlike Peek's (2005) sequential stages, Halevy and Gross' (2024) categories were nonsequential, as some participants reported initially engaging in religious practices from a conceptual category and only later appreciating the collective benefit of religion, while others reported the collective category was initially crucial to their self-perception. There remains a dearth of research on religious identity; however, the current consensus

suggests it develops in various ways, potentially depending on culture, and may play a significant role in adaptive maturation.

### ***Muslim Identity***

Many Western conceptualizations of religion view faith as a component of one's identity. However, a core tenet of Muslim doctrine is the all-encompassing reach of this religious identity, affecting one's behavior in every area of life—relational, behavioral, and even cognitive (Farrokh, 2014; Fischer et al., 2010). There is a strong expectation in Islam toward group alignment—in the family, in the community, nationally, and even globally—with a high emphasis on cohesiveness in attitudes and behaviors (Fischer et al., 2010). The original meaning of the title Islam suggested *submission*, with unquestioned obedience—to Allah (God) and religious leaders—expected (Arzouni, 2022). Traditionally, being Muslim identifies one with a community and their part in that group, known globally as the *umma* (Arzouni, 2022; Fischer et al., 2010). Therefore, concepts of self and related coping strategies during times of crisis are essential to consider from a collectivistic, or group-centric, perspective. Fischer and colleagues noted that refugee Muslims relied heavily on family systems for coping by maintaining relevant cultural practices, promoting religious identity, and increasing perceived support. If, however, these ties were broken, evidence indicated higher rates of mental health problems (Fischer et al., 2010).

Abu-Raiya and Pargament (2011) systematically reviewed the literature on Islam and found positive and negative effects of the religion reported, similar to Christian populations. The review found that Islam correlated with comfort, connection to meaning and identity, spirituality, and community (Abu-Raiya & Pargament, 2011). It was also found that Muslim refugees reported using personal prayer after surviving war trauma as a beneficial coping response (Ai et al., 2005). However, recent empirical research on this population remains

scarce, especially as it relates to trauma, effective interventions, and spirituality (Abu-Raiya & Pargament, 2011; Kumar & Huang, 2024).

## **Trauma**

Around 70% of the global population has experienced a potentially traumatic event (PTE; World Health Organization [WHO], 2024b). Symptoms of posttraumatic stress disorder (PTSD) may develop after an individual experiences or witnesses an event happening where they perceive their lives were threatened or in real danger (American Psychiatric Association, 2013). However, after witnessing or experiencing an unusually distressful event, such as a natural disaster, sexual violence, or war, only about 5.6% globally develop symptoms of PTSD, and around 40% usually recover within one year (WHO, 2024). Those who do develop PTSD may relive painful memories about the event, experience nightmares, avoid places or people that remind them of the event, display an exaggerated startle response, experience difficulty sleeping or concentrating, and/or experience feelings of guilt about surviving when others did not (American Psychiatric Association, 2013). Acute or simple trauma may develop after exposure to one incident or a short-term exposure to potentially traumatic events (Ross et al., 2021). Complex trauma potentially occurs after chronic exposure to multiple PTEs (Ross et al., 2021). In addition to PTSD, some may also experience depression, anxiety-related disorders, or substance use disorders after experiencing a PTE (WHO, 2024). The likelihood of developing PTSD symptoms is much higher when the events are violent and interpersonal in nature, with rates increasing to more than three times the average in these circumstances (WHO, 2024). International research suggested that in areas with high levels of violence and interpersonal conflict, there is evidence for higher levels of depression and PTSD (Magezi & Manda, 2016).

## *Effects of Trauma*

The effects of trauma are broad and pervasive. The bio-psychosocial model helps to understand the impact of trauma by organizing the effects biologically, psychologically, and socially while also recognizing that these systems are inherently interconnected (Manda, 2015). The biological effects of trauma can be observed in somatic symptoms, such as headaches, stomach aches, increased heart rate during flashbacks, irritable bowels, and nervous system dysregulation (O'Brien & Charura, 2023). These biological responses occur when the autonomic nervous system triggers an emergency status response in the body, inhibiting higher-level cerebral functioning—including functions like language and communication processes—to prepare the body for flight, fight, or freeze activities (O'Brien & Charura, 2023). In considering these biological processes, Doehring (2019) found the necessity of establishing safety before engaging narratives of the traumatic experience. Techniques such as breathing deeply, self-regulation, and awareness-building are resources for improving resilience, especially to address the biological symptoms of PTSD (O'Brien & Charura, 2023). The psychological effects of experiencing trauma may include intrusive thoughts, feelings of shame or guilt for surviving, nightmares, trouble sleeping, being jumpy or anxious, having angry outbursts, suddenly being emotionally overwhelmed, or assessing threats when there is no real danger (Manda, 2015). The social effects of trauma include the negative effect on relationships, the psychological symptoms present with isolation, decreased familial and social support, and social stigmas of shame (O'Brien & Charura, 2023). Manda (2015) examined the bio-psychosocial model as it related to people affected by political violence in South Africa and found it lacked a spiritual component to capture the effects of their experiences holistically. The negative effect of trauma on spirituality and religion has also been documented and presented in further detail below.

### ***Cultural Considerations***

Very few efforts have focused on Muslim populations in relationship to experiencing PTEs, PTSD, and the related effects on religious identity (Fischer et al., 2010). A systematic review of the literature found that Western traditions of Christian faith tended to evidence an individualistic style of coping with stressful events (self-reliance, cognitive reappraisals, etc.) while Muslims tended to demonstrate a collectivistic tendency by utilizing social supports and family systems (e.g., support-seeking, delegation, negotiation, and opposition with group) to cope (Fischer et al., 2010). It was found that both Christian individualistic styles of coping and Muslim collectivistic styles of coping were effective in decreasing PTSD in their respective populations (Bentley et al., 2014). Kuo (2013) conducted a review of the literature regarding collective coping, which included behaviors that come from and are rooted in cultural values that are collectivistic and intrapersonal in nature. This was observed as individuals engaged others in culturally meaningful ways and considered the well-being of others within their group during coping. Physical and psychological well-being have been linked to collective coping strategies and are closely related to religious identity and social support (Kuo, 2013).

Another consideration is the effects of trauma when sustained by an entire people group, such as genocide or religious persecution and discrimination. *Collective trauma* is the actual events experienced by a group of people, and *cultural trauma* is the lasting significance of that event in the collective mindset of a group of people in a way that impacts and endangers the social identity of that group (Crouch, 2022; Kwak, 2024). Cultural trauma results in some form of a loss of group identity and meaning, and can affect shared memories (Kwak, 2024). In a mixed-methods design, Kassem and Jackson (2020) conducted a focus group with 10 participants, with data obtained used to inform a questionnaire completed by 106 Assyrian Iraqis. The data from the questionnaire revealed consistent responses of deep

fear that stemmed from historical events and, if reoccurred, might threaten their survival (Kassem & Jackson, 2020). These results support the view that while individual trauma must be experienced or witnessed first-hand, collective trauma can be experienced generationally from second-hand stories and memories that mark a group's identity (Kassem & Jackson, 2020). Cultural identity can be shaped by the recognition over time that one's cultural group is perceived as damaged somehow through a traumatic experience(s), and that memory creates a connection between members of this group that allows for an adjusted, yet connected, group identity (Kwak, 2024).

In responding to trauma, especially as it affects cultural groups, cultural sensitivity allows for expressing grief that is relevant and meaningful to the people within that group, such as culturally relevant music that can express grief, lament, or hope (Elkins & Allen, 2022). Discovering and finding ways to support culturally appropriate collective healing practices has decreased distress and increased psychosocial well-being (Rebolledo, 2019). As an example, Rebolledo (2019) studied healing ceremonies that were used to allow Rohingya Muslims in Myanmar, faced with religious discrimination and persecution, to share experiences through prayer, art, and music in culturally meaningful ways. A reportedly significant component for this group was that the activities were conducted in the community and groups, not individually. These practices were found to bolster ethnic identity and contribute to addressing the collective wounds caused by the denial of their identity. An additional finding suggested that safety was needed to allow members to express memories and share history, which allowed space for discovering an interpretative framework for suffering that bolstered coping (Rebolledo, 2019). Finally, expressions of grief, such as music and lament, were significant when they were culturally sensitive. When a practitioner is working cross-culturally, not being able to communicate in the heart language of the people affected by trauma may diminish effectiveness, though there are both challenges and benefits

in the use of an interpreter (Elkins & Allen, 2022; Kassem & Jackson, 2020; O'Brien & Charura, 2023).

Given the large treatment gap in LMICs, scaling up resources and services should go beyond the primary recommendation of utilizing health care facilities and staff (Hervey, 2023). Results from a community-based Sinawe program in South Africa demonstrated the local church as a viable option to reach communities with limited healthcare options to target individuals who have experienced PTEs (Knoetze & Black, 2023). Utilizing existing community structures like schools and churches for response is beneficial for trauma-informed care. It may reach populations who have no additional physical healthcare issues to cause them to see a physician. Where many with mental illness may or may not seek medical help, they might be more inclined to seek spiritual help, especially in cultures with high spirituality (Hervey, 2023). The church's proximity to many communities places it in an ideal location, both geographically and socially, to be a place to train nonprofessionals in trauma care (Hervey, 2023; Knoetze & Black, 2023).

### ***GMH Trauma Interventions***

Evidence-based treatments for PTSD recommended by the WHO (2024b) include CBT treatments and eye movement desensitization and reprocessing (EMDR) interventions. However, these require intensive time, usually in individual counseling sessions, and highly trained specialists. Several studies have been conducted to determine the efficacy of adapting EMDR for populations in LMICs (Bizouerne et al., 2023; Mbazzi et al., 2021; Pupat et al., 2022). The use of Adaptive Information Processing (AIP) interventions, such as EMDR, has been suggested for use in Africa; however, some have questioned whether it is culturally appropriate in contexts where Western practices are distrusted and methods resembling witchcraft create suspicion (Pupat et al., 2022). Pupat and colleagues conducted a case study with 47 participants who treated patients with traumatic stress from Rwanda, Uganda, and the

Democratic Republic of the Congo (DRC) to examine the efficacy of a four-day AIP-informed treatment intervention that was group-based, non-invasive (participants are not required to talk about traumatic experiences), and culturally sensitive (Pupat et al., 2022). As part of a focus group, seven of the nine presented stabilization activities were included as culturally appropriate and acceptable (Pupat et al., 2022). Bizouerne et al. (2023) studied the efficacy of Group-Traumatic Episode Protocol (G-TEP), an EMDR intervention, among a group of 86 internally displaced Iraqi men and women who scored clinically significant for both simple and complex PTSD. Comparison between pre- and post-test scores revealed a statistically significant decrease in posttraumatic stress symptoms, depression, and anxiety. Cultural considerations observed in the results included the lack of engagement with some aspects of G-TEP, and due to this hesitancy, a possible reduction in efficacy was hypothesized (Bizouerne et al., 2023). For example, many participants hesitated to use the butterfly hug, which is a way to engage bilateral stimulation, a core ingredient to EMDR therapies (Bizouerne et al., 2023). Abdulkerim and Li (2022) examined the efficacy of mindfulness-based interventions with practicing Muslims in the U.S. and found some aspects were acceptable to Muslim clients (e.g., mindful observation, positive reframing, and cognitive reflection). However, other aspects conflicted with their Islamic faith, such as accepting one's weaknesses without judgment and drawing on one's own wisdom to confront challenges (Abdulkerim & Li, 2022).

Trauma-focused cognitive behavioral therapy (TF-CBT) is another evidence-based intervention that has already been adapted and used in many African countries with positive results (Bizouerne et al., 2023). In a systematic review, all 11 studies utilizing TF-CBT conducted in LMICs reported improved psychosocial functioning and reduced PTSD symptoms (Thomas et al., 2022). Research conducted in Zambia, a LMIC, among youth experiencing ongoing domestic violence, sexual abuse, and multiple PTEs revealed a

decrease in PTSD symptoms and shame pre- and post-treatment utilizing a TF-CBT intervention (Murray et al., 2013). Many conceptualizations of trauma include an overgeneralization or hypervigilance about danger that disrupts functioning even in safe environments, interpreting signals that trigger emotional responses of danger as threatening, even if no real threat is imminent. However, for those who live with posttraumatic stress and continue to experience real threats, such as war, religious persecution, and domestic and/or community violence, a distinction in this conceptualization is needed that allows for treatment that includes support and resources for coping during ongoing PTEs (Murray et al., 2013). In a systematic review of studies examining the use of TF-CBT with participants experiencing ongoing threats, modifications weren't clearly described in many studies, but the most commonly referenced were safety planning—including physical safety plans and skills to establish a safe and calm place mentally—and helping clients discern the difference between trauma reminders that indicate threat when there is none and the presence of real danger (Ennis et al., 2021). In addition to safety modifications, Yim and colleagues conducted a meta-analysis on varying interventions delivered in situations of ongoing threat and discovered the efficacy of using culturally specific practices, such as local metaphors, well-known sacred readings, and familiar meditation practices (Yim et al., 2024).

### **Religion and Spirituality**

Efforts have been made in research to understand the difference between self-identifying as Religious and/or Spiritual (R/S) and the potential related effects of this self-identification on various aspects of well-being, including trauma healing (Captari et al., 2018; Ellis et al., 2022; Krause et al., 2019). Generally, being a religious person denotes commitment to an organization with attendance and participation in group events (Krause et al., 2019). Spirituality is described as a personal and subjective experience that provides a sense of meaning to an individual based on their beliefs and values. In a nationwide sample in

the U.S., a study found that those who self-identified as both religious and spiritual reported higher levels of psychological well-being, and those who responded as religious only correlated with lower levels of well-being (Krause et al., 2019). Among those who experienced traumatic events and self-identified as religious only, the researchers also found a higher rate of adverse health problems, depression, and struggles with alcohol-related issues. This rate of health problems, depression, and alcohol-related issues was significantly lower among those who endured traumatic events and identified as spiritual only, both religious and spiritual, or neither (Krause et al., 2019).

While there have been studies discovering the benefits spirituality and religion can have after distressful events, the variability regarding this relationship has also been observed (Bentley et al., 2014; Blakey, 2016; Fortuna et al., 2023; Fox, 2012; Kang, 2022). Among a sample of 59 East African Muslim refugees in the U.S., religious activity was a significant moderator of PTEs and PTSD development, but only at low levels of traumatic event exposure (Bentley et al., 2014). Kroo and Nagy (2011) found that religious engagement was positively correlated with posttraumatic growth in their study of 53 Somali Muslim refugees in Hungary. However, in studying risk and protective factors among African refugee torture survivors, Leaman and Gee (2011) found negative religious coping, as indicated by fear of God, feeling damned, or believing God was distant/uninvolved, correlated with increased PTSD symptoms. The variability in the relationship between trauma and R/S supports Fox's (2012) suggestion not to question *if* R/S is a barrier or a resource post-trauma, but rather *how* it is both a potential barrier and resource for each individual. Further research has distinguished between a *God-concept* (ideas and definitions of God) and a *God-image* (perception of personification of God; Magezi & Manda, 2016). God-concepts developed from what people were taught, but God-image developed from what people experienced, (e.g., parental examples). God-images tended to be crushed when they didn't match

participants' experiences of extremely distressful events. For example, one might think, *If God is all-powerful (concept) and will protect me by giving me what is best (image), how would He let this suffering happen?* Engaging individuals in this dialogue is a part of the meaning-making process that can bring posttraumatic healing and growth, and what some have called a missed opportunity when issues of spirituality are not addressed in counseling (Watanabe, 2017; Wilmschurst et al., 2022).

### ***Faith-based Trauma Interventions***

While the WHO (2024b) recommends CBT and EMDR as evidence-based interventions in LMICs for trauma response, studies such as Captari et al. (2018) suggest interventions adapted to include R/S components are more effective than secular interventions alone and no interventions at all. This has been suggested to be especially relevant in many LMICs where spirituality and religion play central roles in cultural life (Captari et al., 2018; Fortuna et al., 2023; Hervey, 2023; Mbazzi et al., 2021; Murray et al., 2013; O'Brien & Charura, 2023). In a comprehensive meta-analysis, Captari et al. (2018) analyzed 97 studies that compared psychotherapeutic interventions with either no treatment or secular treatment to examine the effect that R/S in the treatment had on outcome measures. The studies utilized either an explicitly R/S therapeutic approach (e.g., Christian CBT) or included an R/S practice in therapy (e.g., prayer or meditation). The participants came from diverse demographic backgrounds and included Christians, Muslims, and generally spiritual individuals. Treatment was provided for diagnosed disorders such as depression, anxiety, or PTSD, or treatment was provided due to a medical diagnosis. Results revealed a significant positive effect of including R/S in treatment interventions on both psychological and spiritual outcomes (Captari et al., 2018). Studies that examined the effects of spirituality for those who endured suffering revealed both positive or negative effects of spirituality on posttraumatic stress symptoms, with the benefits observed when spirituality promoted perceptions of safety

(e.g., in God's loving care), finding meaning in suffering, providing perspective that allows for trust, and finding hope, support, and solace (Blakey, 2016; Fortuna et al., 2023; Fox, 2012; Magezi & Manda, 2016; Manda, 2015). The reported adverse effects of spirituality on suffering were: increased confusion when one can't reconcile the image of a loving God with the difficult experiences endured, increased distrust, increased feelings of fear or feeling damned, reinforced images of God as a punishing figure, and increased confusion when abusers were excused (Blakey, 2016; Fortuna et al., 2023; Manda, 2015).

The Trauma Healing Institute developed a culturally sensitive, Bible-based curriculum called Healing the Wounds of Trauma (HWT) for use in group settings and to train church leaders and community members to be able to replicate the sessions for sustainability (Schultz et al., 2016). It was first developed by a group of experts from different fields and countries in Africa in 2001 and is primarily a psychoeducational intervention, not clinical (Worthington et al., 2024). To measure the efficacy of this intervention, a study was initially conducted with adults in Nicaragua (Schultz et al., 2016). Results indicated a significant decrease in PTSD symptoms (measured pre-, post-, and six months after treatment) and an increase, though not significant, in spiritual well-being (Schultz et al., 2016). In the first randomized controlled trial for HWT, researchers utilized non-specialists in Nigeria to deliver the intervention among a group of 100 participants who self-identified as having experienced trauma (Worthington et al., 2024). Results were measured and compared to a waitlist group (n=100) and revealed significant improvement in the treatment group as compared to the waitlist group on all indexes: PTSD symptoms, emotional coping, and religious engagement (Worthington et al., 2024).

Another intervention specifically developed for non-specialists in LMICs is the Tree of Life (ToL) program (Bresser, 2022; Hervey, 2023; Hervey, 2024). This program was based on the analogy of a tree, and included the Immanuel Approach (IA), originally developed by

Karl Lehman (2012, 2019), as its primary intervention. This approach has been validated by case studies, but currently only a few empirical studies exist to verify the effectiveness of the intervention (Lehman, 2019). IA utilizes principles common in CBT and EMDR, such as processing the negative memories, utilizing a safe place to return to when memories become too distressing, and resolving the associated negative cognitions (Hervey, 2023). The primary distinction lies in the inherent Christian perspective of finding healing in the presence of Jesus. The ToL program utilized the image of a tree to associate the many analogies of assessing growth by examining spiritual, relational, and cognitive roots, receiving necessities like sunlight and water, and producing fruit in healthy behaviors and relationships when experiencing growth and well-being. All of this is encapsulated in the image of being rooted in God and the exploration of religious beliefs as a primary activity, with the assumption that exploring beliefs and finding meaning are highly related to posttraumatic growth. In a study to assess the efficacy of the intervention, 44 participants in Kenya who reported experiencing at least one traumatic event completed the five-day program (Bresser, 2022). The PTSD Checklist for DSM-5 (PCL-5) was utilized to measure pre- and post-treatment scores for clinically significant symptoms. The results indicated an overall significant reduction in scores, but with a large effect size for those who initially scored higher for PTSD symptom severity. A measure of spiritual well-being was used with four subscales: a significant increase was reported for Realistic Acceptance, and a significant decrease was reported for Instability and Disappointment with God (Bresser, 2022).

In another study, 41 participants in two central and northern Nigeria locations engaged in the ToL program (Hervey, 2023). For those who tested in the clinical range for PTSD diagnosis (51%), a large effect was observed in decreased PTSD symptoms post-treatment, with a moderate effect size for all participants in symptom reduction. This was similar to Bresser's (2022) findings. Participants also reported benefit from this experience in

their relationship with God, primarily on the measure of Instability with God (Hervey, 2023). Perceptions of God that were positive and intimate seemed to bolster not only meaning-making but also played a role in the reduction of negative physical and emotional symptoms post-trauma. Even with short-term distress when remembering traumatic events, the benefits of the program included: finding resolution, decrease in PTSD symptoms, increased awareness of trauma and associated effects, increased ability to perceive areas in need of healing, increased intimacy with God, improved relationships with others, and increased resilience (Hervey, 2023).

An additional study was conducted with 98 total Nigerians in six groups who participated in the five-day ToL program (Hervey, 2024). The same program and measures were used with similar results as in the previous studies, with a statistically significant reduction in PTSD symptoms, but with a greater effect size among participants with higher PTSD scores. The only significant change for the spiritual well-being results was an increase in the Awareness of God subscale, but all subscales revealed improvement to some degree. Participants were tested again after nine months to assess longer-term impact, and a continued reduction in PTSD symptoms was found. This result was very large when controlled for participants who had not experienced an additional trauma post-treatment. For those who did experience an additional traumatic event after participating in the program, elevated PTSD symptoms were reported (Hervey, 2024).

The WHO (2024b) recommends EMDR or CBT for use in GMH trauma response. However, both EMDR and CBT are challenging to implement in LMICs with limited resources and significant potential cultural barriers. Psychoeducational interventions that include R/S components, such as HWT, are helpful where there are no other resources. However, the intervention is limited in scope without psychotherapeutic goals (Schultz et al., 2016; Worthington et al., 2024). For the current project, the Tree of Life program stands out

as an example of a psychotherapeutic intervention, utilizing components of the evidence-based approaches, including a foundational R/S aspect, and it is adaptable to various LMIC contexts (Hervey, 2023). Additionally, it was developed with cultural sensitivity, emphasizing training local laypersons through task sharing and promoting sustainability in LMICs (Hervey, 2024).

### **Believers from a Muslim Background**

The number of Muslims converting to Christianity has steadily increased since about 1960 (Miller & Johnstone, 2015). While this population has been increasing worldwide, tracking the numbers is challenging. Overreporting of numbers occurs for several potential reasons, including exaggeration by reporting missionaries to satisfy supporters or to demonstrate success in attracting new potential missionaries (Miller & Johnstone, 2015). Tracking numbers by profession of faith allows for misunderstandings of what confession (deep acceptance and belief vs. polite acquiescence) is for Muslims. Baptism may be a more accurate reflection of conversion rates since it includes a deeper commitment to the BMB. However, assessment of different organizations' records reveals some are baptizing the same BMB as other organizations and including them in their numbers, resulting in overreporting. While still problematic, baptism rates seem more reliable than counting professions of faith. Underreporting is also a concern and has been related to security issues, because if the numbers from a local area are made public, it may incite persecution. Even given this ambiguity, the increase is clear. For example, in the 1960s, when missionaries arrived in Turkey, only approximately 10 BMBs were known, and recent estimates range from 4,000 to 6,000 BMBs in the country. There were known to be fewer than 500 BMBs in Iran at the end of the Iranian revolution in 1979, but after large conversion movements, over half a million BMBs have been reported in the country (Miller & Johnstone, 2015).

Some studies have examined the reasons why BMBs leave Islam (Ainz-Galende & Rodriguez-Puertas, 2021; Darwish, 2018; Keri & Sleiman, 2017). Biographical interviews were conducted among 124 BMB asylum seekers in Europe. Two main themes for reasons for conversion emerged: intellectual/experimental and mystical, which included affectional themes (e.g., experiencing great peace or love; Keri & Sleiman, 2017). There were no demographic predictors for conversion, including PTEs, and no coercion or pressure to convert was reported (Keri & Sleiman, 2017). In addition to Keri and Sleiman's (2017) two themes of intellectual or mystical, Darwish (2018) found six reasons for conversion but reported there were no common storylines among the interviewees included. The commonality mainly appeared to be the extrasensory experience—something beyond reason alone—that accompanied the decision to convert (Darwish, 2018). Abu-Raiya and Pargament (2011) attempted to review the psychology of Islam and found, similar to other forms of religion or spirituality, a mix of positive and negative religious coping practices. The daily practices familiar in the lives of Muslims are highly group-centric and provide a strong sense of belonging, ethical conduct, and comfort (Abu-Raiya & Pargament, 2011). Coping strategies that promote mental health and well-being among Muslims include (a) reconciling distress by using spirituality and faith; (b) applying one's religious framework to specific situations; (c) reading sacred texts such as the Quran; (d) regularly attending mosque; (e) receiving advice from religious leaders; and (f) engaging in different forms of prayer, such as *salat* (daily ritual recitations), *dhikr* (repeating the names of Allah), or *dua* (personalized prayer) (Abdulkerim & Li, 2022).

In the last few years, there have been a few studies that have attempted to adapt trauma-focused treatment for this population (Abdulkerim & Li, 2022; Bentley et al., 2021; Çınaroğlu, 2024; Kumar & Huang, 2024; Zoellner et al., 2024). Abdulkerim and Li (2022) conducted a review of various mindfulness-based interventions to determine the compatibility

of these approaches with the Muslim faith. Comparisons of common techniques in these interventions and tenets of the Islamic faith revealed alignment areas, including consciousness, mindful awareness, active observation, intentionality, acceptance, reframing negative cognitions to positive ones, and reflection (Abdulkerim & Li, 2022). However, techniques that may conflict with Islamic beliefs include accepting problems with no judgment and relying on personal wisdom for problem-solving, which can be perceived as diminishing one's reliance on Allah and being more self-reliant (Abdulkerim & Li, 2022). Common reappraisals include viewing a distressing event as a trial Allah has presented them with, and he will, therefore, help them through the challenge (Abdulkerim & Li, 2022). Çınaroğlu (2024) reviewed the need for an Islamic-oriented TF-CBT approach that includes meaningful religious and spiritual components from Islam, such as calling on Allah (*dhikr*), patience (*sabr*), leaning on the community (*ummah*), prayer (*salah*), giving (*zakat*), and believing in God's sovereignty (*tawakkul*) and destiny (*qadar*). Simply engaging in *dhikr* (recitation of the names of Allah) was reported by Muslims to provide a sense of comfort and grounding, which they indicated was a significant reason for their improvements in stress and PTSD symptoms (Çınaroğlu, 2024).

Bentley et al. (2021) reviewed a curriculum called Islamic Trauma Healing, a six-session, lay-led program that includes a train-the-trainer model, which allows for sustainability in LMICs. The curriculum was developed by including evidence-based components but heavily integrating the Islamic framework (Bentley et al., 2021). The program is conducted in local mosques with the involvement of Muslim leaders. The original pilot study of this program consisted of implementation followed by a focus group to receive feedback regarding the program (Zoellner et al., 2018). The study included 25 men and 14 women from Somalia, and each of the six sessions began with community-building time over tea, followed by spiritual engagement, prophet stories and group discussions, and a closing

prayer written by the Imam (local Islamic leader; Zoellner et al., 2018). During one of the spiritual engagement sessions, participants were led through the exposure component, with a reimagining of the traumatic event(s), time to process what they were remembering, and then time to intentionally turn to Allah with this memory (Zoellner et al., 2018). Results of the post-test indicated a large effect size for the reduction of PTSD symptoms on the measures of re-experiencing, somatic symptoms, depression, and improved well-being (Zoellner et al., 2018). Feedback was received in focus groups conducted after the intervention, with suggestions of increased cultural accommodation (e.g., verses from the Quran in Arabic, not just in their local language). Positive feedback included increased connection to the community, the central role of Islam in the intervention, and the impact of growth from the experience (Zoellner et al., 2018). In a follow-up randomized controlled trial, 101 participants who met the criteria for exposure to a PTE and reported experiencing trauma-related avoidance or reexperiencing engaged in the Islamic Trauma Healing program and were compared to a waitlist group on outcome measures of PTSD symptom severity, depression, and well-being (Zoellner et al., 2024). After the intervention, a significant improvement in all measures except for somatic symptoms was reported. The waitlist group received the intervention after the post-test and then at follow-up (after the waitlist group received intervention), all groups were retested, and results revealed that the initial group maintained positive outcomes and the delayed intervention group showed no significant differences with the original treatment group (Zoellner et al., 2024).

### **Rationale for the Current Project**

While adaptations to trauma-informed interventions for Muslim populations have begun, as reviewed above, there are currently no interventions specifically for Muslims who convert to Christianity. The literature presented indicated that those who experience multiple PTEs are at risk for PTSD, depression, and anxiety-related disorders. BMBs additionally

experience the loss of community and family support, resulting in significant shifts in identity perception. Among Muslims who convert, when their religious identity changes during a conversion experience, not all aspects of their identity, perceptions, and worldview will change, so utilizing salient key themes from the Islamic tradition that don't directly contradict the new faith system (e.g., a strong social support system like the *ummah*) to provide a sense of continuity and comfort may be helpful. Fischer and colleagues observed that while the majority of treatment responses in the mental health field originate in Western, individualistic cultures, most Muslim cultures are collectivistic in nature (Fischer et al., 2010). Therefore, individualistic coping strategies and treatment techniques may be met with resistance among this population and have a minimal effect (Fischer et al., 2010). Additionally, the literature has revealed the significance of including religion and spirituality in interventions to bolster recovery, so including the spirituality of the BMB in treatment is recommended (Captari et al., 2018). The clear gap in the field for a trauma response intervention for the population of BMBs, together with the literature supporting a community-based, task-sharing initiative that is spiritually oriented for use in LMICs, has led to the current program development. This project will use the existing literature to determine how to develop a tool to address trauma, grief, and loss in BMBs. Due to the lack of any known resources available in the field for this population, this current dissertation will focus on adapting a community-based, trauma-informed, spiritually-oriented resource to address trauma, grief, and loss in BMBs and support well-being.

## **Chapter II: Methods and Procedures**

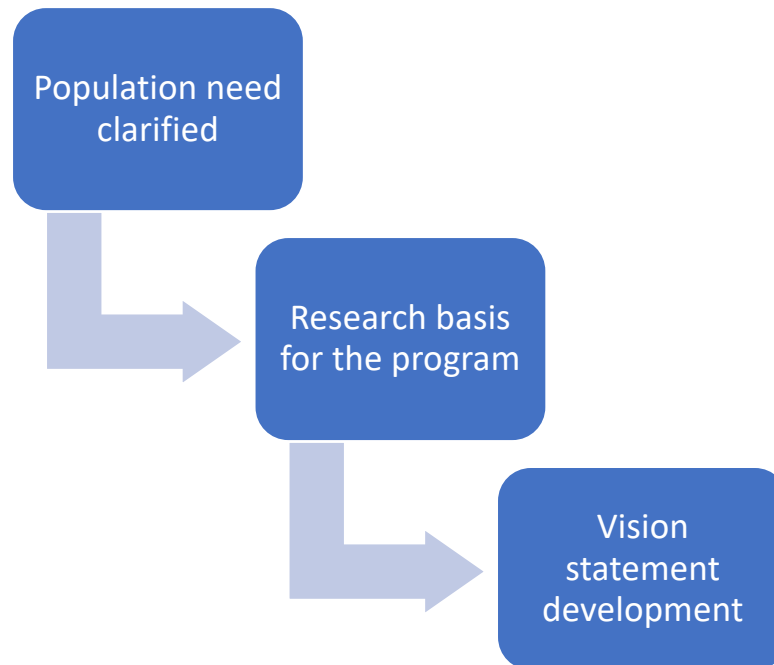
The literature presented in Chapter I indicated that those who experience multiple potentially traumatic events (PTEs) are at higher-than-average risk for PTSD, depression, and anxiety-related disorders (Magezi & Manda, 2016; Ross et al., 2021; WHO, 2024). Believers from a Muslim Background (BMBs) are likely to encounter multiple PTEs and additionally experience loss of community and family support, as well as significant shifts in identity perception. The literature review also highlighted the positive impact religion and spirituality can have when incorporated with trauma recovery interventions (Captari et al., 2018; Ellis et al., 2022). Due to the lack of any known resource specifically designed for this population, the primary objective of this dissertation was to contribute to this deficit of specialized resources in the field by developing a community-based, trauma-informed, spiritually-oriented resource to address trauma, grief, and loss among BMBs. The program development was based on the Tree of Life: Finding Healing and Growth in Jesus (ToL) program, and it was adapted for use with BMBs living in LMICs. Modifications were conducted with the approval of the program author, Emily Hervey, PsyD.

### **Proposed Methods**

In efforts to follow an evidence-based practice for program development, Calley (2009) was referenced as a comprehensive model for mental health program development. Calley's (2009) model was inclusive of design, implementation, and evaluation, of which the latter two exceeded the scope of this current project, but point to the need for future research to validate and adapt this new program. Therefore, for the scope of this project, the design phases one through three of Calley's (2009) model were followed to ensure alignment with best practices in evidence-based program development standards (see Figure 1). The current project adapted the ToL program, a revision entitled Growing with Isa: A Tree of Life Program (GWI).

## Figure 1

*Calley's (2009) Model for Comprehensive Mental Health Program Development, Phases One Through Three*



Phase One of Calley's (2009) model consisted of clarifying the need for the program to include the target population, a statement of the identified problem, and an established ideological foundation. As previously reviewed, the target population is BMBs. The problem, as reviewed in Chapter I, is the high risk among BMBs for PTEs without a known intervention designed for this specialized population.

Phase two of the Calley (2009) program development model included providing a basis for the program design from existing research. This was reviewed thoroughly in Chapter I on the related topics of global mental health (GMH), identity, trauma, and BMBs. A subsection of this phase examined the multicultural issues that may be relevant to the program design. The literature review of GMH standards provided an overview of current best practices in the field to bring awareness to multicultural issues. Additionally, the review of Islam and Muslim culture helped guide the contextualization of the program development and ensured attention to cultural sensitivity. However, because cultural sensitivity requires an

ever-adapting process, this model also calls for an ongoing contextualization and adaptation process through the implementation and evaluation phases.

Phase Three was the design of the clinical program. Calley (2009) suggested the program's vision as useful to define at this stage. The vision of the ToL program, as stated in the Instructor's Manual, was to discover "the fullness of life; it is about healing and thriving, not just surviving, and helping others do the same" (Hervey, 2019, p. 30). The GWI program maintained the vision and contextualized the translated name of Jesus using the Arabic name, *Isa al-Masih*, which means Jesus the Messiah. This translated name was selected because it is much more familiar to Muslims and those from an Islamic background and therefore may be perceived as a familiar and comforting connection. Therefore, the vision for this program is to help believers from a Muslim background discover the fullness of life by finding growth and healing in *Isa al-Masih*.

### **Program Design**

The need for a spiritually oriented trauma healing program for the population of BMBs was highlighted in Chapter I. In line with GMH standards of community-based program development initiatives for LMICs, this project drew from what is currently known to be clinically significant. As the ToL program was already created with these parameters in mind, modifications to the program were considered in light of (a) issues related to contextualization for individuals with a Muslim background, (b) a consideration of the topics of grief and loss when a substantial identity shift is a part of that loss, as well as (c) a consideration for those who may be experiencing ongoing threats of violence (see Table 1). Though few, resources are available that consider the aspects of a Muslim culture that can be carried over and affirmed in their new religious identity without contradicting their new Christian faith (Arzouni, 2022; Greear, 2010; Morin, 2015; Nyman, 2017). These resources

helped guide the contextualization process of ToL for BMBs, which also allows for continuity of certain aspects of their cultural identity during a period of transition.

**Table 1**

*Proposed modifications to the Tree of Life Program*

	A. Contextualization for BMBs	B. Identity loss and grief	C. Ongoing Trauma
1. Introduction	X		
2. Encountering Jesus	X		
3. Intro to Roots			
4. Relational Roots	X		
5. Connecting to Jesus	X		
6. Spiritual Roots	X	X	
7. Emotional Roots	X	X	
8. Deeply Rooted Pain	X	X	X
9. Immanuel Intervention	X		
10. A Tree's History	X		
11. Damage and Decay	X	X	
12. Immanuel Intervention	X		
13. The Disease			
14. Branches and Fruit	X		
15. The Fruit of Love	X		
16. The Fruit of Forgiveness	X		
17. The Whole Self			
18. Immanuel and the Whole Self			
19. Troubleshooting			
20. Extra Resources	X		X

*Note.* Numbers 1-20 indicate the lessons included in the original Tree of Life program and the A, B, and C columns represent the three areas of modification to the new Growing with Isa program. Each “X” indicates an area that was modified.

While many religious programs include concepts regarding the new BMB’s identity within their new faith, addressing the significant loss of identity and culturally appropriate ways to grieve the losses are currently lacking. Therefore, a component on grief and loss regarding a significant identity shift was included in the current program development and was also a principal aim of this project. There are also very few resources available for treating PTSD symptoms while in a situation of continued threat, but the preliminary findings

from available sources were also used to inform the additional adaptations for this population (Ennis et al., 2021; Murray et al., 2013; Yim et al., 2024).

### **Target Audience**

The target audience for the Growing with Isa program was BMBs living in LMICs who have experienced the loss that usually accompanies conversion and/or those suffering from threats of persecution. The program was developed in English but contextualized for use in LMICs and will potentially be translated into other languages later. The recommended participants are adults, but the perception of an adult may vary in different contexts, so there is no minimum age for inclusion. The recommended approach was gender-based groups, ideally in the safe spiritual discipleship relationship already established. However, the conversion rate for BMBs has historically been slow, with some areas witnessing small numbers initially coming to faith at a time in a given area (Arzouni, 2022; Farrokh, 2014; Miller & Johnstone, 2015). Therefore, if deemed culturally appropriate and necessary, the groups can be facilitated one-on-one or with mixed genders.

### **Mentorship Model**

Missionaries working in Muslim communities have found the benefit of using varying models for discipleship that foster mentoring informally, based on relationships that can be replicated—such as the discipleship making movements (DMM) and Training for Trainers (T4T) models (Nyman, 2017; Smith & Kai, 2011). In contexts where conducting large, formal trainings is not practical and, at times, considered dangerous, these models allow for sustainability as training and mentoring are key components. The goal for these discipleship models, in addition to teaching new believers to follow Jesus, is to reduce dependency on outside resources to allow for multiplication that is culturally and contextually appropriate. The focus on sustainability aligns with the goals of the current project, the Growing with Isa program. These spiritual discipleship models are relevant because this is likely where the

training and use of the GWI program will be implemented and replicated, as those living locally are trained to use the program through task sharing. In alignment with guidelines and best practices regarding task sharing, the framework allows for a context-specific application, training, and supervision included through the replicating mentorship process, and the initial training and overseeing conducted by qualified professionals (Mendenhall et al., 2014).

The philosophical/ideological foundation for this program is that, as evidenced in the literature review, reduction of symptoms is expected when an evidence-based treatment option is available in a culturally sensitive model. Also, models with a religious/spiritual component show increased efficacy, especially in theocentric cultures. This is relevant in most Muslim cultures. Finally, the foundational ideology of the GWI program was centered on the religious belief that healing happens in the presence of Jesus. This belief is consistent with the new faith system of BMBs and the central thesis of the IA intervention utilized in the GWI program.

### **Instrument Selection**

The curriculum was developed by utilizing the review previously provided of currently available interventions. The analysis of suitability for the current population indicated a modification to the Tree of Life program using the IA intervention, which has already been used in cross-cultural settings in LMICs. Personal communications with previous participants from Burundi, a low-income country, were considered to supplement and corroborate the conclusion that this curriculum was indicated for non-western populations. For example, J.C. Ngiyimbere (personal communication, October 21, 2024) shared:

I never realised [*sic*] how much my life was affected by trauma. I had wounds that I never thought I had. It is only when the tree of life program started that I localised [*sic*] areas where healing was needed and decided to forgive people I thought I would

never forgive in my life even though I was a pastor . . . Going through different steps of [the] Tree of Life Ministry, my wife and I were able to help many people to establish a good relationship with God and, therefore, with the [sic] husbands and wives . . . Tree of Life program changed completely my life.

Additionally, another source of feedback came from X. Karorero (personal communication, October 21, 2024):

Before that I got the trainings of Tree of Life Program...I was experieced [sic] a horrible life with no hope that one day things will be good. I did not know that I have a trauma because I did not know what is trauma. ... During the trainings I arrived to understand that God loves me so much and that I have access to him without passing to any other person. I saw many womens [sic] and men crying during the sessions. It was incredible and I found that it was what all Burundians need because as a country passed into the war, we all have things which traumatized us. It is not even because we passed in the war that we are traumatized but also the poverty we live into, traumatize us in our daily life [sic]. Tree of Life Program helped me so much to find myself who I am in the eyes of God and how I am valuable to God. The program helped me to improve my relationship with my wife, chidren [sic] and others. ... My point of view is that it will be wise if this program can be taught everywhere in Burundi, churches in particular [sic].

Additional sources of information considered were case studies about the Immanuel Approach, the therapeutic intervention utilized in the Tree of Life program. While there are currently few studies to validate the approach, case studies have provided some early feedback regarding the perceived feasibility and applicability of the approach, and some of these were with BMBs. For example, PTSD symptom reduction of reexperiencing intrusive memories and psychological distress was reported with a BMB in one such case study

(Lehman, 2012). To be qualified to engage with this material, I participated in the Introductory training that was held in Burundi in January of 2025. Dr. Emily Hervey, the original author of the program, facilitated the training in partnership with the Anglican and Burundi Assemblies of God Fellowship (BAGF) Churches in Burundi. The training was implemented in the local culture and language by task sharing with locally trained participants who had previously received training. Participation in the training not only provided certification in the facilitation of the IA intervention, but also allowed for a hands-on learning experience with the ToL program.

### **Objectives and Measures for Outcomes**

The GWI program objectives were to (a) provide psychoeducation about trauma and related effects, (b) address grief and loss to promote well-being and recovery, (c) reduce PTSD symptoms, and (d) increase spiritual well-being and intimacy with Jesus. Due to the cross-cultural application and use of the program, a single measure for each outcome was not appropriate due to cultural and language considerations. However, because this program was designed as a task-sharing initiative in LMICs where there may be very low exposure or access to standardized measures, the aim of this project was also to provide simple pre- and post-intervention assessments for lay use. The questionnaires should be measures of PTSD and/or other common mental disorders as well as a measure of spiritual well-being and based on instruments such as The International Trauma Questionnaire (ITQ) (Cloitre, et al., 2018) and The Spiritual Well-Being Questionnaire (SWBQ) (Gomez and Fisher, 2003). The discussion in Chapter IV addresses the need for and progress of the development of these resources.

### **Program Summary**

There has been an extensive treatment gap highlighted in the literature for mental healthcare services in LMICs with recent efforts to increase availability for services through

task-sharing initiatives (Anum et al., 2020; D'Orta et al., 2022; Harris et al., 2020; Mills & Lacroix, 2019; Patel et al., 2018; Petersen et al., 2019; Ruzek & Yeager, 2017; Wainberg et al., 2017). However, there are specialized populations that continue to lack contextualized, community-based, spiritually oriented, evidenced-based interventions (Bond et al., 2024). This dissertation has highlighted the lack of resources for BMBs, with the modification of the Tree of Life program resulting in the Growing with Isa: A Tree of Life Program. The objectives of this program were to promote psychoeducation around trauma and its effects, address grief and loss, reduce PTSD symptoms, and increase spiritual well-being.

### **Chapter III: Results**

The Growing with Isa (GWI) program was designed to meet the gap identified in the literature that currently exists for believers from a Muslim background (BMBs) who suffer from the adverse effects of experiencing potentially traumatic events (PTEs). This resource also meets a need in global mental health initiatives to resource those in low- and middle-income countries (LMICs) as a task-sharing initiative. The train-the-trainer framework of this program allows all participants to return to the advanced training after (a) completing the introductory training and (b) practicing using the IA intervention on their own. The advanced training follows the same material as the introductory training to reinforce the material and allows participants to co-facilitate with a qualified trainer as a potential final step in being certified to train others. Ongoing supervision and training are also recommended. Any changes to the original ToL curriculum were based on the literature presented in Chapter I.

#### **Content Description**

The GWI program consists of 19 lessons, based on the original 19 lessons in the Tree of Life (ToL) program. The lessons were designed to be interactive in nature, allowing for a dynamic learning environment commensurate with best Western practices in education (Huba & Freed, 2000). The recommended training schedule is a five- or six-day program, which allows for additional time for translation, if needed. The program includes components of psychoeducation, combined with intervention techniques and opportunities for practicing the intervention in small groups. The participants should be those who are (or plan to be) discipling believers from a Muslim background (BMBs) in the Christian faith. This may include local believers, missionaries, or BMBs who are now discipling others. The goal is to not only build upon the existing mentorship model used in many Christian outreaches in Muslim contexts but also to utilize these systems in a task-sharing approach as recommended

by the World Health Organization (WHO) and others (Mills & Lacroix, 2019). The educational components use the image of a tree to teach related psychological concepts.

### ***Introduction: Training the Trainers***

In this introductory section, participants receive information about the general structure of the course, with time given to cover topics such as the expectations to become a trainer, establishing confidentiality in groups, and addressing caretaker needs, such as raising awareness about compassion fatigue and secondary trauma. Time is also provided in this section for the initial presentation of the intervention, the Immanuel Approach (IA). One modification made throughout the material is changing the spelling of the name Emmanuel to Immanuel. As Hervey (2019) pointed out in the original ToL manual, both spellings are used in different places worldwide. While the spelling using the “E” was used in the ToL program, Karl Lehman, the original creator of IA, used the “I” spelling. Myers (2024) and others have noted that most languages in Africa are phonetic, with the letter “I” producing an “ee” sound. Therefore, the spelling using an “I” was selected for the GWI program, which follows the Western version of the ToL workbook. Additionally, references to or actual images of PowerPoint slides were removed throughout the program to align with the goal of implementation within LMICs, which have little to no ability or familiarity with technological presentation formats. Finally, any references to supplemental material specific to the Tree of Life program, like the Bible studies, were removed.

### ***Lesson 1: Introduction to the Tree of Life***

The first lesson provides an opportunity for the group to set up the mutually agreed upon ground rules and get to know each other. This lesson also introduces the analogy of the tree to human development and the biblical uses of the same analogy. The primary modification to this lesson for the current GWI project was the name for Jesus, which was replaced with the Arabic version of the name, Isa. Many uses of this term also include the

title al-Masih, or *messiah*, which is not unfamiliar to most Muslims and would therefore be a source of familiarity to even new BMBs. As Arzouni (2022) and others (Gilchrist, 2013; Greear, 2010) have pointed out, many seekers or new believers in Jesus returned to Islam because concepts such as dress code and cultural nuances were equally advocated for with the deity of Jesus and the authority of scripture. Ways to contextualize the gospel message for work among Muslims are debated (Massey, 2000). Related topics center around appropriate terminology—for example, if new BMBs should still refer to God as Allah. While these debates are beyond the scope of this current project, it is important to acknowledge that there is no consistent agreement in the field of missiology among Muslims. As Arzouni (2022) points out, many BMBs may find their terminology (among other practices) changing with time, but usually as the Holy Spirit changes them from the inside out, rather than attempting to fit the expectations of a leader. However, for those who are open and seeking, and those new to the faith, the widely accepted goal is to remove stumbling blocks that hinder their ability to hear clear presentations and teachings about Jesus. The goal to reduce stumbling blocks aligns with biblical mandates (New American Standard Bible, 1960/2002, Matthew 18:6-7) and with most trends in missiology across denominational lines (Massey, 2000). For these reasons, the Arabic name Isa al-Masih was selected for use in this program. It was substituted for the name Jesus throughout the following lessons as well. Stories have also been added throughout the program, as many LMICs are oral, storytelling cultures, and these teaching techniques are familiar ways of learning. A short story is included in Lesson One to illustrate the need for light.

### ***Lesson 2: Encountering Isa al-Masih***

Lesson 2 allows participants to experience the initial part of the IA intervention (Lehman, 2012) as a large group by recalling a happy memory with Jesus and expressing gratitude and appreciation for His presence. The lesson explores the biblical concept of

Immanuel, meaning "God with us," and leads participants in a process to understand that His presence was always with us, even in moments when we did not sense or perceive Him. The modification in this section is an adjustment to the wording that initially prompts participants to ask to see the face of Jesus in the happy memory. As Morin (2015) highlighted, in Muslim theology, it is considered sacrilegious to depict the face or image of God. The lesson includes a biblical foundation for experiencing the presence of Jesus, but the sensitivity to allow time to adjust to potentially new insights led to the development of new wording to make this an easier transition for some BMBs.

### ***Lesson 3: Introduction to Roots***

Lesson 3 introduces the concept of a tree's roots and how we similarly have unseen, formative influences that shape who we are. The nature of roots is explored, with the early formation highlighted. The absorption of nutrients through the roots and the need for strong roots in order to endure storms and droughts are presented. The intertwined nature of spiritual, emotional, and relational roots is explored. No modifications to the content were made to this lesson.

### ***Lesson 4: Relational Roots***

Lesson 4 examines the healthy and unhealthy relational roots learned from childhood. Jesus' relationships are examined as examples of healthy relational behaviors, and time is provided in small groups to explore personal application implications. The only modification to this lesson was adding a role-play activity where participants act out what happens in the brain when they experience positive and negative interactions with others. To contextualize the imagery used in this lesson, the language of the "relational circuit" of the brain was modified with the phrase "relational brain" due to the lack of electricity in many LMICs. Therefore, the example of connected circuitry may be lost on participants.

### ***Lesson 5: Helping Others Connect with Isa***

In Lesson 5, participants are allowed to practice leading each other through the initial steps of the IA as covered in Lesson 2. A model is provided as an example, initially followed by time in small groups for participants to practice the skill. The modification in this lesson includes prompts for the facilitator to provide reminders and encouragement for any questions regarding the previously discussed rationale for talking to Isa aloud in front of others and asking to perceive His presence.

### ***Lesson 6: Spiritual Roots***

This lesson examines what is meant by the biblical expression of being “rooted in Christ” (Colossians 2:6-7). Healthy and unhealthy spiritual roots are explored, with stories presenting case studies for participants to explore. The primary modification made in the spiritual roots section was the addition of time to discuss the participant’s perception of the influence of Islam as it relates to authoritarian viewpoints and belief in a wrathful God. As previously discussed, a belief system that includes a wrathful God is correlated with higher PTSD scores (Leaman & Gee, 2011). A story was also added to provide an example of the potential benefits that may arise from times of suffering for spiritual growth.

### ***Lesson 7: Emotional Roots***

Lesson 7 provides space for participants to consider healthy and unhealthy emotional expression. As participants consider their ability to accept themselves, a modification to the original program allows for discussion regarding how Islam may have influenced one’s sense of identity development. Time is allocated in this lesson for participants to begin considering both the benefits and challenges of experiencing such a significant identity shift from the Islamic faith to the Christian faith. Two activities were added to help contextualize complex concepts. A story was created for participants to act out, illustrating an example of Social

Learning Theory and demonstrating how emotions like aggression can be learned through observation. An illustration was added to simplify the description of schemas.

### ***Lesson 8: Deeply Rooted Pain***

In this lesson, participants consider the impact of the combined root system and the effects of unhealthy emotional, relational, and spiritual roots. Blockages, such as psychological defenses or warped images of God, are presented as tangled roots and examined. The significant modification to this lesson is adding an extra section that addresses situations of ongoing threat, based on the literature review presented in Chapter I. A story was added to illustrate someone living in a situation with ongoing threats. Since many BMBs face ongoing threats of violence and possible death, coping strategies, safety planning, and deep breathing exercises are introduced along with strategies to help participants identify real threats versus imagined threats that are the result of hyperarousal (Ennis et al., 2021; Yim et al., 2024; Zaccaro et al., 2018). Hyperarousal is defined by the American Psychiatric Association as a state of tension or increased arousal psychologically or physiologically. It can be observed in behaviors such as exaggerated startle response, disrupted sleep, difficulty concentrating, and always carrying a sense of being on guard (APA, 2018).

### ***Lesson 9: Immanuel Intervention***

Lesson 9 provides participants with growing exposure to the Immanuel Approach intervention. There is a review of the initial stages that participants have already practiced, in which they connect with Jesus in a positive memory. The added steps of remembering a painful memory allow the participants to find healing from the traumatic experiences witnessed. A model is conducted initially in the large group, with smaller groups following, so participants can practice leading someone through the intervention. No significant modifications were made to this lesson. A minor modification substituted the phrase “safety

net” with the imagery of a safe place. The concept of a safety net may not be well understood in non-Western cultures.

### ***Lesson 10: A Tree’s History***

After the previous exploration of roots, Lesson 10 examines the trunk of a tree. Most people only see the outside of the tree—the bark. However, if a tree is cut down, one can see the rings that tell the history of the tree's growth. Similarly, we can only see the outside of a person, but their history lies beneath the surface and influences who they are today. Knots in the wood indicate difficult times the tree endured, and small group discussion time allows participants to explore their personal “knots” in their history. A story is included to demonstrate the imagery presented of tight and loose knots. The modification in this lesson is adding a question that prompts participants to consider how religion, particularly Islam, may have influenced their efforts to hide their vulnerabilities behind the bark.

### ***Lesson 11: Damage and Decay***

Lesson 11 introduces the topics of grief and loss and the impact of traumatic events by using the imagery of broken branches of a tree. Culturally acceptable ways of grieving are explored as ways to include evidence-based expressions of grief within the cultural norms. The concept of trauma and the possible result of PTSD is then explained and explored. The modifications to this lesson include examples that may be relevant for BMBs and questions to prompt consideration of the loss that may have been experienced after conversion. Additional prompts are included to consider cultural and individual differences in grieving preferences, adding to the existing contextualization of these concepts included in the ToL material.

### ***Lesson 12: Immanuel Intervention – Trauma***

Lesson 12 provides time to discuss when and how to offer the IA intervention to others. The importance of psychological first aid (stabilizing, establishing safety, inviting to talk when the person is ready) is reviewed with participants. There is also significant time for

small groups to practice facilitating the intervention. Time to process their own experiences so far, while practicing facilitating is also offered. Participants review the impact of encountering Isa while facilitating the IA in small groups and are given time to write out their story to solidify these experiences. The only modification to this lesson included wording that addressed typical PTEs faced by BMBs.

### ***Lesson 13: The Disease***

In this lesson, Complex PTSD is presented with the opportunity to discuss culturally appropriate frameworks for abuse. Different forms of abuse are presented; participants are provided time to discuss how these situations are typically handled culturally. The negative effects of abuse are explored, with childhood abuse highlighted as especially damaging. The concepts presented are participant-driven to allow for a culturally significant discussion and application. Participants also have time to continue to develop their testimony of how encountering Jesus in a painful memory was significant for them. No significant modifications were made to this lesson.

### ***Lesson 14: Branches and Fruit: Interacting with Others***

In the original ToL material (Hervey, 2019), Lessons 13-18 were optional if there was insufficient time in the training. The only exception was the lesson on forgiveness (Lesson 15), which was always encouraged to be included in the training. Lesson 14 explores what it looks like to bear fruit, referencing a metaphor in John 15. A discussion was added in the topic of fruit as the product of faith or works to address the differences between those from an Islamic and Christian background. The Islamic faith is built around the idea that salvation is earned as one works to outweigh their bad deeds with good deeds. This directly opposes Christianity's idea of salvation through grace. The expression of faith that results in fruit in the believer's life is explored, with time for participants to consider how the idea of works has changed for them coming from Islam. Instead of using the word "church" in this lesson, the

phrase “local body of believers” was selected to help promote the idea of a community, rather than a place to gather. Traditionally, the mosque in Muslim cultures is seen as more than a religious gathering site. Instead, it is the hub of the community, a connection to God and others.

### ***Lesson 15: The Fruit of Love***

In Lesson 15, the importance of love as a fruit in the believer’s life is explored. A slight modification was included to highlight the implication that God is not just described as having love in the Bible but rather *is* love itself. Participants are given time to consider how this contrasts with their former belief system. The original program was designed to allow participants to explore biblical scriptures and consider the personal implications of the fruit of love; therefore, this lesson didn’t need many modifications.

### ***Lesson 16: The Fruit of Forgiveness***

Like other spiritually oriented trauma-healing interventions, forgiveness is an included topic in this curriculum. As an important part of the healing process, forgiveness must be understood by those who have been hurt. It has been misunderstood and therefore avoided by many who, rightfully so, desire justice for wrongs suffered. A biblical examination of what forgiveness is—and what it is not—is included in this lesson. There is also time in this lesson for participants to practice facilitating IA again. The primary modification in this lesson is an added question to allow participants to consider the three types of forgiveness presented and how they relate to their lives.

### ***Lesson 17: The Whole Self***

This lesson utilizes the Great Commandment from Jesus’ teachings (Matthew 28:19) to explore the need for a holistic approach to care. The whole self includes one’s heart, mind, soul, and strength, and applications of these components are explored. When we go through traumatic experiences, parts or all of these areas are broken—we may experience a wounded

heart, wounded mind, wounded soul, and/or wounded strength. Exploring resilience and how redemption impacts these areas is discussed. No modifications were made to this lesson.

### ***Lesson 18: Immanuel and the Whole Self***

Lesson 18 reviews the last lesson about the holistic healing possible when Jesus is involved in the process. Where Lesson 17 focused on the negative effects of trauma on the heart, mind, soul, and strength, Lesson 18 highlights the healing impact of encountering Jesus in each area. Examples are given, and a discussion time is provided for participants to consider what wounds to the heart, mind, soul, and strength would look like once they begin to heal. No significant modifications were made to this lesson.

### ***Lesson 19: Immanuel Troubleshooting***

This lesson includes typical issues that arise and practical steps to help facilitate the IA process. Common problems include participants who cannot identify positive memories when initially connecting with Jesus, difficulty sensing His presence, or participants who talk primarily with the facilitator instead of Jesus. Responses and rationale are given for these situations. There is also discussion time for participants to brainstorm how to respond to these issues as they arise. No modifications were made to this lesson.

### ***Extra Resources***

The final sections include fact sheets regarding common reactions to trauma and handouts provided by Karl Lehman that are useful for those practicing the IA. A form is included for participants to complete once they facilitate IA sessions after the training. These resources were original to the ToL program. Two resources were added for the GWI program: deep breathing exercises and grounding skills handouts. These were added as a recommendation from the literature review in Chapter I, regarding the additional support that those experiencing ongoing trauma may need.

## **Summary**

The GWI program was adapted from the ToL curriculum, and the general theme of modifications made to the content was based on the literature review found in Chapter I. As proposed in Chapter II, the changes were made for (a) issues related to contextualization for those from a Muslim background; (b) inclusion of significant topics of identity loss and grief; and (c) processing, skills, and techniques to support those in a situation of ongoing threats. Given the development of this resource, a discussion will follow regarding its implications for practice and future research.

## **Chapter IV: Discussion**

Chapter II included a review of Calley's (2009) Model for Comprehensive Mental Health Program Development to provide an evidence-based framework for the GWI program development. This comprehensive model included three phases for the initial developmental aspect of a program, four phases of the implementation process, and five phases for program sustainability, including evaluation measures, which will be examined further in the section entitled "Limitations and Recommendations for Future Research." Following Calley's (2009) model, the first three phases were explained and developed in Chapter II. Phase One focuses on providing evidence on the need for the program, including the target audience, cultural and social dynamics, and identifying existing community resources and strengths. The target population is believers from a Muslim background (BMBs) from low- and middle-income countries (LMICs). The lack of resources in LMICs has been sufficiently documented, especially concerning mental health services (Anum et al., 2020; D'Orta et al., 2022; Harris et al., 2020; Mills & Lacroix, 2019; Patel et al., 2018; Petersen et al., 2019; Ruzek & Yeager, 2017; Wainberg et al., 2017). However, the diversity of cultures across LMICs with Muslim populations limits the specificity of identifying community resources within any single country. However, the mission to create a sustainable program includes a process to train local lay people within a system that allows for adaptation in the training process. The GWI program follows this framework by training local lay people and includes questions for them to consider cultural expressions of concepts, such as grief and community support responses.

Phase Two involves an in-depth literature review on any topics related to the needs that the program aims to address. Calley (2009) recommended that the review include scholarly sources and information from professional associations and other entities. The literature review in Chapter I provided a thorough review of existing scholarly sources, as well as best practice recommendations and information provided by sources like the World

Health Organization, to provide a broad perspective of the problem presented. The field of Global Mental Health (GMH) highlights the statistics on the treatment and resource gap in LMICs, demonstrating a significant need. The identified treatment gap informed the train-the-trainer process in the GWI program, which follows best practices in task-sharing initiatives in the GMH field. For example, in-person training with continued opportunities for supervision are included in the GWI program with cultural sensitivity and flexibility as recommended (Jannesan et al., 2021; Mendenhall et al., 2014; Singla et al., 2017). The literature presented on the topic of identity informed the development of the material in the GWI program that allows participants to consider the relevance of the dynamic shift of identity that has occurred in their lives, gives them a chance to grieve the loss(es), and solidifies the importance of their agency in making decisions. Opportunities to examine the narrative of their lives are also provided based on research by McLean and Syed (2015).

The research reviewed on the topic of trauma informed the decisions of what to adapt or not from the original ToL program. For example, the concept of a “safety net” as originally described in the ToL program was adapted since using a safety net is largely unknown in LMIC settings. However, the research consistently identified the importance of establishing safety before engaging traumatic memories (Doehring, 2019; O’Brien & Charura, 2023), so the phrases “safe place” or “pleasant place” were substituted. The review provided on the topic of religion and spirituality revealed the greater likelihood of adverse effects that appeared among those who experienced a traumatic event while holding perceptions of God as angry, wrathful, and/or vengeful (Leaman and Gee, 2011). This finding, together with the consistent evidence that interventions incorporating spiritual components were more effective than those without, influenced the development of specific questions for BMBs to consider their perceptions of God. The literature review of Muslim religious identity and BMBs supported the goal of creating a culturally sensitive program. However, as Calley (2009)

suggests, the goal of cultural sensitivity can only be achieved if this aspect is continually assessed through the implementation and evaluation phases. The continual assessment at each phase necessitates further research to determine the validity of cultural sensitivity, with revisions imperative based on the research results (see the section below entitled Limitations and Recommendations for Future Research).

Phase Three of the Calley (2009) model includes the actual design of the program. The literature review (Phase Two) ensures that the program's design, particularly the clinical intervention, is empirically based. GWI follows this framework in the introduction by including the program's background, values, and objectives and the implementation of the therapeutic intervention—the Immanuel Approach. Each modification to the original ToL manual was substantiated from the research, as specified in Chapter III. Therefore, the GWI program is empirically based.

### **Implications**

As presented, the GWI program meets a need in the field of GMH by creating an evidence-based intervention for BMBs, a population with a potentially high exposure to PTEs. The perceived benefit of this program includes the increased efficacy that usually accompanies a population-specific intervention. However, many working with this population may not currently know how to address issues of trauma care in general, as this helping population tends to be ministry-oriented personnel with limited mental health experience. This program's existence may have an additional benefit of increasing awareness among those working in the religious ministry field who may not consider the mental health aspects after conversion for BMBs. In fact, McGuire and Pace (2018) found that Christians in general, and Evangelicals specifically, had significantly higher scores of self-stigmas related to seeking counseling for mental health concerns than the general US population. This stigma among Evangelicals may inhibit their awareness of the effects of trauma among those they

work with if not addressed. Not only can this program help with sensitization and promoting awareness of the potential of posttraumatic stress that needs to be addressed, but it also equips those practitioners who usually don't have experience in mental health care with a resource to address some of the needs they encounter. The training is recommended for anyone working among BMBs, especially in a teaching or discipleship capacity. The training is set up so that those who participate are equipped to facilitate IA sessions but can also continue to advanced training to become trainers themselves. Including this training among groups working with BMBs may help normalize conversations around mental health and reduce stigma.

A program like GWI is needed and essential to meet objectives not only from the mental health perspective, but also from the spiritual/ministry perspective. Sustainability is a critical goal in the mental health field in LMICs to obtain maximal, long-term impact as well as for allowing for the implementation to be adapted in culturally relevant and meaningful ways. Similar efforts motivate the goals of missiology with discipleship models reflecting a “train the trainer” vision and allowing for a contextualization process in how the scriptures are discussed and lived out (Elmer, 2006; Hodges, 2009; Moldovan, 2024). This is especially true in Muslim communities, where discipleship happens most often on the individual level due to the risk of threat (Arzouni, 2022). While the training occurs in small groups, the clinical intervention occurs individually. This program is flexible in its implementation, allowing it to fit the goals of both fields—mental health and spiritual discipleship—while building upon best practices and evidence-based mental health care.

The possible positive outcomes for participants are extensive and include the program goals of decreased PTSD symptomology, increased intimacy with Jesus, and an increase in well-being, as has been previously demonstrated with the ToL program (Bresser, 2022; Hervey, 2023; Hervey, 2024). Additionally, due to the replication inherent in the program's

training component (details in Chapter III), participants are invited to engage in helping others experiencing traumatic stress, a prosocial behavior associated with positive outcomes. There are no universal restrictions on age or gender, which allows for a culturally relevant application with the broadest possible impact.

Finally, the GWI program aligns with GMH standards in providing a task-sharing initiative that meets a need in an LMIC setting. As presented in Chapter I, most of the world's population lives in under-resourced areas, especially as it relates to mental health resources (D'Orta et al., 2022; Harris et al., 2020; Ruzek & Yeager, 2017; Singla et al., 2017; Wainberg et al., 2017). There is also the social stigma that may prevent many who may have access to mental health care to avoid seeking help. The WHO and others in GMH have called on professionals to engage in task-sharing endeavors to equip non-professionals who may be able to provide basic mental health care services (Mendenhall et al., 2014; Mills & Lacroix, 2019; Patel et al., 2018; Petersen et al., 2019; Ruzek & Yeager, 2017; Wainberg et al., 2017). Due to the nature of Islam and the context of many Muslims, BMBs who choose to convert to Christianity usually do so within intimate discipleship relationships, as opposed to larger services or crusades that have been popular in the past in Western cultures. These discipleship relationships provide a rich opportunity to discover and meet the mental health needs of the individual and offer a culture-setting possibility. This culture-setting is possible because the BMB, who has just exchanged a significant portion of his/her identity, looks to an authority figure for direction and indication of acceptable and possible behaviors in this new lifestyle (Arzouni, 2022). The opportunity is present in this environment to encourage addressing mental health needs as a part of a healthy Christian culture. When this is modeled from the beginning, with the initial new converts in an area, those BMBs become the leaders who model addressing these needs and training the next generation.

## **Limitations and Recommendations for Future Research**

There are inherent limitations to creating a program for implementation in cross-cultural settings. Not only is access to mental health care in LMICs already a challenge, but while the goal is for subsequent trainings to take place by local people in a local language, initial trainings will likely be facilitated by foreigners. Even those with sensitivity and cultural humility will find barriers regarding expectations and perceptions. While the material was written with this sensitivity in mind—leading with many questions to inform the facilitator of the group’s perceptions regarding things like culturally appropriate ways to grieve—it is impossible to address every barrier. Additionally, the material was designed based on best practices in Western cultures for learning and memory, but these may not be familiar or comfortable in all settings. However, since many of these populations exist in LMICs, a recognized limitation is the literacy rates that may inhibit the use of the manual. The initial version of the GWI program has background information and reference sheets in the Introduction. However, these may have little to no value for more oral cultures. Future iterations should assess ways to address the gap in cultures with lower literacy rates.

While there have been anecdotal successes among Muslims reported through case studies using the IA intervention (Lehman, 2012), empirical testing to demonstrate efficacy and reliability is needed in a variety of contexts. In continued alignment with Calley’s (2009) model for mental health program development, continual evaluation of the program is recommended to address the potential barriers that may arise in implementation. To evaluate the GWI program, comprehensive studies conducted in multiple settings are called for to analyze the efficacy and impact of the program. Various approaches are needed to provide data to help align the program to meet the needs of BMBs. For example, a qualitative phenomenological study would be helpful to gather personal data from participants regarding the lived experience of their traumatic events, the impact and efficacy of the program to

address these needs, and to allow for feedback to determine what additional topics may be perceived as helpful. This qualitative data will provide a rich source of information to help assess the aspects of the program that were most salient for participants. Quantitative studies are also needed to analyze the program's outcome and the topics that have the most/least impact on participants. Pre- and post-test measures will help elucidate the program's validity, with recommended measures including PTSD symptoms, reported overall wellbeing, and spiritual wellbeing. A longitudinal design would also be helpful in tracking positive outcomes over time. Continued research and development will drive future revisions of the GWI program, strengthening the intervention and allowing for reliable contributions to the field.

### **Resource Development**

The GWI program provides facilitators with a manual to guide them in leading a training group to prepare lay workers to engage in the therapeutic approach of IA. Future resource development may include a participant workbook, more handouts in Appendices, and self-reflection activities participants can do at home that include goal setting. Possible future adaptations may include additional lessons for vulnerable populations such as women and children, small groups, or even one-on-one training. Pre- and post-assessments to determine outcome measures should also be developed for implementation in areas where data collection for research purposes may be possible.

### **Conclusion**

The GWI program has significant potential implications when utilized with BMBs in LMICs. When implemented with those working with BMBs, a significant impact is anticipated, with increased trauma-related awareness, reduced PTSD symptoms, increased intimacy with God, and increased well-being. When a Muslim turns to Christ and experiences such a dramatic shift in identity, a sense of disconnection and role confusion is likely. Many Christian discipleship lessons teach a new believer about his/her role in the body of Christ

and their new identity; however, very few resources address the pain and loss that accompany this transition. As Christians continue to endeavor to “go into all the world and make disciples” (Matthew 28:19), there may be increased instances of Muslims coming to Christ and therefore experiencing the painful losses that likely follow. As a larger portion of the body of Christ globally is comprised of these unique individuals from a Muslim background, the global Church bears responsibility to find ways to minister to them and meet the needs they present. There is potential for this program to meet real needs, especially in LMIC settings with very few resources available. With no known resources that include a therapeutic intervention for this population, the Growing with Isa program meets a unique need with potential to increase awareness related to the topic of trauma, reduce PTSD symptoms, address unique grief and loss, and increase wellbeing as a task-sharing initiative for BMBs living in LMICs.

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Appendix

# **Growing with Isa**

## **A Tree of Life Program**

### **Instructor's Manual**

David L. Freeze and Dr. Emily Hervey

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## **Growing with Isa: A Tree of Life Program**

### **Instructor's Manual**

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## Training the Trainers

This instructor's manual is designed as a resource for those facilitating a *Growing with Isa* training. It assumes you have already been through the introductory training and practiced the use of the Immanuel Intervention.

The book is not a specific script that must be followed. Instead, it is a reference of key points to include in the various sections. The material may be followed more closely when just beginning as a facilitator. Even if you've done it multiple times, it can be helpful to review the material before presenting it and plan appropriate adjustments based on your audience. Every seminar will be a bit different depending on the context, especially the attendees.

### Attention to the Audience

The ideal size of a workshop is about 12 participants (generally between 9 and 15 is fine), with at least two facilitators. Having a relatively small group makes it a place that people can get to know each other, feel safe together, and have enough room for supervised practice when in groups of three.

It is critical to be aware of the needs and expectations of those present. Cultural considerations are also important. Throughout this book there will be suggestions of cultural factors to consider, but these are certainly not comprehensive and may not be applicable to your participants.

Language and educational background should also be taken into consideration. The overall concepts are for the most part very simple. However, some concepts, such as trauma, have varying levels of complexity. A direct translation of the word "trauma" may not even exist! When providing training translated into Arabic, the equivalent of the word "surprised" or "shocked" was used by the interpreter. Fortunately, the difference was discovered when a participant, when asked what "trauma" meant, stated that it could at times be positive (as a surprise might be). Keeping the audience engaged in the presentation helps the leaders know if they are getting an accurate view of the concepts being discussed.

Within the topic of trauma, some may have never heard of Post-Traumatic Stress Disorder (PTSD), while it may be very familiar to those who have already had graduate level education and/or live in a Western society where it is more commonly referenced (though not always accurately). When training professionals, it may be presented as a way for them to explain it to those less versed on the topic, but the actual disorder or diagnosis may not be a highly relevant topic in some cultural contexts.

The Tree of Life program was initially developed by Dr. Emily Hervey as a resource to help those with the wounds of trauma find healing in Jesus. The *Growing with Isa* training is based on that program but specifically modified for believers who have come from a Muslim background. Many Muslims who decide to profess faith in Isa al-Masih (Jesus the Messiah) suddenly find themselves as the target of persecution, threats, and violence. I know a man in East Africa who was abducted 11 times in his first 3 years after rejecting Islam and choosing to follow Isa al-Masih. Even if a new believer isn't persecuted, they usually face the rejection and total loss of all known support and family they have had to that point in their lives. Even though they have gained a new identity as a follower of Isa al-Masih, the loss they experience is profound. This curriculum has been designed with these specific challenges in mind.

The purpose of this program is to provide a resource to support those who have already made a decision to follow Jesus that has subsequently brought about distressing situations. Participants are encouraged to process any painful memories that may surface during this training with a mentor or trusted friend. Participation in this training is voluntary and anyone can stop participation at any time for any reason.

The identity of “Muslim” finds many expressions worldwide and the expectations of behaviors such as conformity to social standards vary in the Islamic world. This manual was written with the goal of including a wide variety of believers from a Muslim background, so specifics will be left to each group to explore. The practitioner is encouraged to ask the questions included broadly, allowing for the participants to shape the nature and direction of the answers from their perspective. The Immanuel Approach, described below, also allows for the benefit of an open approach with the belief that Jesus understands each culture and individual more than anyone else and can therefore address a variety of expressions efficiently.

Throughout this manual, the title *Isa al-Masih* will be used, including in the title of this program. The reason for this selection is to provide material that would be considerate of newer believers, as well as those who have been following Christ for a longer amount of time from a Muslim background. When a Muslim chooses to follow Jesus, there are many things at once that they may be forced to give up. Providing as many connections from their past culture as possible, without violating Biblical adherence, provides a way to offer a sense of continuity to an individual experiencing an upheaval of change. Isa is the Arabic translation of the name Jesus. Many uses of this term, especially in the Quran, also include the title al-Masih, or *messiah*.

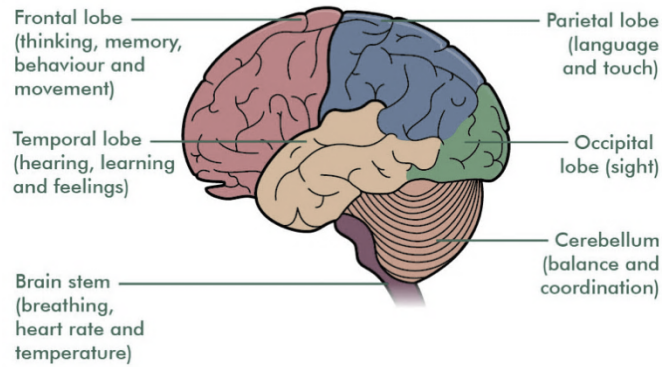
This program was developed for believers – recent or mature – from a Muslim background. Certain concepts (e.g., the authority of the Bible) are assumed throughout this material and any concerns with these topics should be addressed in a loving, supportive discipleship relationship. In fact, that discipleship relationship is the ideal place for this trauma healing intervention to occur.

### **Presentation of Material**

For any presentation, it is best to NOT read directly from the book. Anybody can pick up the book and read it! The notes can be used as a framework, while the facilitator personalizes the material, gives examples, and makes it relevant. The use of paper or white boards will be helpful, where available.

Participants will also remember much less if simply listening to you read. Engaging the most regions of the brain possible will increase the volume of attention. While all sections are involved to some degree from the beginning, there can be greater levels of interaction that improves memory retention.

- **Hearing:** Listening to what you are saying involves the language and memory systems in the temporal section of the brain.
- **Seeing:** Looking at key points (not sentences) written on white board or easel helps visual learners and incorporates the occipital region of the brain. The workbook also has the written component for those who like to read and review.
- **Thinking:** Answering questions instead of just listening to answers helps the brain process the information at a more complex level, increasing the participation of the prefrontal cortex.
- **Speaking:** Formulation of concepts into words, especially when interacting with others, solidifies the meaning of the ideas as the temporal, parietal, and prefrontal regions engage with each other even more.
- **Acting:** Exercises that require motor skills engage all regions of the brain, and this interaction makes the material far more likely to be retained. Getting people out of their seats also keeps them more awake and engaged.



When planning lessons, try to think creatively of ways to have participants fully engaged in the learning process. The challenge is often the additional amount of time required for such exercises, so try to strategically prioritize the material being covered.

### **Experiential Exercises**

The interactive training for use of the Immanuel Intervention not only helps retain memory of the steps, it personalizes it—showing the significance in their own lives. In addition, practice makes perfect. The more times they facilitate, the more comfortable they will feel about the process and the more freely it will flow.

That being said, participants should NEVER be pressured into doing what is outside their capacity. They may be encouraged to try more simple exercises with positive memories, but never forced to do what they feel is too intimate to share, especially when in a group of people they do not know. Fortunately, Immanuel Interventions can be completed with minimal disclosure of details, as the primary interaction is between the recipient and Isa (who knows the whole story). Participants can be reminded that they are not obligated to share the background or disclose sensitive information.

It is often important, even necessary, to divide practice groups based on gender, especially when addressing trauma. Cultural norms must be taken into consideration; in some contexts it is not culturally appropriate to have men and women in the same group. Often people feel more comfortable being vulnerable with members of their own gender, especially if they have a background of negative experiences and resulting mistrust.

### **Confidentiality**

From the very beginning it should be made very clear that everything shared in that room should be kept confidential, with the exception being reason to believe that someone might be in danger of hurting himself/herself or others. It is important to ask participants to verbally agree that they will respect what others share. They are welcome to share their own experiences, but not those of others without permission. If you as a facilitator would like to be able to share the stories as examples in future training, first ask permission to do so, letting them know you will change all identifying information (name, age, location, job, details of traumatic history, etc.).

### **Ground Rules**

It is important for participants to establish their own agreement or “ground rules” for the course of the workshop. During the introduction process, the facilitator can take time to ask participants what they want to

include in their ground rules, and write down suggestions in a visible place. Rules may include things like timeliness, mutual respect, and turning off cell phones. Make sure confidentiality is included in this list.

### Group Discussions

**Large groups:** It's ideal to have a white board or large easel pads to write down responses given by group members. Sheets of paper can be taped up around the room for future reference.

Occasionally someone will bring up a question or topic not directly related to the current discussion, or one that could take too much time to address at that moment. It can be helpful to have a separate location to write those questions down for later discussion. This may also be open for participants to write other questions down as they arise.

**Small groups:** Try to get participants in a position of facing each other. Give a time reference at the beginning and when they have 2 minutes left to finish the discussion. Consider time and size of the groups: larger groups will need more time for everyone to participate. If you're short on time when returning to the larger group, invite 2 or 3 groups to share rather than each one when coming back to the larger group.

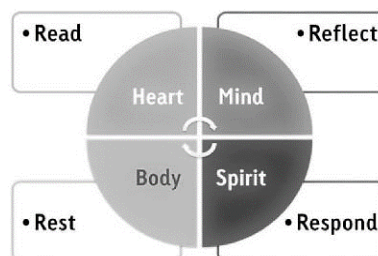
### Lectio Divina

Each day is started with a contemplative tradition from the 12<sup>th</sup> century called *Lectio Divina* (Sacred Reading). This is an example of a spiritual discipline and an opportunity to practice it as a group. Its value is both connecting with and hearing God during each session, and developing a skill or tool that can be taken home to practice individually or with others.

Lectio Divina usually begins by centering on Jesus, then going through the four stages, reading the passage twice at the first point, and again before stage two and three:

1. **Lectio** (Reading): Slowly, reflectively reading the Bible passage. What word or phrase sticks out to you?
2. **Meditatio** (Reflection): Thinking about the text, asking what God wants you to take from it. What does the word or phrase mean for you now?
3. **Oratio** (Response): Letting your heart speak to God in response.
4. **Contemplatio** (Rest): Letting go of all your thoughts, ideas, and plans, resting and listening.

Often when we read the Bible, we engage solely our mind, reading and thinking about the words and their meaning. One of the beauties of this practice is that it engages every part of the self, just as we are called to love God with our whole self: heart, mind, soul (spirit), and strength (body).



From <http://cta-usa.org/lectio-divina/>

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**Cultural Note:** *Some Christians associate the word “meditation” with New Age or Hindu practices, and may have been taught to avoid such things. It may be helpful to differentiate such practices from meditation on Scripture, focusing on God’s word rather than altering consciousness. It may help to reference verses like Joshua 1:8, Psalm 1:2, or multiple verses in Psalm 119.*

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This discipline can be part of an individual’s devotions, or can be done in a group, as we will do here. It is particularly valuable in places where many do not have copies of the Bible in their own language. If you are working in another language, simply have it read in the local language, asking for volunteers ahead of time. At each step, participants share what they hear and how they respond with their neighbor.

The first time you use Lectio Divina, explain the background and the basic outline of the four steps. Each day remind participants briefly of how it will progress. You may also consider letting participants lead it on the last couple days.

Open in prayer, inviting Isa in, and allowing some quiet moments to focus on Him.

1. *Lectio*: Read the passage aloud, first to get a general overview of the passage, and the second time asking participants to notice ONE word or phrase that stands out (give examples like, “vine” or “bear fruit”). Ask them to share what word or phrase stood out for them in their pairs, WITHOUT any explanation or discussion.
2. *Meditatio*: Read (or have it read) again, asking participants to quietly ask the significance of the word chosen, what Isa wants them to see or hear, and then share with their partner.
3. *Oratio*: Read it once more, encouraging participants to consider how they should respond to the Scripture in the present, then pray with the small group, each responding to Isa from what they have learned.
4. *Contemplatio*: Allow some quiet time as they finish praying out loud, encouraging them to rest in the presence of Jesus.

### **Understanding the Immanuel Approach**

A central component of this program is the “Immanuel Approach,” developed by Dr. Karl Lehman. It is founded on the biblical principles, while integrating what we know about our brains and our response to trauma.

#### **Immanuel: God with Us**

Beginning with the biblical and spiritual components, the foundational truth is that God is with us in all circumstances, both good and bad. “Immanuel” means God with us, based on the prophecy in Isaiah and its fulfillment in Matthew.

“Therefore the Lord Himself will give you a sign: Behold, a virgin will be with child and bear a son, and she will call His name Emmanuel.” (Isaiah 7:14, NASB)

Now all this took place to fulfill what was spoken by the Lord through the prophet:

“Behold, the virgin shall be with child and shall bear a Son, and they shall call His name Emmanuel,” which translated means “God with us.” (Matthew 1:22-23, NASB)

Isa arrived in human form, introduced as “God with us,” a bridge between a holy God and sinful humanity. As the name implies, we can learn to be more aware of **His presence** and in tune with Him. The more we are in a deeper relationship with Christ, the more we can see His hand at work. The more we come into His presence, the more we can see His face. It is centered on our relationship with Him. There we find healing and wholeness.

Dr. Lehman writes: *“Our ultimate goal with the Immanuel approach for life is getting to the place where we perceive the Lord’s presence, and abide in an interactive connection with Jesus, as our usual, normal, baseline condition as we walk through life each day.”*<sup>1</sup>

It is called an “approach” because, as Lehman describes, it is not just for traumatic situations, it is for a way of life. Just as a tree absorbs water and light for life, being in the Presence of the Lord with His living water flowing through us brings growth and restoration. The overall goal is drawing nearer to Jesus.

### **Immanuel Intervention: Seeing Isa in the Trauma**

We are also practicing “Immanuel Interventions,” which are *“specific, focused, systematic interventions with the goal of helping the person receiving ministry to perceive the Lord’s living presence, and to establish an adequate interactive connection with Him.”*<sup>2</sup> It is for addressing painful memories, encountering Isa in those memories, and receiving His healing.

There are a number of different “techniques” of inner healing, prayer ministry, emotional healing, deliverance sessions, Theophostic© ministry, etc. What seems to distinguish the Immanuel process is that instead of focusing on the hurt, from the very beginning it focuses on the Healer. During the training we start by connecting with Isa in the positive memories and in the present time. Enjoying that interaction with Isa is a ministry by itself!

Having established the connection with Isa as the very first step serves two other purposes. First, it increases the individual’s capacity<sup>3</sup> to deal with the traumatic memory. We all have our limitations on how “deep” we are able to go when addressing painful roots; being close to Isa helps us feel safe and able to go deeper. Secondly, it creates a safe place<sup>4</sup> to go back to when feeling overwhelmed. Lehman references these interactions with Isa as safe places to return to if losing connection with Isa in the painful memory and unable to re-establish it. There may be complex situations where the facilitator doesn’t know how to “resolve” the trauma that the recipient seems to be living again. In other forms of inner healing there have been occasions where someone is re-traumatized, doing more harm than good. In the Immanuel Intervention, there is always a safe place to go back to and there is always a safe PERSON to turn to: Isa.

### **Immanuel Across Cultures**

When doing any kind of training in a different language and culture, there is always a “risk” of misunderstandings. We easily make inaccurate assumptions, miscommunicate in body language, or say the wrong words (or the translator says the wrong word). Descriptions of emotions may vary. For example, in West Africa feeling “okay” is very positive while in North America it is fairly neutral and may not reflect full resolution of negative feelings.

Another example of differences in cultural communication is the concept of memories. When training in West Africa it seemed difficult for participants to identify a single positive memory; they would often give broad statements such as “I remember happy times with my family” or “Yes, I feel God’s love when I go to church.” When discussing the intended idea of a memory being a specific event, they suggested using a word like “story” or “event” as their interpretation of “memory” was more general.

Understanding the concepts covered are very helpful, but when getting down to intervention, clear communication is critical. Fortunately, during an Immanuel session, the conversation is mostly between the recipient and Isa: and He is fluent in their language and knows their culture! When words come from Isa, instead of us, they have no need for translation.

At the same time, cultural considerations are critical throughout the training. Notes have been provided on areas to be aware of, but they are in no way comprehensive. One common challenge is that in many Christian traditions prayer is more about speaking than listening and it can feel awkward to “wait” for Isa to respond, both for the recipient and the facilitator. People often feel more comfortable (at least at first) talking openly to a person physically present and can easily get into a conversation with the facilitator rather than with God. Frequent reminders that Isa is the center of the conversation are important. Inviting the recipient to close his/her eyes from early on can help keep the focus on Him.

The central goal of this training is to equip leaders to take this back to their own culture and language. That decreases the likelihood of miscommunication! But whether or not you are learning and teaching in your own culture, inviting questions and asking for feedback are always valuable.

### **Additional Reading**

For more information about the theory and practice of Immanuel Approach, consider reading Karl Lehman’s books: “*Outsmarting Yourself: Catching Your Past Invading the Present and What to Do about It*” and “*Immanuel Approach for Emotional Healing and for Life*.” You can also visit: [www.immanuelapproach.com](http://www.immanuelapproach.com)

Lehman has also worked with psychologist Dr. Jim Wilder. His research and resources can be found at [www.lifemodel.org](http://www.lifemodel.org).

### **Foundational Steps**

The basic framework for the Immanuel Intervention is included here for facilitators to use as a reference point. Be clear to participants that the text in **bold** provides suggested wording to use directed toward the recipient, while plain text gives directions. Each step may take some time and there needs to be room for silence, listening, prompting, and making sure the recipient is in the appropriate place to move on (e.g. aware of the presence of Isa or experiencing positive emotions). More descriptions on presenting the Immanuel Intervention will be provided later in the manual.

## Steps to Facilitate Connecting with Isa

If this is the first time you have met the recipient, take time to introduce yourself and the Immanuel Approach, including the significance of “God with us” and the value of being able experience His Presence. Ask if they would be interested in trying it and describe the basic idea of being a conversation with Isa, not with you; you are just present to facilitate the process.

(The bold text can provide specific words to say, but variations are fine as you become more comfortable.)

### 1. *Remembering a positive event*

**Think of a specific positive memory when you felt joy and perceived the Lord’s presence.**

If they are struggling to remember a time, ask if there was a time they remember feeling happy or joyful.

If they only tell of a general memory of being aware God is always around us: **Choose one time when you remember encountering God.**

**Spend a few minutes reentering that event (remembering where you were, who was there, what you were doing), while I open this time in prayer.**

After dedicating time to the Lord, encourage them to stay in that memory, keeping their eyes closed.

**As you are in that place, ask Isa to show you where He is at that time. Share with me whatever comes to mind, whether pictures, words, or feelings.**

### 2. *Appreciating God’s presence*

(After they have shared): **Take a minute to express your appreciation to God for His Presence and the way He showed Himself in that memory.**

(After they have prayed): **What emotions are you feeling?**

If they describe only positive emotions, move on to the next step.

### 3. *Connecting with Isa in the present.*

**Where is Isa right now, in this room?** Encourage them to look for His physical presence.

After giving them some time: **What is going through your mind?**

Once they are aware of His Presence: **Ask Him to show you whatever He wants you to know.**

If they stay silent for some time, ask: **What is going through your mind, whether words, pictures, or feelings?**

If there are any areas of confusion, when they don’t understand what something means, ask: **Ask Isa what it means.**

### 4. *Response to Isa and closing*

**Open your heart to Him, responding to whatever He showed you.**

When they are done, either close in prayer, thanking God for the specific ways He showed Himself, or ask if they are ready to proceed to a painful memory (Step 5).

## **Steps to Facilitate Encountering Isa in the Trauma**

5. *Think back to the painful memory.*

**Remember the painful event, allowing yourself to be there again. You don't have to tell me all the details, but let me know what is going on at this time.**

6. *Invite Isa into that memory.*

**Ask Isa where He was in that memory.**

(When connecting with Him and describing what He was doing:) **Interact with Him, asking what He wants you to know, responding to what you see/hear/feel, asking for help as you need it.**

You may need to give prompts along the way when they are “stuck” or are not sure of what something means. Always point them back to Jesus: e.g. *“Ask Isa what’s getting in the way”* or

***“Tell Isa what you’re struggling with right now.”***

\*If they cannot connect with Isa in that memory, if they lose that connection, or if it's close to time to end, always go back to the safety net, connecting with Isa as done at the beginning. Never stop the session when the recipient is feeling overwhelmed by negative emotions.

7. *Check emotions. When all positive, end by expressing appreciation to Isa and responding to whatever He did.*

**Tell Isa anything else you want to, and take time for appreciation. Then I will close in prayer.**

When praying to end the session, give thanks for the specific ways that the recipient connected with Isa and found healing. You can declare His victory, ask for continued blessing, and anything the Holy Spirit prompts you to say

(Developed by Karl Lehman. Adapted by Emily Hervey.)

## **Self-Awareness and Partner Accountability**

To be an effective instructor and facilitator, it is important to be very aware of your own needs and limitations. Remember that at all times you are also setting an example for participants.

There are several reasons it is valuable to conduct a seminar with at least one other facilitator.

- Taking turns with presentations allows time to regroup, rest, and review what material is next.
- Multiple perspectives help get a fuller picture. When one is presenting, it can be helpful to have someone else observing the responses of the audience.
- Debriefing: Getting to the end of the day there is a lot to process, including one's own reactions. This is especially true after observing or facilitating Immanuel sessions that touch on trauma related to your own background, or dealing with strong emotional reactions of others present.
- When something discussed in the large group triggers a strong response for a participant, it's valuable for that person to be able to step out with someone else to address that reaction.
- Accountability: Sometimes we need another person to remind us of our own needs, especially when we are starting to push our limits.

## **Compassion Fatigue and Secondary Trauma**

Because of our empathy and imagination, hearing stories of other people's traumatic experiences can have an effect on us. For some, it may be predominantly the emotions of compassion; others may develop a more vivid picture in their minds that is harder to erase. It is important to be aware of one's own reactions, and if we start seeing some of the effects of trauma (e.g. bad dreams, hypervigilance, etc.) to address that.

Other times, hearing someone's story may trigger an emotional reaction that is stronger than usual or more intense than what would be expected. This trigger may be related to something in our own backgrounds that we may or may not recognize. It is valuable to have an Immanuel session to address this. If it is impeding ability to communicate or facilitate, it is a good time for your partner to step in and lead the rest of the section.

Not all effects of dealing with trauma are immediate or obvious. Charles Figley<sup>5</sup> developed a model of compassion stress and fatigue, suggesting that our empathic responses can lead to residual compassion stress and eventually compassion fatigue. It is important to identify ahead of time effective forms of rejuvenation. For some, time alone is critical, while others need some physical action such as going for a run.

When a co-facilitator notices changes in attitude or reactions, it is important to have a way to communicate in a non-offensive manner that it might be a time to step back and use self-soothing techniques like breath prayers, breathing exercises (see Appendix) or, if feasible, one of those forms of rejuvenation.

## **Feedback and Research**

The program is constantly being reviewed and refined in order to make it the most effective possible. All training facilitators can benefit from feedback given, both to see what they do well and how the workshop can be improved. It is also very encouraging to hear the impact on participants' lives. Therefore, it is strongly recommended each workshop finish with a feedback form. Questions to include are found in the Appendix.

In addition, there is potential for research that can provide insight into the impact of the program and the intervention, including other variables such as cultural context, trauma exposure, age, gender, and other demographics. If you would like to contribute to this research, questionnaires to be filled out both at the beginning and end of the workshop can be provided. For more information, contact Dr. Emily Hervey via email: [hervey@worldwidefamilies.org](mailto:hervey@worldwidefamilies.org) or Davida Freeze at [freezedavida@gmail.com](mailto:freezedavida@gmail.com)

## **Closing and Certificate**

Before ending the workshop, it is important to have specific time set aside for planning steps to take. Ideally participants can brainstorm as a larger group to discuss how they might work together to co-facilitate Immanuel Interventions, provide peer supervision, and hold each other accountable, as well as individual goals and potential places to apply what was learned. At the end of the workshop it is good to have a simple ceremony of awarding certificates of completion (see Appendix for sample). Finish with a time of prayer for participants, sending them out to use the skills they have acquired.

Make it clear from the beginning that participants must attend all parts of the training to be awarded a certificate. The certificate serves both to document completion of prerequisites for advanced training and as a reminder for them to implement the training received.

**Suggested Schedule: 5 Days**

	<b>Day 1*</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>
	Breakfast				
8:30 am	Questionnaire	Lectio Divina: John 15:16-16:1	Lectio Divina: John 16:1-16	Lectio Divina: John 16:19-33	Lectio Divina: John 17
9	Introductions (Facilitators & participants)	Practice and Feedback	Tree's History: Rings (Vulnerability)	Complex Trauma	Whole Self Heart, Mind
9:30	Ground rules	Spiritual Roots: Healthy	Knots		Soul, Strength
10	Intro to Tree of Life			Telling the story	Broken Self
10:30	Break				
11	Water	Unhealthy	Review Intervention	Example	Practice
11:30	Sun Encountering Jesus	Transformation God is the Gardener	Blockages Capacity	Practice and debriefing	
12	Positive memories	Practice and Feedback	Practice and Debriefing		Questions
12:30-1:30	Lunch				
1:30	Lectio Divina: John 15:1-17	Emotional Roots: Healthy	Damage & Decay Broken: Loss	Branches & Fruit	Practical Steps
2:30	Relational Roots: Healthy	Unhealthy Deeply Rooted	Broken: Trauma	Relational Gestational	Closing
3	Unhealthy	Practice # 3	Long-term Damage	Forgiveness	Questionnaire
3:30	Break				
4	Relational circuits	Immanuel Intervention	Immanuel and Trauma	Practice and debriefing	
4:30	Helping people connect: Example	Example	Practice and Debriefing	Troubleshooting	
5	Individual Time				
	Write memories	Draw your roots	Draw your tree rings	Write your story	

\*It often takes longer than planned to get things started. Adjust time spent on topics based on how timely people are.

**Suggested Schedule: 6 Days**

	Day 1	Day 2	Day 3
	Breakfast		
8:30		Lectio Divina: John 15:16-16:1	Lectio Divina: John 16:1-16
9am		Relational Roots: Healthy	Emotional Roots: Healthy
9:30		Unhealthy	Unhealthy
10			
10:30	Snack		
11	Questionnaire	Relational circuits	Deeply Rooted
11:30	Lectio Divina: John 15:1-17	Helping people connect: example	Immanuel Intervention
12		Practice #1	Example
12:30		Feedback	
1:00-2:00 pm	Lunch		
2	Intro	Practice # 2	Blockages
2:30	Tree of life Water	Spiritual Roots: Healthy	Capacity
3	Sun Encountering Jesus	Unhealthy, Transformation	Practice and debriefing
3:30	Snack		
4	Getting to know you	God is the Gardener	Practice and Debriefing
4:30	Positive memories	Practice # 3	
5	Hopes for week		
	Individual Time		
	Write memories		Draw your roots

**Suggested Schedule: 6 Days (Continued)**

	Day 4	Day 5	Day 6
8:30	Lectio Divina: John 16:19-33	Lectio Divina: John 17:1-12	Lectio Divina: John 17:13-26
9am	Tree's History: Rings (Vulnerability)	Complex Trauma	Whole Self: Heart, Mind
9:30	Knots	Branches & Fruit	Soul, Strength
10	Damage: Loss	Good fruit: love	Broken Self
10:30	Snack		
11	Damage: Trauma	Relational, Gestational	Immanuel & Whole Self
11:30	Dealing with Trauma	Forgiveness	Troubleshooting
12	Immanuel & Trauma	Questions/ Discussion	Practical Steps
12:30	Example	Example	Questions
1:00-2:00 pm	Lunch		
2	Practice and debriefing	Practice and debriefing	Closing
2:30			Questionnaire
3			
3:30	Snack		
4	Telling the Story	Practice and Debriefing	
4:30	Practice or Example		
5			
	Individual Time		
	Draw your tree rings		

# Presentation Material

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## Lesson 1: Introduction to the Tree of Life

### Personal Introductions

*Welcome the attendees: express your appreciation for their interest and investment of time.*

**Introduce yourself:** (2 min)

*Give a brief description of what brought you to the point of leading this program* (areas of interest, your own healing experience, background training, etc.). Sharing some of your own story helps participants feel more comfortable about sharing their own. Be careful not to take too long—it’s easy to run out of time if you go into details.

**Getting to know each other:** (4 minutes in pairs, then 5-8 minutes in the larger group, depending on size)

*Have the group break into pairs, telling them they would introduce their partner to the rest of the group.* Ask them to tell the basics of who they are (family, profession, origin, etc.), an interesting fact that others didn’t know, and their motivation for attending. If attendees don’t know each other, this is a chance to start relationship-building at a comfortable level.

When in pairs, after 2 minutes, tell them to switch to the other person. After 2 more minutes, gather together and have each person introduce his/her partner.

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***Cultural Note:** There are differences in what people consider the most central parts of their identity. Some may emphasize their location of origin or tribal background, others their family composition, and others their profession. Consider this when presenting the question or leave it open enough for interpretation.*

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If the program is off to a late start, it can reduce time to simply go around the circle, each person introducing themselves.

**Ground Rules:** Take time to ask participants what they would like to establish as “rules” for the week (e.g. cell phones on silent, timeliness, etc.). Make sure confidentiality is included.

**Give a brief picture of the purpose of the course:**

*I’m so glad you are joining us today for this journey of drawing closer to Isa, discovering more about yourself, and being equipped to help others also find growth and healing.*

## The Tree of Life

*Note the significance of trees in the Bible*, both in diversity of use (whole tree, roots, branches, fruit, etc.) and variety of context (Psalms, prophecies, promises, and parables).

**Emphasize that the Bible starts and ends with the Tree of Life, reading Genesis 2:9-10 and Revelations 22:1-2, 14 out loud.**

Note that trees are used throughout Scripture in prophecies, Psalms, promises, and parables.

### **Large group questions: (10-15 minutes)**

- Why use the tree as a symbol of life?
  - Factors you may include if not mentioned by the group: growth, the roots (e.g. providing stability, growth beneath the surface), providing help for others (e.g. fruit, shade, oxygen), universal.
  - Emphasize that while most living things grow, reach their peak, and then decline, trees continue to grow outward with the appropriate resources (sun, water, soil). Some current trees are thousands of years old.
- If you are compared to a tree, how can you thrive in every area of life?
  - You may give examples based on the previous brainstorm, such as if roots are valuable to a tree, we might need some kind of roots—forms of security or stability.
- What keeps trees alive?
  - Be sure to include LIGHT, WATER, and SOIL.
  - *Use this as a transition to the next section.*

## Living Water

*Note the importance of water for a tree to live. Have a participant read Jeremiah 17:7-8.*

Break into groups of 2-3: (5-7 minutes)

- What does this verse say about being like a tree?
- How can the tree's relationship to the stream resemble our relationship with God?
- What does "trusting in the LORD" look like in your life? When is it difficult to trust?

***Come back to the larger group, and let each group share a key point of discussion. (3-5 minutes)***

**Value of Living Water:** (10 minutes)

*Ask for examples of the need for water.*

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**Cultural Note:** *Think about the local context. In developing nations difficulty getting clean water, a need to carry water from a central location, appreciation of tap water being on, recent droughts, the need to always filter/boil to make it drinkable, etc. For further developed nations, it might be more of a comparison of the current "luxury" of clean tap water often taken for granted.*

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**Note the Samaritan woman at the well as an example of need for water, requiring her to take it from the well daily. Read Isa's statement to her: John 4:14.** That provides the context for the value of water being always available, expanding it to being inside us, and a source of eternal life.

He later addresses a larger crowd of Jews: John 7: 37-38. Here he again states it is coming from within—the basis for water being symbolic of the Holy Spirit.

The contrast of getting water from another source or having it come from within is parallel with the Old Covenant (only approaching God at the temple, through the priests, being separated by sin) and the New Covenant (having direct access to God through the Holy Spirit within us, having been saved by grace). Another parallel example may be the constant striving for “good deeds” that accompanies most expressions of Islam that is now comparable to receiving the grace of Christ which saves us.

**Challenge the group to consider how often we take for granted access to the Presence of God, and the need for that water.**

- Without water:
  - Tree growth is stunted, unable to produce healthy green leaves, blossoms, fruit
- Without living water—experiencing God's presence:
  - We don't grow spiritually or have vibrant life
  - We tend to quench thirst in other ways

**Break into pairs: (5-7 minutes) If short on time, ask individuals to write down their responses individually (3-4 minutes).**

- Think of a time when you felt a longing or thirst for something. How did you respond?
- What are things you use to “fill” your life? Where do you put your time, energy, and focus?
- Have you experienced God's Presence in a way that makes you thirst for it more?
- Are there any changes you would be willing to make to draw nearer to Him?

## **Sunlight**

**Invite someone to read Ephesians 5:8-9.**

**Ask group to picture there being no light. What would happen? Include inability to see, plants could no longer grow, and even our own moods would be affected.**

Trees need sunlight. **Ask if anyone knows how trees turn sunlight into energy. If needed, describe the simple process: leaves have a reaction that converts the energy of sunlight into a type of fuel.** Leaves are green because of the proteins used in the process. At the same time, the tree absorbs carbon dioxide (CO<sub>2</sub>—what we breath out) and releases oxygen, what we need to survive.

**Share the following story:**

Amina usually enjoyed evenings at home with her husband and children. But tonight, they were all traveling and she was home alone. It was a very unusual experience for Amina and she was a little uncomfortable. She decided to go to bed, but as she walked into her dark bedroom, she jumped because of a dark form she saw on the other side of the room. She quickly switched on the light and realized it was just her furniture she mistook in the dark for a person. She laughed to herself even as she tried to calm down her racing heart.

**Large group questions:**

- Why was Amina afraid?
- What happened when she turned the light on?
  - She could see clearly to see there was nothing to be afraid of.

When we follow closely and walk in His light, we see even the painful or scary things of life more clearly. This is especially important when we live in contexts where there really might be dangers around us – like threats from people who don't agree with our decision to follow Isa al-Masih.

### **The Light of Life**

*Note that Isa described himself as the source of light.* In John 8:12 He said, “I am the light of the world. Whoever follows me will never walk in darkness, but will have the **light of life.**”

*Ask the group why He specifically calls it the light of life.*

*Read out loud John 1:1-5, and 1:9-10.*

“What came into being through the Word was life, and the life was the **light** for all people. The **light** shines in the darkness, and the darkness doesn't extinguish the **light**... The true **light** that shines on all people was coming into the world. The **light** was in the world, and the world came into being through the **light**, but the world didn't recognize the **light**” (John 1:1-5, 9-10, CEB, emphasis added).

*Talk about Isa (the Word) being the source and redemption of life.*

He offers us the Light of Love and the Light of Truth. Truth is necessary to understand sin, confess, and repent. Truth also shows the gift of forgiveness through Christ's love.

God's light of life came through Christ, who offered the only way out of the darkness of sin, through His perfect, loving sacrifice. The “Light of the World” gave up His glorious heavenly presence to be human, living and walking among us, experiencing our pain, and then enduring a greater agony than we can conceptualize when bearing the weight of the world's sin. The Gospels recount how darkness came over the land when Isa died, paying the price for our sin. Of course, the story does not end there! Light conquered darkness and life conquered death through Christ's resurrection! We are invited to receive the perfect love of Isa and partake in his victory.

Paul reminded the Corinthians that “God, who said, ‘Let light shine out of darkness,’ made his light shine in our hearts to give us the light of the knowledge of God's glory in the face of Christ” (2 Corinthians 4:6, NIV). Living in the light means seeing truth more clearly, not only the truth of God's love, but also the truth of God's glory.

Our very purpose in life (and therefore the source of “energy”) is to glorify God. It's not about what we can do *for* God, it's how He wants to show His power in and through us. That's most evident in our weakness.

Our role is to **reflect**, not to create glory for God—He has no need for our assistance! We do not create our own light, but enter into and reflect God's light. As we learn more about His love and truth, we can grow in being able to reflect it into the lives of others.

*Break into groups of 2 or 3 people to discuss:*

- Are there areas in life where you feel like you don't see clearly and need the light of truth?
- Where do you see His love in your life?
- How might He show His glory through our strengths and weaknesses?

*If there is little time, let this be reflection, writing in their own books.*

## Seeing Clearly

***Comment on our dependence on light to see beauty and pain, giving examples.*** The pain that breaks our hearts and God’s heart is still present, but we have a different perspective knowing the promise of eternal glory. While the majesty of Christ’s victory is beyond our comprehension, the beauty of His love does not stop at His death and resurrection. He wants us to know Him not only as Savior, but as Comforter, Redeemer, Shepherd, King, Father, Provider, Protector, and so much more.

***Talk about the value of intimacy with God, comparing the tree’s need for light and water to our need for spending time in the Presence of God through the Holy Spirit to be spiritually alive.*** Leaves absorb light and release life-giving oxygen; we can offer life to others when reflecting God’s love and glory.

***Ask for the definition or examples of “spiritual disciplines.”*** They are practices for the deepening of our relationship with God. They are not to create requirements, but provide a context for God to work on our lives. Richard Foster categorized them in three groups: inward disciplines, outward disciplines, and corporate disciplines. The inward disciplines, meditation, study, fasting, and prayer, are central to drawing near to God and becoming more like him.

Communication is critical for any relationship. ***Discuss what good communication looks like; emphasize the value of listening.***

God gave us His Word, a wealth of truth readily available like rich soil, and called us to come before Him in prayer and worship. Only by setting aside time to be with Him, absorbing His light of Truth and Love, can we get to know Him better. This process is similar to digging into the healthy soil, absorbing the nutrients the tree needs to grow.

### ***Review ways of engaging in God’s Word:***

- 1) Studying to **understand** it: learning from the teaching of others, or time spent discovering meaning in passages: topical study, chronological reading, thematic study, etc.
- 2) Meditating on God’s Word to **experience** it: putting other distractions aside and “*sinking down into the light and life of Christ and becoming comfortable in that posture*” (Foster). At times, it might be taking a single verse, contemplating on it, asking God what He wants to tell you with that verse, listening, and absorbing those words of truth. Or if you are reading a narrative story of Isa it might be picturing yourself in that story, allowing yourself to interact with Jesus, watching and listening to His actions and words, accepting what He is saying to you.

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***Cultural Note:*** To some, “meditation” is associated to practices in other religions and means clearing of the mind or separating from the self. The Biblical reference to meditation is the opposite: it is filling the mind with the Word of God and focusing on Him. Joshua commanded Israel: “Keep this Book of the Law always on your lips and meditate on it day and night so that you may be careful to do everything written in it” (Joshua 1:8, NIV). In Psalm 119, the psalmist multiple time talks about meditation: “I will meditate on your precepts and think about your ways” (Psalm 119:15 NIV). Depending on the audience, it may be important to clarify the differences and give a biblical context.

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***Compare spiritual disciplines to other forms of training: it takes practice and may not be easy at first to stay focused.*** Growth comes when pushing ourselves out of our comfort zones.

But it's never about performance or guilt. It always comes back to relationship; God values time we set apart for Him. You can mention the practice of a discipline, *Lectio Divina*, to start off each day for the rest of the seminar. It may be different, but a way to focus on God to set the tone for the rest of the day.

### **Discussion in small groups:**

- Do you desire to know Isa more closely and experience His love? If so, how much time are you willing to invest in that relationship?
- You have God's Word readily accessible. How often do you devote time to studying it? Are you willing to put time in God's Word as a higher priority on your list of things to do?
- Do you let yourself rest in the Presence of God? Can you find time to be alone with Him, experiencing Him through His Word?

### **Full Dependence**

***Summarize the important of the water of life and the light of the truth and glory as necessary for spiritual growth, as water and light are necessary for a tree to survive.***

We are not the source of that water and light, and therefore can't be self-sufficient: we must rely on God and He wants to work in and through us.

***Ask for examples of ways to draw near to God, including many ways to worship and pray.*** This week we will spend time practicing active communication with God, including entering into His presence, praying prayers of appreciation, listening to Him, and allowing Him to work in our lives<sup>6</sup>.

***Ask for examples of things that might get in the way of our relationship with Isa. What might it take to get past those barriers?*** God wants to help us overcome those barriers; we must be willing to receive.

### **Individual Reflection Time:**

- Think about where you are right now. Are there any areas of hurt, fear, anger, or shame that you would be willing to bring before God?
- Write down potential areas for growth and healing that you would like to bring before God this week.

## Lesson 2: Encountering Isa al-Masih

***Make sure you understand the background and functions of the Immanuel Approach presented at the beginning of this handbook.***

This week we will be learning more about and practicing the Immanuel Approach,<sup>7</sup> developed by Dr. Karl Lehman. He summarizes: “*Our ultimate goal with the Immanuel approach for life is getting to the place where we perceive the Lord’s presence, and abide in an interactive connection with Jesus, as our usual, normal, baseline condition as we walk through life each day.*”<sup>8</sup>

***Ask who knows what “Immanuel” means and its significance.***

*Have volunteers read the following verses:*

**Isaiah 7:14** “Therefore the Lord Himself will give you a sign: The virgin will conceive and give birth to a son, and will call him Immanuel.”

**Matthew 1:22-23** “All this took place to fulfill what the Lord had said through the prophet: ‘The virgin will conceive and give birth to a son, and they will call him Immanuel,’ which means ‘God with us.’”

### **Large group questions:**

- Why do you think this was a name or description given to Isa? What does it tell us about what we should know about this Messiah?
- Did this change when Isa was resurrected and returned to sit by His Father’s right hand?
  - o Read Matthew 28:20 & Romans 8:38-39
- Does this all seem to mean that Isa is still Immanuel, God with us? Is He still with us here today? Has He always been with us?
  - o The answer to all of these is a resounding yes from the Bible!

**The central theme is that God is with us, in ALL circumstances.** We can learn to be more aware of His presence and in tune with Him. The more we are in a deeper relationship with Christ, the more we can see His hand at work. The more we come into His presence, the more we can see His face. It is centered on our relationship with Him. There we find healing and wholeness.

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***Linguistic Note:*** *Lehman, the developer of the Immanuel Approach, used the spelling with an “I,” but many other countries use the spelling “Emmanuel.” You can use whatever is appropriate to the local language.*

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### Small group discussion:

- Have you experienced times where it was difficult to sense God’s presence?
- If He is “always with us,” why is it difficult to discern His presence at times?
- When it is hard to sense Him, is it due to a true lack of His presence or something else?

*When coming back together, ask for feedback from the last question. Your goal is to get a sense of the room – are most in agreement that His presence is readily accessible for His children? Make sure to provide space for anyone who needs to process reservations at this point. There may be some unspoken reservations at this point in the room that would be a barrier for that person (and possibly the group) going forward if not addressed. Consider how to allow space for processing any unspoken uncertainties. (Note: If participants*

*begin to share about specific painful memories or question why He didn't seem present during a painful time, remind them that we will get to the painful memories soon. We are currently laying a foundation to make sure we are starting from the same position.)*

**Say:** When Isa appeared, He was introduced as “God with us.” Before He left this earth, Isa promised He would always be with us. Similar to a tree that needs water and light for a healthy life, being in the presence of Isa and absorbing His living water not only brings growth and healing but also enables us to see His presence more readily! The closer we are to Isa, the clearer His presence gets and the easier it is to see His hand at work. The overall goal is drawing nearer to Isa! ***The central theme of this intervention is that God is with us and we can learn to be more aware of His presence!***

This is a practice that can be done throughout your day – in good times and bad times! For this training, we will focus on the Immanuel Interventions, which are “specific, focused, systematic interventions with the goal of helping the person receiving ministry to perceive the Lord’s living presence, and to establish an adequate interactive connection with Him” (Lehman, 2007, pp. 7-8). The intervention is used to examine our painful memories, inviting Isa into these memories to encounter Him there, and thereby find healing through His presence.

There are many ways to experience the Presence of God. In the Bible, we are encouraged to “seek His face.”

Ask for volunteers to read:

- 1 Chron. 16:11
- Psalms 27:7-10
- Numbers 6:24-26
- Deut. 5:4
- Psalms 105:4

*Break participants into groups of 2-3 again and have them discuss the following questions:*

- What did we learn from those verses about how God desires to reveal Himself?
- Do you see Biblical evidence for our ability to ask to “seek His face?”
- How comfortable are you asking Isa to show you His physical presence—His face? Why do you think that is?
- What other examples can you think of in the Bible where God revealed Himself to people in different ways or forms?

We read about God appearing in numerous other forms, uniquely in each circumstance:<sup>9</sup> Ask for examples of times people in the Bible witnessed God in different forms. After some examples, the following list may be provided:

- The Angel of the Lord (to Hagar, Moses, Gideon, etc.)
- Wrestling with Jacob (Genesis 32:24)
- A burning bush (Exodus 3:2)
- A pillar of fire and a cloud (Exodus)
- A rainbow, brightness (Ezekiel 1:26-28)
- The finger of God (Daniel 5:5; Deut. 9:10)
- A dove (Matthew 3:16; Mark 1:10; Luke 3:22; John 1:32)
- Loin and Lamb (Revelations)

In the New Testament Isa arrives in human form, introduced as Immanuel, or “God with us” (Matthew 1:22-23). It is because of His death and resurrection that we can approach God directly, rather than depending on a priest. The Living Water and the Light of the World is readily available!

*Large group question:*

Is it difficult for you to consider asking Isa to reveal His presence to you? Why?

It isn't "wrong" for it to feel uncomfortable to ask to "see" Isa at first, especially if you grew up in a culture where this is considered taboo. But as we have discovered in the Bible, God desires that we should seek His Presence! He then chooses how He will respond. Practice connecting with Isa makes it more natural. Sometimes there are "blockages" getting in the way of connecting with Him that need to be identified and addressed.

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***Cultural Note:** The biblical context is included because different cultures have different presentations of the appearance of God. Many have a set idea of when and how God makes Himself known. Some may struggle with the idea that one can see God in the present, believing that was limited to Biblical times. It is important to communicate that **God shows Himself in different ways to different people**. Some examples or testimonies from the present time (including your own) can also help communicate the diversity of experiences.*

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## **Positive Memories**

The first part of the Immanuel Approach is using **positive memories** and **deliberate appreciation** to connect with Isa. These are both powerful tools. Think about how you interact with other people: when we remember positive things about them, we're much more likely to have a positive interaction and communicate more freely.

### **Activity:**

- Choose a good friend or family member and think of a time when you did something positive together.
- How do you feel right now as you think about that event?
- Identify specific things you appreciate about what that person said or did during that time.

### **Discuss:**

- If you were to talk to the person right now, how easy do you think it would be to have a positive conversation with them? How would each of you feel if you expressed appreciation?

It's easy to forget to appreciate others and God. What does the Bible say about giving thanks and remembering? The Israelites were instructed to set up twelve rocks after crossing the Jordan River in the Promised Land. Other examples: Exodus 15, 1 Chronicles 16, 2 Samuel 22, and many Psalms.

Positive memories of Isa are like positive memories of a friend: they help us connect, including in the present.

### **Group Activity:**

*Provide these directions for participants to respond silently, allowing plenty of time between steps.*

- Think of a positive memory of experience with the Lord. Picture yourself being in that memory, again aware that He is with you.
- Focus on appreciating His presence and the way He showed care in that memory.
- Invite Him to be with you now, to help perceive His presence.
  - Where is He? What does He look like? What do you hear or feel?

- Open your heart to Him, describe your thoughts and emotions, and listen to what He wants to tell you or show you. Enjoy being in His presence!

If there is time, or while waiting for others:

- Write down the memory, including how it felt to encounter Isa in the memory

### **What if I don't have a memory of His presence?**

Some people haven't yet had an experience of being aware of Isa's presence. But we know that He is always with us, even when we can't see or feel it. We also know that He is the source of joy, peace, beauty, and all other good things! Think of a time when you did feel peace and joy, remembering all the details. Ask Him to show you where He was at that time, to help you perceive His presence and interact with Him.

### **What if I can't perceive Him?**

Sometimes it's hard to connect with Isa when there's something getting in the way. You can start by asking Him to show you what that might be and how to get past it. However, it's often helpful to do that with someone else coaching you. We will learn more about that this week.

### **Preparation for Tomorrow**

- Think about times you've seen Isa, just as a tree receives light from the sun.
- Write down some positive memories, whether or not you were aware of Isa at the time.

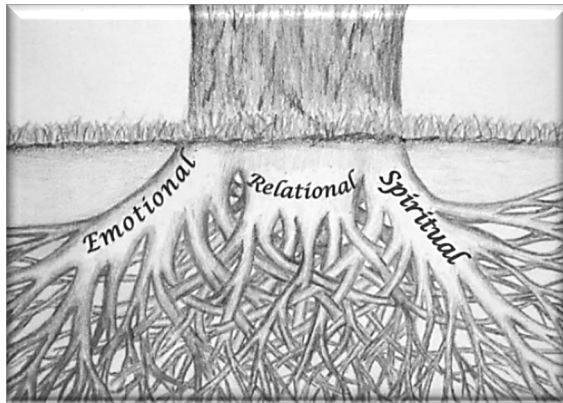
## Lesson 3: Intro to Roots

### Discovering Yourself: The Roots of a Tree

*Ask for reasons roots might be important to a tree.*

- Hidden, but critical for growth
- Form very early
- Absorb nutrients and water
- Strong roots are necessary for standing firm in a storm or drought

Roots can be described in three categories. Spiritual roots, emotional roots, and relational roots are all foundational to a person's well-being, even if not clearly visible to others. Damage to roots, especially early in life, affects growth and vitality.



All three are intertwined, influencing one another.

## Lesson 4: Relational Roots

*I ask that Christ will live in your hearts through faith. As a result of having **strong roots** in love, I ask that you'll have the power to grasp love's width and length, height and depth, together with all believers.*

*(Ephesians 3:17-18, CEB, emphasis added)*

**Ask what it means to be “relational” and how that relates to God’s image. How does sin influence our ability to love?** Our sin obstructs perfect love and patterns of broken relationships are passed from one generation to the next.

We learn from the relationships we have from the beginning of our lives, good or bad. Review the box below for a better understanding of attachment theory. Children learn from their relationships with adults and peers and by observing interactions between family members. They witness how to communicate, show feelings, and address conflict. Some forms of communication, such as physical touch, vary across cultures and families, but many principles of healthy relationships are consistent.

### Understanding Attachment

Research, beginning with John Bowlby and Mary Ainsworth, has identified four attachment patterns that form between a child and his/her mother (or other caregiver) during the first year of life:

- 1) Secure: A child can rely on the caregiver for protection and support and is willing to try new things when in the parent’s proximity. That security is created when the caregiver is sensitive to the child’s needs. This is the most beneficial and prevalent attachment pattern.
- 2) Anxious-ambivalent: A child is hesitant to explore even when the parent is present and very anxious when separated from caregiver, but her return is not comforting. This can be from an unpredictably responsive caregiver. It is more common in abusive homes and can have a negative influence on intimate adult relationships.
- 3) Anxious-avoidant: A child avoids the caregiver, showing little emotion when she is present or absent. This pattern develops when a child’s needs are not met and his/her emotional expression doesn’t influence the caregiver.
- 4) Disorganized/disoriented: A child has a lack of consistent attachment behavior, sometimes freezing or hiding. This is more common when the mother has been facing loss or trauma and becomes depressed.

A caregiver’s early actions and attentiveness shapes that original relationship, which impacts later social life. As adults, similar patterns emerge in intimate relationships. The securely attached balance intimacy and independence, with positive views of themselves and their partners. Anxious-preoccupied adults can be overly-dependent, always seeking approval and intimacy. Those who are dismissive-avoidant are independent and avoid intimacy (and therefore potential rejection), showing mistrust. The fearful-avoidant may desire emotional closeness, but feel unworthy and fear rejection.

## Healthy Relationships

*Ask what a healthy relationship might look like.*

Isa had several kinds of relationships; what are examples? (*Include the crowd, the followers, the twelve disciples, and the three closest.*) *How were they alike/different?*

How did Isa set an example in the following areas:

- 1) **Clear communication:** Honesty with His disciples, including hard truth, explanations, gradual disclosure.
- 2) **Managing conflict:** He had to manage disputes between disciples or their disagreements with His plan, rebuke, but was always forgiving.
- 3) **Complete acceptance:** Isa called and accepted them before they learned and matured.
- 4) **Vulnerability:** Include expressions of grief, anger, and love, including disciples in the tough times.
- 5) **Agape love:** Unconditional love all the way to laying down His life for His friends, offering grace and forgiveness with no strings attached.

### **Discussion:**

- How did your early relationships shape how you relate to others? Think about how your relationships are similar or different from those of other members of your family.
- What healthy patterns do you find come naturally to you? Which are more difficult?
- What kind of love have you experienced? How can we show agape love to others?

## Unhealthy Relationships

What about unhealthy relationships? *Ask them to think of relationships they might consider unhealthy.*

Many poor relational habits come from coping and protection mechanisms based on early damage to relational roots. Think about the research on attachment, and how the relationship with the caregiver influences current relational attachments. Coping mechanisms are created for protection from rejection.

### **1) Unhealthy boundaries:** Too close and too broad

Those who isolate themselves (dismissive/avoidant attachment) fear rejection and don't let others get too close. Ask what that might look like and touch on key points.

Those who are too dependent (anxious/preoccupied attachment) don't know how to set healthy boundaries. They look to others for affirmation of worth and identity and react strongly when not receiving enough. What might cause that?

Most of us fall somewhere in the middle, we withdraw to be "safe" from loss of love or seek attention to know we are loved. These approaches to relationships are based on ourselves—our needs, fears, and desires—rather than on love.

**2) Poor communication:** Relationships **need** expression of love and management of conflict. Disagreements are normal, but without resolution they may turn into bitterness or escalate into hurtfulness.

**Key skills:** listening and putting yourself in the other person's shoes. Ask participants to think about how well (or often) they understand a conflict from the other's perspective. In conflict, use "I" statements ("I felt misunderstood when...") instead of "you" statements ("You never understand me...") and avoid words like always and never.

How might individual and family differences complicate our ability to display and receive love? How do use of words and touch differ in cultures and personalities? What can you do to address those differences?

Mutual vulnerability is key, even if difficult. Sharing one's heart needs to be accepted, affirmed, and reciprocated by the other person. Without such vulnerability, a relationship remains relatively superficial, never reaching its maximum potential to be a place of deep love.

## **Our Relational Brains**

*Ask how it affects someone to feel hurt by what someone else has done (emotionally, physically spiritually). What happens when someone does something kind for us?* Karl Lehman discusses how our brains are active when connecting with people and cut off when upset with someone.<sup>10</sup> That influences how we perceive people.

Healthy relational roots are connected to healthy psychological and spiritual roots! As we grow in loving relationships, starting from secure relationships with our caregivers, we are better grounded and find joy in connecting with others.

### **Role play activity:**

*Conduct the following at a real doorway, if possible. If there isn't a an easily accessible doorway, creatively try to show a doorway (e.g., have one person as the door stand with arms above their head and arms and legs spread so they form an X. Rotating on one foot, they can swing "open" or "closed.").*

*Say:* We are going to do an exercise to watch what happens inside us and relationally when we have healthy and unhealthy responses.

*Invite Person 1 to volunteer and come up. Explain that he/she is going to demonstrate for us what happens in relationships when things go well and when they don't. Have Person 1 stand on the side of the door where participants can see him/her. Invite up a second volunteer to be Person 2 and stand on the outside of the door like they are coming to visit Person 1.*

*Explain that Person 1 is having a conversation with Person 2 (door is open and they are talking, standing in the doorway). Prompt them to have some positive, short conversation.*

*After a short time, ask them to pause the conversation and ask the participants what they observe. Answers may include: open communication, they look happy, nothing between them, etc.*

*Now ask the volunteers to demonstrate a conflict, with Person 2 growing more and more frustrated with Person 1. As Person 1 also gets angrier, they may respond with unhealthy behaviors – yelling, arguing, refusing to hear the other side of the story.*

*At this point, close the door between them, but ask them to try to keep the conversation going. (It may be funny at first and some laughs are okay – but encourage them to try to continue the discussion).*

*After a short time, as the participants what they are observing: closed door, difficult to hear/see each other, assumptions are easily made about the other person, etc.*

*Ask:* When the door is closed, can they see and hear each other as well?

No – there is a barrier between them!

*Thank the volunteers and have them sit down.*

*Say:* When we are upset with someone, it is like our brain has shut down to everything we are usually able to perceive. We don't see or hear as clearly. Disagreements and frustrations can trigger defense modes (retreating, lashing back, blaming ourselves or others, or trying to ignore the issue!). It takes effort to stop these reactions and get the relational loop running again. When we feel better connected to the other person (when the door is open), we can better relate and find ways to solve the conflict!

*Small group discussion:*

- Where are your boundaries? Do you allow anyone in your inner circle? Or do you pull everyone as close as you can and rely on them to find value?
- Is there a safe relationship where you can be vulnerable, receiving and giving both acceptance and accountability?
- How do you respond to conflict? Do you try to hide it or pretend nothing was wrong? Do you react strongly to frustration? How well do you listen to the other side of the story?
- Are your relationships one-way or reciprocal?

Disagreements and frustrations when interacting with others activate negative thought patterns and emotions. We fall into our defense modes (retreating, lashing back, blaming ourselves, or trying to ignore the issue). It takes effort to stop those reactions and get our “relational brain” active again. When you feel connected, you can relate better to others and resolve conflict<sup>11</sup>.

Connecting with God can help reconnect our relational brain. That is the first step in the Immanuel process. Let's review the steps we talked about yesterday:

1. Think of a positive memory of experience with the Lord
2. Focus on appreciating His presence and the way He showed care in that memory
3. Invite Him to be with you, to help perceive His presence
4. Open your heart to Him, describe thoughts/emotions

## Lesson 5: Helping Others Connect with Jesus

Why not do it alone? Connection with Isa can be done anywhere, especially after more practice. But benefits of using a facilitator include the relational component, sharing everything out loud, which helps the brain process, and direction from a facilitator can make it flow more naturally.

The biggest difference between the Immanuel Approach and other forms of counseling or spiritual direction is that the recipient is talking mostly with Jesus. The facilitator's role is not giving advice or explanation; Isa does a better job at that.

### **The most important role of the facilitator is to help the recipient stay connected with Jesus.**

Emphasize four things for facilitators to remember:

- The facilitator also needs to be connected with the Lord, engaging with Him and receiving guidance. Make sure to check your heart before getting started and give distractions back to Isa.
- It's important to trust Isa and allow Him to always be in control. Faith in the Lord's presence, goodness, and guidance helps effectiveness.
- Continue encouraging the individual to describe whatever comes to mind—it works best for the recipient to have someone else present and listening as he/she processes, and allows you to be more in tune with what God is doing.
- Active listening, showing that you are connected through your own body language, words, and choice of when to step in, is critical. This is an area that takes practice to develop.

*Ask:* Who can remember the four steps in the Immanuel Approach so far?

*Say:* We will now be doing some modeling and practicing ourselves. Before you practice, we will do one as an example for the large group. Remember it may feel awkward at first to talk aloud to Isa in front of a group. That's okay. It's something we are practicing and like any new thing it will feel strange at first. Also remember that this is not going to involve any painful memories – this will only be connecting with Isa in a positive memory and appreciating Him. Who can remember why starting with a positive memory is so important and how it's connected to the idea of a **safe place**?

*Ask for a volunteer and lead them through the steps with the rest of the group watching as observers. Direct the class to follow along the steps to observe how each progresses.*

*\*Note: It helps to ask for a volunteer privately prior to this session so they can be prepared.*

*After the example is finished, have someone (another co-facilitator or participant) ask the following debrief questions while the other participants listen:*

- To the **recipient**: How was this significant for you? What did the facilitator do that was helpful? What can the facilitator do next time that might be more helpful?
- To the **facilitator**: What came naturally? What was more challenging? Are there any areas that you would like feedback?
- To the **observer(s)**: What did you notice about the interactions that took place? Any other comments?

*Say:* Now it's your turn to practice!

### **Practice Facilitating: Remembering and Appreciation**

Break participants into groups of three, each group choosing one facilitator, one recipient, and one observer. Remind them that this is just the positive connecting with Jesus, not going into a traumatic memory. Make sure they have the steps available as a reference point. Be available for anyone who is getting stuck.

- Take turns facilitating each other through the steps.
- Discuss how it felt in each role.
  - **Recipient:** How was this significant for you? What did the facilitator do that was helpful? What can the facilitator do next time that might be more helpful?
  - **Facilitator:** What came naturally? What was more challenging? Are there any areas that you would like feedback?
  - **Observer:** What did you notice about the interactions that took place? Any other comments?

After the first practice, have everyone come back to the large group and ask for observations. Anything different than expected? Answer questions that may arise, but if it's what is going to be covered, let them know it will be addressed later.

## Lesson 6: Spiritual Roots

**Read aloud Colossians 2:6-7** “So then, just as you received Christ Jesus as Lord, continue to live your lives in Him, rooted and built up in Him, strengthened in the faith as you were taught, and overflowing with thankfulness.”

*Ask what it looks like to be rooted in Christ.*

Spiritual well-being is based on our faith, our relationship with Isa. We grow closer, become more dependent on Him, and our faith become more secure, as we see more clearly His incredible love for us. We reciprocally grow in our love for Him. It is in that relationship that we find nutrients, critical for healthy life.

### Healthy Spiritual Roots

**Review Ephesians 3:17-19, emphasizing the love of Christ and what it means to be immersed in it.** Living in His love bears the fruit of loving others—back to relational roots.

**Ask how spiritual roots might relate to times of suffering. What are the normal reactions toward God during the tough times?** Healthy roots are evident through faith during trials. It may be harder to see God’s love when struggling. Spiritual roots may either give up and shrivel, or dig even deeper for God’s love, becoming more firmly planted and relying on God rather than circumstances.

Healthy roots allow us to hold on to hope from an eternal perspective. We have promises of being in the glory of Christ for eternity—a place of joy far greater than we can imagine! Problems we face for a short time on earth look much smaller.

Our new perspective:



**Ask if anyone knows the “heroes of faith,” in Hebrews 11. What was the outcome for the second half of the list?** “None of them received what had been promised” while still on earth, but they looked forward to eternity. Spiritual health requires eternal, rather than time-limited, hope in Christ.

As an example of what can happen to spiritual roots during times of suffering, listen carefully to the following story:

Mariam was very excited to go visit her family since she had been attending university in another country. It had been more than a year since she had seen them, so when her flight was delayed, she was disappointed. However, when she finally arrived back in her hometown, she realized why her flight was late. There was a very bad storm that had passed through the area late last night. She heard everyone at the airport talking about it. As she exited the airport and spotted her family, she was overjoyed to see her mom, dad, and brothers again! As they drove out of the airport, she immediately started noticing the damage from the storm. There was debris scattered everywhere, and the roads and sidewalks were a mess. Even more shocking, she noticed the trees had even fallen over throughout the city! As they began to drive out to the countryside where her parents lived, she noticed there was still debris everywhere, but the trees were still standing. They appeared to be the same kind of trees as the ones she saw in the city, so she asked her father about them.

“Dad, is there a reason why the trees in the city fell over while the ones out here are still standing? Was the storm less severe out here?”

Her father answered, “No, it was really bad out here also. In fact, our neighbor lost his roof during the storm. But those trees in the city have an irrigation system – they have water delivered to them daily through pipes. Rain or shine, they are watered. Their roots don’t have to dig deeply to find water, but that also means when strong winds come, they don’t have deep roots to anchor them, and they fall easily. These trees out here, though, are only watered when God sends rain. Sometimes they struggle more to find water. That momentary challenge for the tree, though, actually helps it push its roots down deeper and deeper in search of water. When the winds come, the root systems are individually deep and also intertwined with other trees, which provides a strong anchor to hold these trees upright even during severe storms!”

**Ask:** What does this tell us about the potential benefit that suffering can bring for spiritual roots in our lives?

When God’s love doesn’t seem obvious (in suffering), faith arises.

It can be easy to question God’s love or presence in difficult times.

But even in difficulty, spiritual roots can dig deeper, resulting in a stronger system.

*Note: The deepening of faith after suffering is a long-term result. According to training for those who care for people after a crisis (using an approach called Psychological First Aid), in the days or weeks after a very stressful event, it is normal to have strong emotions that could be experienced as anger or doubt toward God (Brymer et al., 2011). It is important to reassure participants that this is normal and doesn’t disqualify their faith. In fact, most who process these emotions find this a beneficial time to deepen their faith. If appropriate to the conversation, feel free to paraphrase this information.*

### **Discussion in small groups:**

- In the midst of difficult or painful times, did you find yourself growing closer to God or pulling away from Him?
- How might suffering look different if viewed as a place of learning dependence on God and experiencing His love?
- Can you hold on to eternal hopes, even if not fulfilled in the present?
- How might you trust God’s perfect plan even when you don’t understand it?

### **Unhealthy Spiritual Roots**

The two sources of disease in spiritual roots are **a distorted view of God** and **a shallow view of faith**.

**Ask: Where do we get our perception of who God is and what He is like?** We develop a picture of God from during childhood.<sup>12</sup> A wrathful God is presented as condemning and punishing sin, while other authority figures use fear, threats, and violence for punishment. Others see God as detached, being described as holy and separated from inferior humans. If God is not present in times of pain, it is easy to assume He must not truly care.

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**Cultural Note:** *In some regions of Africa and other parts of the world, the presentation of God as wrathful begins at a very young age; children in the playground threaten each other that “You will go to hell” for minor misdeeds. Be aware that this may not just be one household, but a widespread view, accompanied by acceptance (within the church) of beating wives and children for submission.*

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Some of those who grow up in broken families turn to God and find Him to be a source of the love that is lacking in their own home, while others associate Him with figures of authority. When “Father” means abusive, angry, detached, or abandoning, Heavenly Father does not match love and grace. The deeply ingrained views of God based on childhood wounds require identifying and confronting the source of the negative thoughts and emotions toward God. Such healing is clearly linked to restoration in the mental/emotional and relational roots.

**Ask: How might growing up in Islam affect this type of perception of God? Is the picture that He is wrathful and angry easier to believe? Or distant and uncaring?**

*Ask what some motivations might be to “try” Christianity.*

**Shallow faith:** Some are seeking happiness and may have tried other sources (e.g. drugs, relationships for pleasure, wealth) but continued to feel emptiness. Witnessing joy and peace in the lives of believers looks appealing. *Describe the shallow roots in rocky soil from the parable in Matthew 13.* With the focus being on selfish desires, the soil cannot be tilled, preventing true life in Christ to be embraced. Superficial faith cannot withstand adversity, because it is based on immediate gratification rather than eternal hope. *What does deep faith look like?* Willingness to suffer for Christ’s glory and trust in difficult times is closely linked to experiencing His grace.

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***Cultural Note:** We see more people embracing the “prosperity gospel,” which suggests that if you do right, you will be blessed (sometimes used to exploit people, convincing them to give big donations. Biblical examples of suffering are helpful to debunk those ideas.*

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**How do we measure someone’s faith?** Sometimes faith is inaccurately judged by external circumstances: if a person appears to be doing well then God must be blessing him or her, while negative events may be perceived as God’s discipline. What is viewed by others on the outside does not provide an accurate reflection of the roots below the surface. A deeper level of self-examination and accountability is required.

**Discussion in small groups:**

- How do you perceive God? How would you describe Him?
- Where does that picture of God come from?
- Can you receive grace and redemption as God’s love, or do you stay trapped in guilt and self-condemnation?
- What first attracted you to Jesus? Is it the same reason you follow Him now?

### **Transformation of Spiritual Roots:**

*Summarize or ask someone to read:*

There was once a man named Saul, who had deep, but unhealthy spiritual roots. To him, God was detached, accessible only through good deeds, not on a personal relationship. His faith was shallow, but he enjoyed showing off how “religious” he was. He earned respect in his community for his apparent zeal for God, but his faith was not being tested; instead it gave immediate gratification.

We can read in Acts how Saul’s diseased spiritual roots were transformed by God’s grace. He encountered Isa directly, and learned the truth about His love. The transformation was dramatic. His focus was no longer

based on his Hebrew leadership; instead he became the apostle to the Gentiles, where he was called Paul. Then he spent over two years in Arabia<sup>13</sup>, growing in his faith, before going into ministry.

Gradually, his relationship with Isa became the center of his life and ministry. When times of trouble came, he showed a healthy faith, continuing to rejoice in the midst of being beaten, rejected, thrown in jail, and criticized—even within the church. Paul’s faith was pushed to the limit when he faced his own weakness. He asked God to take away a source of struggle, the “thorn in the flesh,” but instead God taught him to rely on His grace and power (2 Corinthians 12).

While Paul’s relationship with Christ started in a complete shift in perspective, he spent the rest of his life growing in faith and love for Christ. No one is perfect, and even those who have healthy faith can find areas for growth. That is the beauty of roots: we can always grow deeper when embracing Christ’s love and becoming more immersed in Him. This is the life-long process of sanctification, gradually becoming a clearer reflection of Christ.

### **Discussion in large group:**

- What can we learn from Paul’s transformation?
- How did his image of God change? What about his relationship with Jesus?
- How were his relational and spiritual roots connected?

### **God is the Gardener**

*Summarize ways Paul trusted God.*

*Reference the morning verse in the Lectio Divina:*

*“I am the true vine, and my Father is the gardener. He cuts off every branch in me that bears no fruit, while every branch that does bear fruit He prunes so that it will be even more fruitful” (John 15:1-2, NIV).*

*Ask what it looks like to let God be the Gardener.*

It often takes practice to let Isa be in control, rather than taking matters into our own hands! The importance of allowing Isa to be the one in charge is particularly true when acting as a facilitator. There are many times when we think we have an insight or a solution. Sometimes those are very valid, but it is much more powerful for the participant to hear it directly from Jesus. But we can only see what’s happening on the outside (not the roots). Because God intimately knows every part of someone’s heart, He knows exactly what he/she needs to see and hear—He is *always* better than we are at bringing healing, peace, and joy! Keep turning back to Him at every step.

### **Preparation for Tomorrow**

*If time is available have participant write answers to the questions. If not, ask them to do it before the next session.*

- Reflect on the time you had to connect with Isa today as a participant and/or facilitator. Write down what stood out to you.
- How easy is it for you to depend fully on God? Are there any areas where you like to feel in control? Are there any areas where you are worried about your own possible failure? If so, spend some time asking God to help you release each of those into His hands.
- Were there any times when you or the person you were facilitating had trouble connecting with Jesus? Tomorrow we will be talking about some possible blockages.

## Lesson 7: Emotional Roots

### **Read aloud:**

*Make sure that no one misses out on God's grace. Make sure that no root of bitterness grows up that might cause trouble and pollute many people. (Hebrews 12:15 CEB)*

### **Ask what this passage says about roots (their source and outcome).**

Note that relational patterns, whether showing grace or bitterness can have widespread effects. As children are developing early relationships, they are also learning how to perceive themselves based on how they are treated and the words they hear. They witness what kind of emotional expression is acceptable and what is not allowed. When experiencing difficult challenges or painful experiences, they “learn” based on what they watch others do and how their own reactions are treated. The resulting patterns thoughts and feelings are long-lasting, whether in a positive way or an unhealthy way.

### **Activity:**

*Ask for two volunteers who are willing to act out a situation that will be read. One will be acting the part of a child, and one will be acting like an adult.*

*Once the two volunteers are standing with you, introduce one as the Mom, Jacqueline (or Dad if the volunteer is a male), and the child, Sarah. Ask them to act out the parts that follow as you read them, encouraging them to have fun with it.*

*Say: This is Jacqueline. She is a very typical mother of four children. She stays busy around the house—working, cleaning, cooking, and caring for the children.*

*(Encourage the mom to spontaneously act this out however she wants).*

Jacqueline noticed as the years continued to go by, she only got busier and more tired. She noticed, for example, that she used to hide her frustration from her firstborn child much easier. She always tried to be the patient, kind, and understanding mother she thought she should be. Now, however, after three more children, she found herself losing her temper easily and letting words fly out of her mouth that she never thought she would say in front of her children!

*(Have Jacqueline act this out!)*

Her fourth daughter, Sarah, enjoyed helping her mother at home. Jacqueline would laugh as Sarah attempted to walk around the house in her much larger shoes, pretend to put on her mother’s clothes, or cook imaginary dishes like she saw her mother doing.

One day, Sarah was playing and became very frustrated. Jacqueline was shocked to hear words come out of her daughter’s mouth that were angry and inappropriate! She scolded her daughter and asked her where she had learned those words. Sarah was quiet but eventually told her mother that she had heard her mother herself use those words when she was angry at her father!

Jacqueline was surprised Sarah even heard the conversation she was referring to. However, as she began to watch her daughter more over the following days and weeks, she noticed specific words, postures, reactions, and faces that she would make that her daughter was imitating. Jacqueline decided to be more mindful about her words and actions in front of her young daughter.

*Thank the volunteers and have them sit down. Ask the large group:*

What do we learn from this story? Was Sarah just very impressionable, or is this a common experience with children?

After letting them respond, say: Researchers have studied this way of learning behavior and concluded that what we observe in childhood, we are very likely to replicate in our own lives.

Children also learn about their identity and place in the world by watching the adults in their lives. They learn to see if they have a purpose in their community, or if their place is to be quiet and agreeable only. We will examine how both healthy and unhealthy emotional roots are formed and function.

## **Healthy Emotional Roots**

(30 minutes)

*Write on a two-column sheet characteristics of someone with “healthy” emotional roots. Ask where these traits come from.*

*Begin with how children learn to perceive themselves.*

Secure identity formation: Self-acceptance is rooted in secure identity formation. A healthy view of self does not base one’s value on accomplishments or other forms of “success,” but instead on being God’s creation, loved by Him unconditionally. Mistakes can be viewed as opportunities to learn and grow, while successes are evidence of God-given strengths and gifts. Willingness to step out of one’s comfort zone, face challenges, and accept responsibility are all built on a secure identity.

*Ask what resilience means or how it is evident.*

Resilience, or the ability to recover and grow from adversity, is key to psychological wellness. Difficult times and suffering are inevitable; the question is how well equipped someone is to manage the distress. Being able to express and process emotions is vital, rather than suppressing them to appear “strong” or avoiding the discomfort of pain.

*Ask if it’s better to be a pessimist or an optimist.*

Differentiating between truth and distortions: We are always interpreting what is happening around us or in relationships, as a pessimist or an optimist; either can be too extreme, but our attitude affects our emotions. We must differentiate between thoughts that are based on truth and conclusions based on distorted perceptions—making assumptions that aren’t true. Isa said that in following His teaching we can know the truth and the truth will set us free (John 8:32).

*How does hope influence healthy emotional roots?*

Holding on to hope: Healthy emotional roots are connected to healthy spiritual roots when we hold on to hope. Eternal hope provides meaning to life and a purpose for which to live. We can hold on to the promise of everlasting life and discover the joy of knowing Isa in the present. Hope in the love of God is steadfast even in the darkest of circumstances. We can find purpose in the calling to glorify God, but this is never based on “accomplishments” for Him.

**Say:** Answering the question “Who am I?” is a piece to understanding our sense of identity. The core of who you were designed to be didn’t change when you became a follower of Isa, but there were large parts of your identity that did change. What were big changes that you experienced? (*If they need some suggestions, you can ask if things like community, opportunities, sense of acceptance, belonging, etc. changed for them.*)

It's important to acknowledge the significant changes that have been experienced to continue to cultivate healthy emotional roots. In a later lesson, we will learn about grief and loss. For now, our goal is to consider how this shift in identity has affected us.

*In small groups of 2-3, allow time for discussion of the following questions:*

- How would you describe your sense of self – dependent on approval from others? Firmly rooted in God's unconditional love? In between?
- How might a background in Islam affect one's sense of identity development?
- Before following Isa, how would you have answered the question: "Who am I?" How has that changed since becoming a follower of Isa?
- In what ways has this change been easy? In what ways has it been difficult?

*After allow some time for groups to briefly share takeaways that they want to share.*

## **Unhealthy Emotional Roots**

### ***What might it look like to have unhealthy roots?***

How we view ourselves and our response to difficult situations reveal much about how healthy our psychological roots are. Children form distorted views of themselves when feeling unloved, rejected, blamed, or inferior, often adopting the messages received about never being "good enough" or being unworthy of attention. For a child, feeling unloved can result in patterns of mistrust, dependence on those around them, alienation from the world, or seeking to be the center of attention, trying to convince themselves and others that they are superior. The resulting deeply rooted, distorted views are called *schemas*<sup>14</sup>—they influence how we interpret and react to situations throughout life.

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Imagine that you are standing at the edge of a dense forest with many bushes and trees. You need to make a new pathway in, but you can tell it won't be easy. Imagine yourself as you push through the dense foliage, whacking with a machete to clear a way. It's hard work, but eventually you forge a path through.

If you return the following day, you can image it will still not have the ease of walking a popular path, but it will certainly be easier to use than the day before!

Now imagine that new pathway was used daily by many villagers. After a year, that pathway is now very easy to use, with a deeply worn path and trees and bushes cut back so they don't hinder your progress.

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The "pathways" that are made in our brains are formed from the experiences we have had in life. These pathways are called schemas which become easy to take automatically, without even noticing it!

Schemas<sup>15</sup> are the basis for daily negative thought patterns. When a simple mistake leads to an automatic thought of "I can never do things right," the underlying schema may be a belief in one's failure to achieve. If a mild disagreement precedes a conclusion that "Nobody likes me," there may be an entrenched belief that one is unlovable. Such distorted beliefs contribute to patterns of depression, anxiety, and other emotional and behavioral problems. When our emotions are negative most of the time or we don't feel open to expressing emotions, that can be a sign of a problem in the roots.

### Understanding Schemas

We all develop “schemas” to organize information in our minds: these are the pathways through the forest that we create when we learn something new. For example, before you encountered a papaya, you had reference to know what it was. The first time you learned about it, you had to work hard to create that pathway. You learned it is a fruit, how to tell when it is ripe, and what parts to eat and not eat. In a more complex way, we also learn about ourselves and our place in the world in this way. If you were told you weren’t very smart when you were young, any failure as an adult may trigger the feelings of never being able to do anything.

The memories we create are influenced by our self-schemas. The doubt of one’s ability may always be there, quietly in the background, and can influence if we retain the positive or negative words/actions toward us, which support the schemas. Jeffrey Young, who developed schema therapy, described early maladaptive schemas as created by unmet emotional needs for children. He identified five “domains” or groups of early maladaptive schemas:

- 1) Disconnection/Rejection: *Abandonment/Instability, Mistrust/Abuse, Emotional Deprivation, Defectiveness/Shame, Social Isolation/Alienation*
- 2) Impaired Autonomy and/or Performance: *Dependence/Incompetence, Vulnerability to Harm or Illness, Enmeshment/Undeveloped Self, Failure*
- 3) Impaired Limits: *Entitlement/Grandiosity, Insufficient Self-Control and/or Self-Discipline*
- 4) Other-Directedness: *Subjugation, Self-Sacrifice, Approval-Seeking/Recognition-Seeking*
- 5) Over-vigilance/Inhibition: *Negativity/Pessimism, Emotional Inhibition, Unrelenting Standards/Hyper-criticalness, Punitiveness*

What children usually do to cope with unmet needs extends into adulthood and becomes dysfunctional. People respond to schemas differently, some through trends like aggression, dominance, or exploitation, others become compliant and dependent, and others withdraw from others, slip into addictions, or become compulsive to avoid the problem.

See <http://www.schematherapy.com/> for more information.

Damage to emotional roots can also come from a child’s negative experiences and inability as a child to cope. For some it may be a major loss, such as the death of a loved one, without healthy grieving. Such unresolved grief can have long-lasting effects. Others have “hidden losses”<sup>13</sup>: when major changes occur, we don’t recognize the need to grieve. A child in a new school may feel isolated, but is told to make friends instead of thinking of those left behind. In such situations, emotions are often buried and there is a lack of closure.

Children may experience trauma without adequate processing, resulting in anxiety, suppressing memories, or mentally re-living the trauma in flashbacks or dreams. In ongoing “complex” trauma (such as repetitive child abuse), every area of life is affected and healing is a long-term, often painful process because of the depth of the wounds. Without care, the wound festers and can have detrimental effects on the other roots.

#### Discussion in small groups:

- Where do you find self-worth?
- When you make a mistake or something bad happens, what kind of thoughts go through your head about yourself or the situation? If they are negative, do you see them as broad conclusions or based on fact?
- How is your mood most of the time? What makes you happy? Sad? Angry? Afraid? Other frequent feelings? How easy/difficult is it to express those emotions?
- If you’ve gone through difficult past experiences, were there any times that you didn’t feel you had resolution or healing?

## Lesson 8: Deeply Rooted Pain

*Have someone read the narrative aloud.*

Samuel was the oldest of four children. When he was young, he often heard his father yelling at his mother, and occasionally saw him hit or push her. He tried to obey his father, but whenever he made a mistake, he would be beaten and told what a bad child he was. If he forgot to do a chore, he would be told that he was stupid and disobedient, which was also a sin. At first, he did everything he could to please his father, but even when he did something well, such as get a high mark on an assignment, his father would point out mistakes or just ignore him. As Samuel grew older he learned to avoid his father, especially if he came home drunk, which happened frequently. He became more and more angry at the ways his father never cared for the family, but was too afraid to express it.

As soon as he was old enough, he left the house and found a job in another city. Although he tried to do well at his work, whenever his supervisor pointed out a mistake or gave a suggestion, inside he felt angry at himself, believing that he was stupid and a failure. Occasionally, that anger would come out in an argument or putting someone else down to make himself feel better, but that feeling of superiority didn't last long. Soon, he found the only way to get away from the bitterness and anger inside was by drinking alcohol. Although it felt good for a little while, the next day he would wake up with an even heavier weight of shame... he realized he was starting to act more like his father.

### Discussion in large group:

- What do you notice about his emotional and relational roots?
- How might he perceive God? What do you think his spiritual roots look like? How easy would it be for him to connect with Isa?
- How do you think these roots will affect him? How might they influence his relationships with others? His future family?

### Tangled Roots: Blockages to Connecting with Isa

The negative patterns we see in our roots usually means that God wants to bring healing into our lives! However, sometimes there are barriers that prevent us from connecting well with Isa, even in the initial positive memories or present interaction with Isa.

*Ask for suggestions of things that might get in the way. Add:*

- Bitterness/unforgiveness from past hurts
- Psychological defenses such as burying thoughts, memories, and emotions
- Warped image of God
- Unconfessed sin
- Fear of facing areas of hurt
- Demonic interference
- Occultic practices (curses, Wicca, Ouija boards, etc.)
- Many others

The best way to address these hindrances is to ask Isa to show what they are and what we need to do to get past them. If we're willing to let go of the things we're holding on to (whether or not we realize it), Isa brings healing when removing interference.

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**Cultural Note:** *There is a wide variation in the manifestation of demonic interference. In Western societies, Satan is often subtler and people might feel uncomfortable recognizing the power of demons or witchcraft. In many African societies, the village witch doctor is seen as central to the community, and even professed Christians may go to him when sick. In Islamic belief, there are “jinn,” and they can be benevolent spirits or evil and destructive. If there is manifestation of a demon (the individual is no longer the one speaking), I strongly encourage you to bring in “back up,” other pastors and believers to pray, sing, and declare freedom in Jesus. It may take a significant amount of time to break those barriers, but don’t give up or give in to fear.*

---

### **Capacity: How Deep Can You Dig?**

*Ask about where people find help for the unhealthy roots discussed.* Some issues we can solve by ourselves, or perhaps with the help of a family member, church leader, or counselor. We learn ways to communicate better, become more aware of negative thought patterns, or study the Bible to learn more about accurate ways to perceive God.

At the same, we tend to run away from painful memories that need healing. Progress can be made with a counselor or psychologist. Yet even there, we have a certain level of **“capacity”** to deal with the intensity of pain (including our physical, emotional, and spiritual reactions).<sup>16</sup>

Memories are created within our brains, influenced not just by what occurred, but also by the emotional and physical responses triggered in our bodies. In traumatic situations, our defense mechanisms are triggered by fear and the brain can’t always process those memories in way that allows them to be accessed without feeling like it is happening all over again, including all the emotions. To find healing for those memories, we have to connect with that pain again while our brain processes the memory. The problem is, it can’t be resolved if it is past a person’s *capacity* to stay connected.<sup>17</sup>

The good news is that ISA HAS INFINITE CAPACITY! By staying in His presence, we can press through painful memories we couldn’t handle alone if we remain connected with Him throughout the process. We can always return the original positive memory and connection when feeling overwhelmed or losing that connection with him.<sup>18</sup> It’s also important for the facilitator to be aware of his/her capacity during the session.

Isa also knows when our hearts and minds are *not* ready to address certain memories. Sometimes it’s important to get more experience connecting with Him, learning to trust in and depend on Him, and see Him start to work in our lives. While we (the facilitator or the recipient) might feel the desire to get issues “solved,” we must remember that God is the Gardener: we have to let Him run the session and follow His guidance.

### **Ongoing Distress**

Sometimes it is not only things in the past that inhibit our ability to connect with Isa. Some people find themselves in situations where the threats of danger are real and immediate. Consider the story of Hussein.

*Have a volunteer(s) read the following story aloud:*

---

Hussein loved learning English at the local education center in town. He was learning quicker than his classmates and even as a young adult, he could see that his instructor, Nassor, was really encouraging of his efforts. Nassor invited him one day to a study group outside of the normal class time in an open park. When he first arrived, he was shocked to learn this small group of Muslim men were reading the Bible in English! However, his desire to practice his English overshadowed his reservations. After many weeks of reading together, Hussein found his heart changing and he could no longer deny the truth of what he was reading. His teacher Nassor—a follower of Isa al-Masih—was thrilled to hear that Hussein was also ready to give his life to Isa!

Even though Hussein found deep peace he had never known, he realized that decision would be the start of many challenges in his life—and he was right. When his family found out, they publicly shamed him and locked him out of their house. His fiancée was forced to end their engagement by her parents, and they took her phone so they could have no communication. He found comfort in his new faith and in the small community of believers that was forming around his teacher, but when the death threats and abductions started, he began to panic.

At first, he continued going to his usual places—work, the English center, his usual barber. But after several times of family members or strict men in the community following him on these familiar routes and threatening or beating him, he soon lost contact with everything familiar and had to start over. He wanted to stay close to his original community in case there was opportunity to share the peace and salvation he had found in Isa with his family, but it was difficult to shake the feeling that he was always being watched or followed. He felt fear every time he left his house. Sometimes when a car would stop on the road close to where he was walking, he would feel a sense of panic, find it hard to breathe, and would run away—even as he realized the car stopping wasn't for him, but rather just the usual traffic on the busy streets. He started staying home more and more to avoid triggering these panic attacks, but soon he found even at home he was jumpy and frightened by the smallest sounds.

He started feeling very bad about himself. Shouldn't he be stronger than this? Was he not being grateful enough to Isa for the gift of salvation?

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*Ask:* What do you notice about Hussein's story?

We will learn more in the coming sessions about his response to these difficult events, but what he is experiencing is a normal response to trauma. There are things we can do to help with these responses, but what we will focus on in this session is what to do to support those in a situation where the painful memories are not just a thing of the past. If they are in situations of ongoing threat and violence, there are things we can do to help.

*Write the **bold** points below on the board/paper with the heading **Ongoing Threats**:*

1. **Safety planning:** Feeling helpless in dangerous situations is associated with higher levels of stress, depression, and even suicide. Helping people come up with a plan of simple things they can do in emergency situations can help increase feelings of control and resilience.
  - a. Each safety plan is unique, depending on the situation and person's goals. For example, a wife who gets beat every time her husband comes home drunk may not want to leave but may enact a plan to stay at her sister's house on nights when she realizes her husband is out drinking.

- b. A safety plan doesn't mean an avoidance of danger at all costs. If someone feels convicted to leave an area where they endure threats or violence, that is their call to make! Some may feel convicted to stay as a witness for Isa—but that also must be their decision! If they feel convicted to stay, a safety plan may be a word or emoji they can quickly text to a prearranged person/group so that they can immediately begin praying and calling others to pray.
    - c. It is important to ask the person what might be helpful for them to think of beforehand. It is empowering to make those decisions for your own life, with the support of those around you helping to think through what might be helpful.
2. **Deep Breathing skills:** As we will learn later, after experiencing a distressful event, it is normal later to be jumpy or hear a normal sound (like a car slowing down) and for your mind to think the same painful event is happening all over again. If this is occurring, there are some easy skills that can help anytime someone is feeling overwhelmed.
  - a. *Have participants turn to Appendix E to learn about breathing skills.*
  - b. *Review the handout together as a group.*
  - c. *Take time now to practice one of these breathing skills as a group.*
3. **Grounding skills:** Sometimes our bodies respond with overwhelming fear because we are in immediate danger. If we have those same reactions but can recognize it's not because we are in physical danger—but rather our minds are stuck at an unresolved memory that hasn't been addressed using the Immanuel Approach yet—we can practice Grounding skills to calm our minds and pull us out of the memories that we can get stuck in.
  - a. *Have participants turn to Appendix F to learn about grounding skills.*
  - b. *Review the handout as a group.*
  - c. *Take time now to practice one of these skills.*

## Lesson 9: Immanuel Intervention

What we've practiced so far, using a positive memory to help us remember, appreciate, and experience Isa's presence, is not only a beautiful way to draw near to the Lord, it acts as a safe place to return to when distressed.

When using the Immanuel Approach to seek healing for both recent events and deeply rooted wounds, we follow the same pattern of connecting with Isa but take it a step further. We invite Isa into the painful memory and allow Him to bring healing. If at any point we lose that connection, when we feel we've reached our capacity, we can always go back to the original memory of being with Isa.

**Review the steps talked about the day before and add steps:** (Reference the steps in the beginning of the manual and provide handouts or page numbers.)

1. Think of a positive memory of experience with the Lord
2. Focus on appreciating His presence and the way He showed care in that memory
3. Invite Him to be with you, to help perceive His presence—describe what you see
4. Open your heart to Him, describe thoughts/emotions
5. Think back to the painful memory, allowing yourself to be there again.
6. Invite Isa into that memory. If aware of His presence, interact with Him, asking what He wants you to know, responding to what you see/hear/feel, asking for help as you need it.  
\*If you cannot connect with Isa in that memory, if you lose that connection, or if it's close to time to end, always go back to the safety net, connecting with Isa as done at the beginning
7. End the exercise by expressing appreciation to Isa and responding to whatever He did.

**Provide an example:**

**Invite someone to be a recipient as one of the leaders is the facilitator.** You may remind them that everyone will have an opportunity at some point to be a recipient. It can be helpful to approach someone ahead of time and ask if they would be willing to volunteer. This session is NOT for an in-depth major trauma; a minor issue or incident is ideal.

**After session, ask the recipient what the experience was like. Then ask the rest of the group for any observations or questions.**

**Review some key points about the intervention session.**

The role of the facilitator is to guide the participant through these steps, prompting that he/she look for Isa and ask Isa about anything that comes up. Allow Him to be in control.

Encourage the recipient to describe *everything* she/he experiences along the way (ask about each of the senses), even if it might not seem relevant. Stay attune to the words and body language of the recipient and use active listening to show you are supporting him/her.

The facilitator should also be aware of his/her own connection to Jesus, seeking His guidance throughout the session.

## **Practice Facilitating**

*Break into groups of three, again deciding on roles within groups. Instruct them to go through the process, followed by feedback within the small group.*

- Discuss how it felt in each role.
  - Recipient: How was this significant for you? What did the facilitator do that was helpful? What can the facilitator do next time that might be more helpful?
  - Facilitator: What came naturally? What was more challenging? Are there any areas that you would like feedback?
  - Observer: What did you notice about the interactions that took place? Any other comments?

*With the large group ask if anyone is willing to briefly describe their experience (in whatever role they played). Provide time for questions/discussions, but respect ending time for the day.*

### **Instructions for Preparation for Tomorrow**

Take some time alone to reflect on what you've been learning about yourself from both Immanuel sessions and discussing roots.

If you've had a significant connection with Isa thus far, write down what you experienced. Include the details of being with Him: what you saw, heard, felt, and any other impressions or words that came to mind. What emotions were present before, during, and after?

Draw or write about you what your roots look like. Consider:

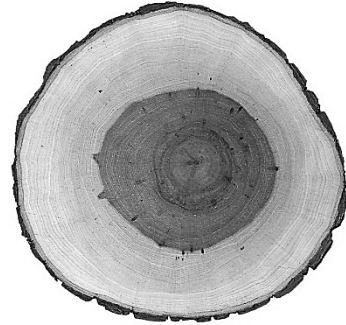
- 1) Strong points in spiritual, emotional, and relational roots
- 2) Areas where you would like to see growth
- 3) Areas where you feel you might need healing

# Healing from Trauma

## Lesson 10: A Tree's History

### The Rings

*Ask if anyone knows what the rings of the tree are.* The tree's trunk stores its history. Trees not only grow taller, they grow outward. Each inner circle records a year of the tree's life. Evidence of harsh weather, droughts, and times of flourishing all lie embedded in the tree's wood. The central rings cannot be seen from the outside. Only those present at the time those rings were formed would know what the tree looked like then and what circumstances were impacting growth.



We only see the outer layer of the tree, the bark, which works to protect the wood. Often we make assumptions about others just based on the outside, without knowing their stories. We also try to protect ourselves by making sure we look good on the outside.

*Note that we don't realize how many assumptions and generalizations we make. You may give personal examples of times people made inaccurate assumptions about you.*

Have you been surprised when you get to know someone and find that they were not what you expected?

### **Discussion in small groups:**

- How do you want others to perceive you?
- What do you do to highlight the "good" features on the outside?
- How do you perceive others? Do you think it is accurate, or do you find yourself making assumptions and conclusions without hearing their stories?
- How might religion in general, and Islam in particular, influence our efforts to try to look good on the outside?

*Ask what vulnerability is and how people feel about being vulnerable.* We want respect from others and often try to hide our weaknesses. Yet the Bible reminds us of the importance of being vulnerable in the Body of Christ so that we can help one another and bear one another's burdens.

Immanuel sessions are times of sharing what lies beneath the bark. That makes it very important for both parties to feel safe, knowing that letting down the protection won't lead to judgment, condemnation, or gossip.

*Remind them of the important of maintaining confidentiality and letting the recipient know that it is a safe place and that there is disclosure only when someone is in danger (harm to self or others).*

### The Knots: Memories of Growth or Pain

*Ask if anyone knows where the knots in wood come from. (If there is any wood in the room where they are apparent, point them out.)*

Knots come from branches breaking off, especially when the tree was young. When integrated into the living wood as the tree grows outward they are called tight knots. In contrast, "loose knots" form around injured or dead branches, leaving decayed material or a hole inside.

Just as wood carries the history of times when pieces were broken off, our memories record the difficult experiences we all have had. How well we process them can lead to healing and learning or to damage.

“Tight knots” are difficulties, mistakes, or disappointments that were well-processed at the time, becoming an opportunity for learning and growth. *Ask for suggested examples* (e.g. early conflict well resolved; disappointments leading to finding new options). The memory has not disappeared, but was processed in a healthy way.

*Have volunteer(s) read the following story.*

---

Christine and Amina grew up in the same household and loved being sisters from an early age. One year, when Christine was 11 and Amina was 10, they had an uncle who came to live with them for 3 months. Sometimes he would take the girls to be alone with him. While they were with him, he would force them to have sex with him and then tell them not to tell their parents because their parents would be angry with them. They later learned what happened to them was called rape.

They felt shame about keeping a secret from their parents. Amina was afraid to talk to her parents about it, but she found she could open up to her teacher at school. Christine didn’t feel comfortable with this and pleaded with Amina to stop talking about it. Christine didn’t want to think about it. She didn’t want to talk about it. She preferred to pretend like it didn’t happen.

As the months continued into years, Amina continued to find people to be able to share her experiences with. She even found some women in the local church who listened to her heartbreaking story and shared the sadness with her over her losses. It was hard to talk about, but Amina actually felt relieved after sharing what she was feeling. As these women prayed with her, she felt comforted and decided she wanted to share this with her sister.

Christine, however, grew increasingly frustrated every time Amina would bring up the past. “Don’t you know we shouldn’t look backward—only forward! Let the past stay in the past, Amina!” Christine grew increasingly withdrawn and angry over the years.

---

*Ask:* What did you notice about the different ways Amina and Christine reacted to the difficult challenges they faced?

In the story, who had tight knots?

- Amina—she found people to talk to and attempted to process her pain.
- The memory does not disappear, but was processed in a healthy way.

“Loose knots” can be symbolic of traumatic events or unresolved grief, experiences that had a lasting negative impact. They may have been contained by coping mechanisms, which allowed the individual to keep functioning, but were not resolved.

*Ask:* Who in the story had loose knots? What was the effect of avoiding/not processing these events?

- Christine—she didn’t want to talk about what happened and preferred to pretend like it didn’t matter.
- Keeping these emotions inside just caused her more pain emotionally and negatively impacted her relationships.

People may be able to contain the hurt caused by these events, but they were never resolved.

**Discussion for small groups:**

- Think of examples of loose and tight “knots” you’ve seen in your life or that of others.
- Have you seen tight knots—events difficult at the time—that influenced you in a positive way?
- When looking at events that were not resolved, how did you avoid or cope with the memory? What outcomes do you see?

Often in Immanuel prayer we hit these knots. Although originally avoided or seen as blemishes, when confronted and processed even the loose knots can be accepted as part of what makes the tree and its history unique. Isa brings healing and turns the decay into part of the living wood.

## Lesson 11: Damage and Decay: Forms of Trauma and Loss

*Ask if anyone has ever seen a tree that is a very strange shape. Why might they be that shape?*

Early events influence the shape and direction of the growing tree. The young tree had no control over external circumstances. Some had a healthy amount of sun and rain; others endured droughts in the lack of loving care, knots left by difficult experiences, damage from storms of trauma, or the invasion of disease of complex trauma. These can also occur in adulthood.

### **Broken Branches: Grief and Loss**

In a broken world everyone experiences loss. Loss can come with a traumatic experience: if a town has been attacked, people lose family, friends, houses, possessions, and more subtle losses such as security, roles in work, regular patterns of life, and a sense of belonging in one's community.

*In small groups, discuss the following questions:*

1. What kinds of losses have you experienced?
2. What were helpful ways that you mourned the loss? What were unhelpful ways you wish you would have been able to do to mourn these losses?
3. Do you recall helpful things said or done to support you during the loss? What was most meaningful?
4. Was there anything said or done that was not helpful?

*Ask what is normally accepted for someone who is grieving in their culture. Discuss how freely emotions can be expressed and what are expected limitations.*

There is no one "right way" to grieve and each culture has distinctions that help people know expectations for expressing grief. Even within culture, there are individual differences in how people express their pain. Grieving is a helpful way to heal from the pain of loss and it can take a long time. But if one's culture doesn't allow for expressions of grief, the pain of ignoring that loss can have long-lasting negative impact.

Grieving is a helpful way to heal from pain and can take a long time. But if there is no room for grieving, the buried hurt can have a long-lasting negative impact.

Often when we try to be comforting to those who are hurting, we say words that are unhelpful.

*Ask someone to read out loud examples of words not to say to a grieving or traumatized person:*

- I know how you feel
- It was probably for the best
- He is better off now
- It was her time to go
- At least he went quickly
- You should work towards getting over this
- You are strong enough to deal with this
- You should be glad he passed quickly
- That which doesn't kill us makes us stronger
- You'll feel better soon
- It's good that you are alive
- It's good that no one else died
- It could be worse, you still have a brother/sister/mother
- Everything happens for the best according to God's plan
- We are not given more than we can bear
- *(To a child)* You are the man/woman of the house now

**Discuss which of those they had heard or said.**

- Why do you think we have a tendency to use the “unhelpful” words?
- How do you think individuals who have been through trauma or grief feel when they hear these words?

**Ask for ideas of other ways to support someone who is grieving. Discuss which of the ones on the list would fit with their culture<sup>19</sup>:**

- Acknowledge the situation.
  - Example: "I heard that your \_\_\_\_\_ died." Using a clear word like "died" shows that you are more open to talk about how the person really feels.
- Express your concern. *"I'm sorry to hear that this happened to you."*
- Be genuine in your communication and don't hide your feelings. *"I'm not sure what to say, but I want you to know I care."*
- Provide practical support. *"I'm going to the market. What can I bring you from there?"*
  - Often it is best to act on needs without waiting for the person to ask you; this reduces feelings of guilt or feeling like a burden.
- Ask how she or he feels.
  - The emotions of grief can change rapidly, so don't assume you know how the bereaved person feels on any given day.
- Accept and acknowledge all feelings, even if they seem irrational. *"It's normal to feel all these feelings."* *"It's okay to cry or feel angry."*
- Be willing to sit in silence.
  - What is comforting is your presence, including at times when he or she doesn't feel like talking.
- Let the bereaved or traumatized person describe what happened multiple times.
  - Telling the story is a way of processing what occurred. Creating a safe place to tell the story helps the healing process.
- Offer comfort and reassurance without minimizing the loss.
  - If you have a similar loss, you may share some of your experience, but remember that everyone has unique feelings. Instead of "I know how your feel," a sentence like, "I know this can feel very painful" shows that you can relate.

**Broken Branches: Traumatic Events**


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**Audience Note:** *There may be a widespread of previous training on grief and trauma. Check ahead of time to see what has been covered. Repetition reinforces memories, so it is still good to cover the material, but emphasize this as a chance to practice explaining it, to share feedback of what has been useful so far, and to connect it to the tree model to make it easier to understand and remember. Instead of focusing on the specific symptoms of diagnosis, help them understand where they come from and why the Immanuel Approach helps heal them.*

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When a tree is hit hard by a storm, an earthquake, or even someone intending to harm it, significant pieces can be broken off, leaving it damaged and exposed. In the same way, when we encounter a frightening and painful event, there can be immediate and longer-term results.



*Ask participants if they have heard of “trauma” and what they think it means.* [This is especially important if it is translated, as some languages don’t have the direct translation.]

The term trauma is defined as witnessing an actual occurrence or threat of death, serious injury, or sexual violence. It can be experienced directly, but it can also occur when seeing it happen to someone else, hearing about it happening to a close family member or friend, or being exposed to frequent description of details (such as those helping traumatized individuals).<sup>20</sup>

In regions where there is much violence, trauma is very common. Early reactions include:

<b>Domain</b>	<b>Negative Responses</b>	<b>Positive Responses</b>
Cognitive	Confusion, disorientation, worry, intrusive thoughts and images, self-blame	Determination and resolve, sharper perception, courage, optimism, faith
Emotional	Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt and shame	Feeling involved, challenged, mobilized
Social	Extreme withdrawal, interpersonal conflict	Social connectedness, altruistic helping behaviors
Physiological	Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerated startle response, difficulties sleeping	Alertness, readiness to respond, increased energy

(See appendix for more from *Psychological First Aid Field Operations Guide*).

**One of the most important influences on how well people recover is what happens during the first 24 to 48 hours.**

Helping survivors feel supported, accepted, safe, and loved will shape the memories being formed. ***Emphasize addressing the physical needs first, noting that not everyone will be ready to talk about what happening.***

Once their basic physical needs are met, a listener can create a safe place where they can talk about what happened. The role of the listener is to ask questions that help the individual process the events and the emotions—letting the person know that these feelings are normal. It is **not** to provide “answers” or promises that can’t be kept.

***Make sure to emphasize good listening skills here and in activities and discussions.***

Some people are able to recover quickly, especially if they have strong relational, emotional, and spiritual roots: good relationships with supportive people, healthy ways to experience and process emotions, and ability to turn to God for help, even though questions and doubts are present.

***Ask for ideas of what would be good and bad reactions for those who experience trauma.*** Here are some good and bad ways to respond:

#### **Helpful Ways to Respond to Trauma<sup>21</sup>**

- Talking to another person for support or spending time with others
- Focusing on something practical that you can do right now to manage the situation better
- Engaging in positive distracting activities (sports, hobbies, reading)

- Using relaxation methods (breathing exercises, meditation, calming self-talk, soothing music)
- Getting adequate rest and eating healthy meals
- Participating in a support group
- Trying to maintain a normal schedule
- Exercising in moderation
- Scheduling pleasant activities
- Keeping a journal
- Taking breaks
- Seeking counseling
- Reminiscing about a loved one who has died

### Unhelpful Ways to Respond to Trauma

- Using alcohol or drugs to cope
- Working too much
- Extreme avoidance of thinking or talking about the event or a death of a loved one
- Extreme withdrawal from family or friends
- Violence or conflict
- Not taking care of yourself

### Group Discussion:

- What are ways to show support to someone who has recently experienced trauma?
- How can we encourage the helpful ways of responding to trauma?

### Long-Term Damage

*Ask how physical and emotional damage and recovery compare.* The “*Healing the Wounds of Trauma*”<sup>22</sup> training gives a good picture and discussion for comparing the “physical” and the “heart wound.”

Many recover emotionally from traumatic situations, just like people recovering from physical damage. Other people are unable to process their negative memories, so they continue to have negative symptoms or they suppress the memories until they can’t be buried any longer.

Physical Wound	Heart Wound
It is visible.	It is invisible, but shows up in the person’s behavior.
It is painful, and must be treated with care.	It is painful, and must be treated with care.
If ignored, it is likely to get worse.	If ignored, it is likely to get worse.
It must be cleaned to remove any foreign objects or dirt.	The pain has to come out. If there is any sin, it must be confessed.
If a wound heals on the surface with infection still inside, it will cause the person to become very sick.	If people pretend their emotional wounds are healed when really they are not, it will cause the person greater problems.
Only God can bring healing, but he often uses people and medicine to do so.	Only God can bring healing, but he often uses people and an understanding of how our emotions heal to do so.
If not treated, it attracts flies.	If not treated, it attracts bad things.
It takes time to heal.	It takes time to heal.
A healed wound may leave a scar.	A healed heart wound also may leave a scar. People can be healed, but they will not be exactly the same as before the wound.

From “*Healing the Wounds of Trauma.*”

### Understanding PTSD

When the brain is unable to process a traumatic memory, it reacts to triggers as if the event was happening again. It puts the body into “flight, fight, or freeze” mode, causing the release of chemicals like cortisol that affect the whole body. The high level of stress influences the brain’s structure, shaping how it deals with emotions, especially fear, and processes new memories. As a result, “post-traumatic stress disorder” develops, which includes:

- Re-experiencing the trauma:
  - Intrusive thoughts
  - Nightmares
  - Flashbacks
  - Emotional or physical distress after being exposed to something related to the trauma
- Avoiding trauma-related stimuli:
  - Thoughts or feelings related to trauma
  - Physical reminders of trauma
- Worsened negative thoughts or feelings:
  - Inability to recall key features of the trauma
  - Overly negative thoughts and assumptions about oneself or the world
  - Exaggerated blame of self or others for causing the trauma
  - Negative mood/feelings
  - Decreased interest in activities
  - Feeling isolated
  - Difficulty experiencing positive mood/feelings
- Worsened arousal and reactivity:
  - Irritability or aggression
  - Risky or destructive behavior
  - Hypervigilance
  - Heightened startle reaction
  - Difficulty concentrating
  - Difficulty sleeping

People are more likely to develop PTSD if the trauma lasts longer or is more severe, if they are lacking in social support, and if they have already had disorders like depression and anxiety. Women are at higher risk than men and there are some genetic and personality components to risk. People with PTSD often struggle with alcoholism, physical illnesses, and suicidal behavior.

When there has not been healing from traumatic memories, people develop Post-Traumatic Stress Disorder (PTSD). It is often helpful for people to know that they are not alone, but not everyone likes to be “labeled” so using the term PTSD is not always best. It is helpful to understand where some behavior comes from.

***Explain key components of PTSD, emphasizing that their job is not to diagnose; it is simply to be considerate and understanding, not criticizing or condemning.***

**People with PTSD often feel like it is happening again, either in nightmares or while they are awake. They try to avoid reminders of the experience, including what looks, sounds, or smells similar or makes them think about it. Some feel sad, lonely, or unable to enjoy themselves. Others think badly about themselves and/or others. People with unhealed memories may have trouble concentrating, sleeping, or relaxing, always on guard or easily startled. For some, it can come out in anger, or doing things that are dangerous or damaging.**

It is important to first help a person with PTSD understand that many other people have experienced these reactions to trauma. Our bodies have a natural, God-given tendency to protect ourselves from danger. As long as the brain has not found closure to the traumatic incident, it believes danger is still imminent and remains in the defensive mode. The Immanuel Approach can be very effective when addressing the memory that causes the ongoing symptoms. Inviting Isa into that event changes how the brain perceives the memory, and replaces fear with peace. The memory should not be erased, but is transformed into a memory of encountering Jesus.

Children can also develop PTSD, although symptoms might look different, including acting like a younger child (including loss of control in areas like bed wetting), playing out violence with toys, nightmares, and physical complaints. When trauma is the cause of poor behavior, it is important that the child feels safe and loved, not condemned or punished. A simple form of the Immanuel Intervention can be used: children can be very good at connecting with Jesus! If there is no improvement, finding professional help may be the best option to determine the cause of the problems.

**Activity:**

- Get in pairs and discuss when you've noticed any of these symptoms in reaction to trauma (even if not to the point of developing PTSD). These may be in your own lives or the lives of others.
- Practice explaining the symptoms of PTSD in a way that fits with the local culture and background. Include examples of traumatic experiences and possible reactions.
- Briefly explain how it could be addressed with the Immanuel Intervention.
- Give each other feedback.

**An Injured Sapling**

*Ask someone to read the story out loud.*

Amadia lived in a small village with her parents and her four younger brothers and sisters. While she always had many chores and little chance to go to school, she was happy to be close to her family. One day when she was 12 years old, a group of angry men came to the village, setting fire to the houses, killing some of the men, and forcing her on a truck with other children. She was very afraid and felt helpless. They took them to a camp, where they were forced to work as slaves and beaten if they questioned anyone. Amadia was given as a wife to one of the men, who forced her to have sex with him every night, threatening and hurting her if she resisted. Whenever he came toward her or shouted, she was overwhelmed by fear. The only way to cope the rest of the day was trying to pretend that none of it was really true. She felt completely helpless: he was much bigger and stronger than she was and there was no one else to defend her.

Two months later, soldiers came and rescued her. Amadia was reunited with her mother and siblings and was relieved to be free. She refused to talk about what happened, still trying to pretend none of it was true to avoid the terror she felt. But every night she had nightmares, and would wake up screaming. During the day, if she ever heard a man shout she would curl up in a corner crying, the same fear returning as if it was happening all over again. Sometimes a smell or sight would also trigger the reaction, and she did everything she could to avoid such things.

**Large Group Discussion:**

- Is Amadia's reaction normal?
- What might be some long-term effects if she did not receive any help?
- What do you think the family or community could do to help her?

## **Lesson 12: Immanuel Intervention: Trauma**

Many times, Immanuel sessions have helped those who experienced significant traumas to find healing from the hurt and fear. It has even been helping for believers from a Muslim background who have lost their family, community, and safety. Believers who have been persecuted because of their faith in Isa have been in dangerous situations where their lives were at risk and left to deal with the traumatic memories after. The Immanuel Approach has been effective with helping with these memories also. While it sometimes takes multiple sessions to address deeply rooted issues such as abuse, as survivors encounter Isa in those painful memories. He can bring restoration in places of brokenness.

It is important to first make sure someone is in a stable place before doing this or any kind of intervention. If someone has just been displaced, it is important to first address basic needs such as food and water, a place to stay, time to rest, and connecting with missing family members, showing Isa's love through serving. Never pressure someone to have a prayer time with you; offer it as a caring invitation when they are ready.

When someone is ready to pray with you, it is very important to establish the safe place, connecting with Isa through positive memories and experiencing His presence. Later on, when addressing the trauma, it is possible for that person to feel like it is happening all over again, which can be frightening. Without having a safe place, it is possible for a person to be re-traumatized! If the recipient is not stable enough to establish that relational loop, don't jump into the traumatic memory.

It is also important for the facilitators (or anyone else present) to be aware of his or her own reactions to hearing about the trauma. If it is similar to their own unresolved traumatic memories, it is possible to trigger those memories. There are times when it is best for the recipient not to describe all the details of such a memory out loud. Be honest with each other about your own concerns or limitations.

### **Practice Facilitating**

- Take turns facilitating each other through the steps, now including a traumatic memory.
- Discuss how it felt in each role.
  - Recipient: How was this significant for you? What did the facilitator do that was helpful? What can the facilitator do next time that might be more helpful?
  - Facilitator: What came naturally? What was more challenging? Are there any areas that you would like feedback?
  - Observer: What did you notice about the interactions that took place? Any other comments?

### **Formulate and Share the Immanuel Story**

It is very valuable to tell others about the way God is bringing healing and growth into your life, both as a testimony to His glory, and as a way to solidify in your own mind and heart the memory of what happened. Telling your story helps you make it part of everyday life.<sup>23</sup> Karl Lehman outlines the basic steps:

- Describe what it was like before receiving Isa's presence in a painful memory
- Describe perceiving His presence in the place of pain
- Describe how things are different since then

It is important to think about where you are putting the focus of the story. We tend to put a lot of time into describing the problem, rather than looking at the change process and the results.<sup>24</sup> When you practice, watch how much emphasis you place on each section. It is also valuable to be able to offer a very condensed version of the narrative so that you can share even in a limited time frame. In the future, when you are explaining the Immanuel Approach to others, it is also helpful to tell your own story.

**Practice:**

- Have each person tell their story in five minutes or less.
- Give feedback on what was significant and how it felt to hear the story.

*My Immanuel Story*

What it was like before:

What is was it like to experience His Presence:

What is different now?

**Reflections on Today:**

Draw your own rings as a timeline of your life. When were there times of growth? Droughts and storms?

Consider your knots. Which ones are tight and which ones are loose?

## Lesson 13: The Disease

*Ask if they have ever seen a tree fallen over despite looking normal on the outside. What might have been the cause?*

Despite a tree's natural self-protective walls that usually form around a damaged area of the trunk, there are diseases that infiltrate it to the core and eat it away from the inside. It is far more dangerous than individual knots, with damage extending into the roots.

### **Complex Trauma: Abuse**

The disease can represent compounded or “complex trauma” experienced in abusive relationships, particularly damaging for children. Unfortunately, it is the trusted leaders in the home or the church who can misuse authority and respect to manipulate and hurt people.

*Describe five types of abuse.<sup>25</sup> You may ask for suggestions or what each one entails, then fill in the gaps.*

- **Sexual:** Inappropriate touching, intercourse, and exposure to sexual actions or images. It compromises a beautiful form of intimacy, and survivors often struggle with shame, acceptance of their own body, and mistrust.
- **Physical:** Injury that was not accidental, as well as threats and other forms of destruction. It leads to patterns of fear and feeling helpless.
- **Neglect:** When a child is not cared for, including practical needs (food, clothing, protection, etc.) and emotional needs. Children depend on their parents and can be deeply hurt when feeling no love from them.
- **Verbal/Emotional:** Words are very powerful and can be used to make someone feel worthless, helpless, and hopeless, especially when said by a parent or someone a child views as being in authority. Although not as visible on the outside, the long-term effects can be just as damaging (sometime more) than physical hurt.
- **Spiritual:** When those in leadership or authority misuse Bible verses to manipulate others, contributing to unhealthy power over them and causing distorted views of God and the Bible. It usually employs verbal abuse.

Ongoing abuse is inflicted most often by someone close to the child, causing not only fear of the abuse, but confusion regarding the role of the individual that is supposed to be a source of care and security. Children are often too afraid to speak up, and if they do tell of what happened, other adults won't believe them. They may be disregarded or even threatened to avoid bringing shame to a family or a community, especially when a leader or someone well-respected is involved. At other times, the blame is placed on the abused, who begins to believe that they are indeed in the wrong, bringing more guilt and shame.

The effects go all the way to the roots and unhealthy patterns of attachment are created. The child does not learn how to set healthy boundaries or have a model for genuine love. Indeed, if not addressed similar patterns of abuse may occur in the next generation, when the victim becomes the perpetrator, just as a disease or fungus tends to spread if not halted.

### **Large Group Discussion:**

- Look back at the story of Samuel. What forms of abuse do you see there?
- Does your community work to prevent or recognize abuse? If so, how?
- How does your community respond to abuse? Do they take accusations against leaders seriously? Do they work to prevent the individual from being back in a position of authority?
- What could be done to stop abusive patterns?

***Emphasize that those in abusive situations usually need help to get out and find an alternative safe place to go.***

There are some situations toxic enough that a tree needs to be transplanted in order to survive. The destructive pattern of abuse is an example of a situation where intervention from the community is needed to stop the ugly “fungus,” to reach out and stand up for the powerless. The manipulation is used through creating a financially/emotionally/physically dependent relationship or using fear.

To help someone break free, we must reach out to them in a loving, non-judgmental way. As the Body of Christ, we have no excuse for failing to show love to those in deepest need. Isa told his disciples that what they did for those hungry, thirsty, sick, needing shelter, or in prison was done for him. Likewise, failing to look after such people was the same as neglecting Him (Matthew 25:31-46). If we are to love Christ, we need to be ready to help those most desperately in need of care, including the victims and survivors of abuse.

#### Understanding Complex Trauma

Children growing up in abusive homes develop ways to cope that help them survive. However, these coping mechanisms are not always functional in adulthood. They can lead to:

- Relational problems from attachment patterns
- Detrimental, dysfunctional schemas
  - Shame, guilt, low self-esteem, poor self-image
  - Feeling powerless, damaged, and unable to plan for the future with hope and purpose
- Physical problems
  - Constant stress inhibits development of the immune system, brain, and nervous system, leading to chronic health problems.
  - They may over- or under-respond to stimuli, becoming hypersensitive or numb to pain and other physical warnings.
- Emotional struggles
  - It can be difficult to identify, express, and manage emotions, making them unpredictable or explosive.
  - Triggers of memories can cause strong reactions.
  - Some tune-out and are more vulnerable to threats.
- Dissociation
  - Children may learn to detach themselves to deal with overwhelming experiences.
  - There may be gaps in memories, fracturing the sense of time and continuity.
  - In severe cases, it may become Dissociative Identity Disorder, with different “alters” functioning at different times.
- Cognitive difficulties
  - When growing up in a state of constant threat, children may have trouble reasoning, problem solving, planning, and considering options.
  - Some show deficits in language development and abstract reasoning skills.
- There is an increased risk for addictions, chronic illnesses, self-harm, and suicide.

Adults can also develop complex trauma when constantly in a place of threat and danger such as domestic violence, slavery, and war zones for an extended time. It can reshape their personality, relationships, emotional regulation, memory, view of self and the perpetrator, and other long-term effects. These deep wounds require deep healing, which may take time and patience, with multiple sessions.

# Finding Growth in Jesus

The following lessons may be presented at a different time if there is not sufficient time in the training (e.g. only 5 days instead of six). Make sure to include Lesson 16, “The Fruit of Forgiveness,” in the general training, even if there is not enough time for the other *Growth* lessons.

## Lesson 14: Branches and Fruit: Interacting with Others

*Ask what role the branches play in the life of a tree. Note that the branches reach out to others.*

**What do you think that reaching out might look like?**

*Make sure they include the fruit, which can be tasty or rotten. Also note that branches look different in different seasons (sometimes with leaves, flowers, or fruit, and sometimes barren). If a branch is diseased or trying to carry too much, it can weigh down the tree and cause more damage.*

**Let’s take time to examine the ways the Gardener cares for the branches, and the good or bad fruit that appears.**

*Have someone read John 15:1-2, 4 out loud.*

**Discussion (3-5 people per group):**

- What do you think it means to bear fruit? What fruit would you consider most valuable?
- How do we remain in Jesus?
- What do you think it means to be pruned? Are there any areas of your life that might need pruning?

*When bringing it back to the large group, emphasize that bearing fruit comes from Jesus, the vine.*

### **Bearing Fruit**

**Read aloud:**

*“By their fruit you will recognize them. Do people pick grapes from thorn bushes, or figs from thistles? Likewise, every good tree bears good fruit, but a bad tree bears bad fruit. A good tree cannot bear bad fruit and a bad tree cannot bear good fruit. Every tree that does not bear good fruit is cut down and thrown into the fire. Thus, by their fruit you will recognize them” (Matthew 7:16-20, NIV).*

**Ask: Have you taken a piece of fruit that looked really good, you were looking forward to it, but when you took a bite it was sour or had gone bad inside?**

**Note that fruit can look good, but might be “fake” or rotten. The quality of the fruit comes from the health of the rest of the tree. Address the question of faith vs. works.**

Many religions place emphasis on producing “good fruit.” Churches often gives the same message, emphasizing “works” as a ticket to heaven. Effort goes into looking productive or righteous, instead of prioritizing the health of the tree, relying on the water (being filled by the Holy Spirit) and light (connecting with Isa). But there can be a problem on the other side if we fall into complacency, not bearing any fruit.

**Ask the large group:** How might having a background of Islam affect the way you view the production and role of fruit in the believer's life?

The Bible talks about “works” and “faith.” Paul and James both reference the Old Testament example of Abraham: “Abraham believed the LORD, and it was credited to him as righteousness” (Genesis 15:6, Romans 4:3, James 2:23, NIV).

Paul wrote, “to the one who does not work but trusts God who justifies the ungodly, their faith is credited as righteousness” (Romans 4:5, NIV), using Abraham as an example of faith.

In contrast, James wrote “In the same way, faith by itself, if it is not accompanied by action, is dead... You see that a person is considered righteous by what they do and not by faith alone” (James 2:17, 24, NIV).

**Ask: Do you see the local body of believers you engage with emphasizing faith or works more?**

Instead of seeing these verses as a contradiction, we get a more accurate view of how faith and works are related. “Works,” or the fruit, are the outcome, reflecting “faith,” or our relationship with Jesus, the source.

Isa stated, “*No branch can bear fruit by itself; it must remain in the vine.*”

Fruit doesn't earn salvation; it is the result of sanctification. Therefore, fruit is still a valuable representation of the nature of the tree, a reflection of a vibrant relationship with God, just as Abraham had. The danger comes when we judge works (or fruit) by earthly standards, instead of leaving judgment to God, who sees the heart.

#### **Discussion:**

- What kind of fruit does God cultivate?
- Do you feel the need to earn Christ's love through “works”? On the other end, do you find yourself passively acknowledging His love without reciprocating?
- How do we balance faith and works when we assess others? When we assess ourselves?
- What happens to a branch on a tree that tries to bear more fruit than it can hold?
- How do we determine a healthy amount of fruit?

## Lesson 15: The Fruit of Love

*Ask if anyone can remember some of the “fruit of the Spirit” (from Galatians 5:22-23 and Ephesians 5:8). Why did Paul choose those specific traits to include as fruits?*

When Isa talked about remaining in the vine bearing fruit in John 15, He elaborated on love: God’s love for Jesus, Jesus’ love for us, and our calling to remain in His love and to love others. Over and over He emphasized the importance and depth of that love, and finally stated *“You did not choose me, but I chose you to go and bear fruit, fruit that will last. Then the Father will give you whatever you ask in my name. This is my command: Love each other.”*

**Lasting “fruit” is in relationships and is based on LOVE.**

Love comes directly from God and we are called to reciprocate and pass it on to others. The fundamental commands given by Isa are to love God and love others. In essence, the love of God is the central theme of the entire Bible: His love as a Creator, a Protector, a Savior, a Redeemer, and so much more. The Bible states that God **is** love, (not just that He has love), and being in Him means being in His love.

One of life’s biggest adventures is encountering more and more of God’s love as our relationship with Him grows deeper. As exciting as those encounters are, they are but a glimpse of what we will experience for eternity.

### Discussion:

- What does God’s love look like in your life?
- How does this view of God *being* love differ from the concepts of God you may have been raised with?
- Are you willing to invest in your relationship with Isa, so that what you do comes directly from the overflow of his love?
- How should we show love to others?

In 1 Corinthians, Paul devoted an entire chapter to what love looks like in our lives. When comparing the traits of love to the remaining fruits of the Spirit listed in Galatians 5:22-23 and fruits of the light Ephesians 5:9, we discover that they corresponded directly.

<b>Fruit of the Spirit</b> (Galatians 5:22-23, Ephesians 5:9)	<b>Love</b> (1 Corinthians 13)
<b>Joy</b>	Rejoices with the truth
<b>Peace</b>	Always trusts; always hopes
<b>Patience</b>	Is patient
<b>Kindness</b>	Is kind
<b>Goodness</b>	Does not delight in evil; keeps no record of wrongs
<b>Faithfulness</b>	Always protects; always perseveres
<b>Gentleness</b>	Is not proud; is not rude
<b>Self-control</b>	Is not easily angered
<b>Righteousness</b>	Does not boast; is not self-seeking
<b>Truth</b>	Rejoices with the truth

The outcome of love can directly contribute to the growth of loving, two-way relationships (relational fruit). At other times, we do not see any direct responses to our efforts. The fruit offered appears to fall to the ground, rejected, yet the seeds stored in the fruit may still have a long-term aftermath (gestational fruit).

### **Relational Fruit**

*Ask what value is found in fruit. Include taste, energy, and nutrition. These are like the value in our love for others through encouragement, accountability, and empathy.*

With encouraging love, there is variation between people in “natural” or most preferred ways of giving or receiving that love. Gary Chapman<sup>26</sup> describes five “**love languages**”: 1) Encouraging words, 2) Acts of service, 3) Gifts, 4) Touch, and 5) Quality time together. (See “Understanding Love Languages.”)

**Understanding Love Languages**

People express love differently, influenced by culture, family experience, and individual personality. Likewise, what makes us feel loved differs from one person to the next. Gary Chapman identified five common expressions of love, or “love languages”:

- Encouraging words
  - Spoken praise and affirmation is uplifting
  - Insults are crushing
- Acts of service
  - Practical tasks that ease responsibilities speak volumes
  - Laziness or making more work suggests one don’t matter
- Gifts
  - Seeing love and effort behind the gift makes one feel valued
  - A missed occasion or thoughtless gift can be seen as lack of consideration
- Touch
  - Hugs, holding hands, touches on the arm all show care, concern, excitement, and love
  - Neglect or abuse are destructive
- Quality time together
  - Full, undivided attention makes one feel special
  - Distractions, failure to listen, and postponed dates can feel hurtful

Chapman describes us each having an “emotional love tank.” Like a fuel tank for a car, when we feel “full” the world looks positive and it is easier to show love to others. But when we haven’t been receiving love, we feel discouraged and don’t have as much to give. In a healthy relationship, two people can learn to show love in a way that replenishes the other. This takes more intentionality when each has a different love language. Learning a new language is necessary for good communication. Both parties must learn the other person’s heart in order to express love in the way best received, and to receive love in the way intended. As a result, both can feel full and ready to give.

***Ask, “What does love look like when the one we love is going down the wrong path?”***

Loving confrontation and accountability are like Vitamin C in citrus fruit, which is good for your immune system even if it tastes sour. It is critical that addressing conflicts or concerns be done in a way that is not judgmental, with words offering concern and loving support, not accusations or condemnation. Reciprocally, in loving relationships we must also be open to receiving words of truth from others, even if it hurts and requires humility.

**Ask what “empathy” is. How is it different from sympathy?**

Sympathy is feeling sorry for someone, but empathy goes deeper; it means coming alongside someone and feeling her emotions *with* her. It is displayed when you see his burden and carry it *with* him. Sharing emotions also includes participating in times of joy and celebration. In both contexts, empathy is reciprocal in a loving relationship. We must allow others to share not only in our joy but also in our pain, just as we seek to come alongside them and share in their emotions.

**Have someone read Henri Nouwen’s<sup>27</sup> words aloud:**

Love is not based on willingness to listen, to understand problems of others, or to tolerate their otherness. Love is based on the mutuality of the confession of our total self to each other. This makes us free to declare not only: “My strength is your strength” but also: “Your pain is my pain, your weakness is my weakness, your sin is my sin.” It is in this intimate fellowship of the weak that love is born. When the exposure of one’s deepest dependency becomes an invitation to share this most existential experience, we enter a new area of life... Love first of all is truthful. In the fellowship of the weak the truth creates the unshakable base on which we feel free to move... The second characteristic of love is tenderness... Finally, and most importantly, love asks for total disarmament. The encounter in love is an encounter without weapons.

These forms of relational love all require intention, often include pain, but also produce an intimacy that fills a void that we each have. God made us to love one another.

**Discussion in groups of 2-3:**

- Who are the people closest to you? Do you have a reciprocal relationship with someone willing to share both pain and joy?
- What makes you feel loved and what makes them feel loved? Are you willing to go out of your comfort zone to give/receive expressions of love? (If you are married, think specifically about your relationship with your spouse and how you exchange love.)

**Gestational Fruit****Ask what happens to fruit that doesn’t get eaten.**

Fruit also holds the seeds that can be the basis for future growth. Seeds may not sprout immediately; in fact, we may never witness any outcome.

This kind of love must be offered in faith that God can use it as He chooses. The seed may land in a heart that must first be softened before the soil is fertile enough for a seed of love to sprout. It may require the involvement of other individuals as well. When dealing with church divisions, Paul once told believers in Corinth, “I planted the seed, Apollos watered it, but God made it grow” (1 Corinthians 3:6). We often have no way of knowing if or when that could happen—it is not in our control. Yet we are called to offer that love regardless of the outcome, and then to entrust the people we love to God.

Ultimately, love means following Christ’s example in laying down our lives for each other. It contradicts our selfish human nature, and thus requires that it flow out of the love we receive from Jesus. He is the origin of true, “agape” love. Our love for others is a manifestation of our love for Christ, offered not for our own gain, but rather with our focus remaining on Him, on His love.

**Discussion:**

- Which do you value more: seeing fruit from your efforts or finding joy in serving others with love?
- Are there places/relationships where you reflect the love of Christ without expecting anything in return?

## Lesson 16: The Fruit of Forgiveness

An important part of relationships and the healing process is forgiveness. Because of our sinful human nature, there will be times when we hurt others or feel hurt (in word or deed). Sometimes it is hard to think of offering forgiveness for the horrific things done by people throughout history. Even in our own lives, it can be hard to “let go” of the times we feel hurt.

Our natural response is to want justice or revenge, and under the Old Testament law, it was about “justice”: an eye for an eye. But Christ brought grace into the picture, offering forgiveness to us, and calling us to offer it to others, even when they don’t deserve it. Grace is a key part of living in Christ’s love; when we reject it, we distance ourselves from Jesus. Without forgiveness, we become bound by bitterness.

*Ask what forgiveness looks like. After some suggestions, note that there is often some confusion and introduce the 3 types.*

Forgiveness is more than simply saying the words, “I forgive you” or pretending the event never happened. There are three forms of forgiveness: Judicial, Psychological, and Relational.<sup>28</sup>

**Judicial forgiveness** is the removal of all guilt from a person’s sin. This kind of forgiveness is not our responsibility. It is God’s role as He is the ultimate judge, and the One who paid the price for our sins. Even so, not everyone accepts forgiveness, instead rejecting Christ’s offer to absolve sin while rejecting His lordship. Yet the offer of grace and forgiveness doesn’t always mean there are no consequences; some “justice” is upheld in society to prevent further wrongdoing.

**Psychological forgiveness** takes place inside the heart and mind of the person who was hurt. This may have no effect on the perpetrator. Instead it is the process of healing that can take place internally. When refusing to relinquish the hurt felt, it is one’s own heart that suffers. It is often a long-term process, facilitated by God’s grace. Each time the feelings of hurt and anger surface, they can be taken back to Jesus, replaced by His love.

**Relational forgiveness** is also called reconciliation. It can only take place when both parties participate, with confession offered by the wrongdoer and forgiveness given by the one wronged. For healthy relationships, this reconciliation must occur whenever someone is hurt. Sometimes the healing of a relationship is not feasible—one side refuses or it is dangerous to attempt to reestablish a relationship that could lead to the same damage being done again. Wisdom is often needed to know the best way to approach this kind of forgiveness.

**Ask:** How have you seen these different types of forgiveness play out in your life or the life of someone you know?

The process of forgiveness takes time, especially if the hurt is deeply wound around emotional, spiritual, and relational roots. When we see others struggling with bitterness, telling them to “just forgive” someone won’t be helpful. Instead we must turn to Isa for that deeper healing.

Forgiveness also does not mean to ignore what was done. Archbishop Desmond Tutu, who led the “Truth and Reconciliation Commission” after the apartheid in South Africa, wrote:<sup>29</sup>

In forgiving, people are not being asked to forget. On the contrary, it is important to remember, so that we should not let such atrocities happen again. Forgiveness does not mean condoning what has been done. It means taking what happened seriously and not minimizing it; drawing out the sting in the memory that threatens to poison our entire existence. It involves trying to understand the perpetrators and so have empathy, to try to stand in their shoes and appreciate the sort of pressures and influences that might have influenced them.

**Discussion:**

- How would forgiveness or lack thereof influence us?
- What is our role in the forgiveness process?
- How might forgiveness be a part of the Immanuel Approach?

Ultimately, forgiveness is another manifestation of love, both what we received from God and what we are called to give to others. It is not always easy to offer forgiveness, but fortunately, Isa wants to help us walk through the process! The key is willingness to receive that help, relinquishing bitterness (which can be a blockage) and inviting His grace.

**Practice Facilitating**

- Take turns facilitating each other through the steps, now including an area of brokenness or trauma.
- Discuss how it felt in each role.
- Practice telling your story to describe what you experienced.

Write out today's Immanuel Story and think of two people you could share it with.

*My Immanuel Story*

What was it like before?

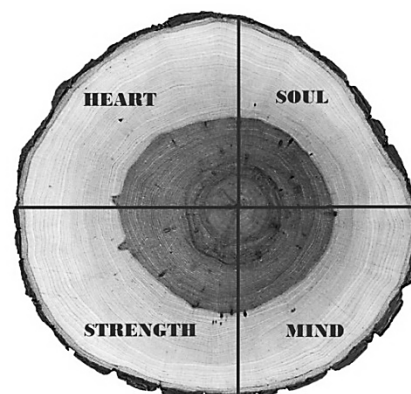
What was it like to experience His Presence?

What is different now?

## Lesson 17: The Whole Self

*Ask what Isa says the greatest commandment is. Note that it includes heart, soul, mind, and strength—our whole self.*

As we grow and mature, at times we place more importance on one part of our lives than others: the rings are not perfect circles. In this picture of a tree's rings, you can see different parts have grown out further than others. Yet all parts are a critical part of who we are. All are affected when we are hurt, and all take part in the healing process.



### Heart

*Ask for an estimate of how many times the word “heart” appears in Scripture. It is used over 700 times!*

Many emotions are related to the heart, both positive (joy, gladness) and negative (fear, sorrow). Some hearts are pure, whole, and faithful, while others are perverse, deluded, and stubborn. One’s heart may be seeking, trusting, loving, singing for joy, or aching, despising, staggering, recoiling, and envying. What a wide range of emotions and reactions!

The feelings of the heart make us human—we go deeper than logic and reason. Without a heart, we would no longer feel pain and anguish, but it would also prevent giving and receiving love. We are made in God’s image and “God is love,” so there is no way to be a reflection of His image without experiencing His love. That love has been displayed even to the point of sacrifice on the cross. Because of our sinful nature, pain is inseparable from love. God grieved when His people turned away from Him, yet out of His love He welcomed them back when they repented.

If we care for others, we run the risk of being hurt by their words and deeds. It takes love to move past initial wounds and find reconciliation. Loving relationships mean sharing joy and pain, to rejoice with those who rejoice, and mourn with those who mourn (Romans 12:15). We must also allow others to share our emotions. Vulnerability can be difficult, but keeping others out of our pain prevents the close relationships our hearts long for.

Nowhere in the Bible are we commanded to stifle emotions. Paul describes sharing in the suffering of Christ along with sharing in His comfort. Keeping our hearts open in the midst of pain allows us to commune with Isa and with others. To love God with our “whole heart” suggests allowing Him to see pain and joy, peace and anger, purity and areas that need to be purified, and all other nooks and crannies, submitting all those pieces back into His hands. Rather than relying on our own limited ability to love with our hearts, we welcome Him to transform our hearts to become vessels of His perfect love.

### **Discussion in small groups:**

- How can we love God with all our hearts?
- What are ways you can give your whole heart back to God, in order to grow in His love?
- What does our culture say about showing emotion?
- How do you react when someone shares his/her heart with you?
- How much of your heart do you share with others?

## **Mind**

***Ask, “Have you noticed how children are always asking questions?”***

God gave us the ability to think and learn. Our desire for greater understanding appears to be innate, seen even as infants begin exploring new things while learning to crawl, observing and imitating others, and as they increase in verbal abilities, vocalizing their curiosity. We learn words, behaviors, and consequences, both positive and negative. Our brains are wired so that memories trigger emotion and action.

Thoughts are closely related to both emotions and actions, as we discussed with schemas. Many of our “automatic thoughts,” the first one to come to mind when in a circumstance that elicits emotions, are triggered by the neural pathways in our brains. We draw false conclusions: one bad mark on a test does not mean you are a horrible student and a dumb failure; but when many emotions are triggered, it is hard to look at the situation rationally. It often takes healing to “unlearn” the schemas.

Our mood can be changed by thoughts, whether in a negative or positive direction. Paul’s instruction to give thanks in all circumstances (1 Thessalonians 5:18) is one example of choosing where to focus our thoughts, and it directly influences our outlook on life. When concentrating on all the negative details, discouragement and pessimism quickly set in. In contrast, identifying reasons to be thankful and holding on to the promises of God increases our hope and improves our mood.

When we feel confused, overwhelmed, distracted, or focused on the wrong thing, we have a resource readily available: God’s Word. It is a source of comfort, truth, wisdom, and guidance. We are instructed to meditate on Scripture; doing so will re-direct our thoughts and provide light in dark places. There is great value in memorizing Bible verses, as they serve as readily accessible resources when facing unwanted thoughts. It is very difficult to reject such thoughts without having a replacement, words of truth that provide an alternative place to focus.

Indeed, much of what goes on in our minds is based on choices we make about words and images stored. We decide what we absorb through music, movies, books, and TV, where on the Internet we spend time, even what social circles we join, as we are influenced by what we hear others saying. The power over what goes on in our minds is often overlooked, but can be changed with effort.

### **Discussion in large group:**

- How do you love God with all your mind?
- How do we influence each other’s thoughts in negative and positive ways?

## **Soul**

***Ask how they would define “soul.”***

We know there’s something deeper inside us when sensing the Presence of God in worship, or inaudibly “hearing” the still small voice of God, or feeling a tug of our conscience when doing something we know is wrong.

In order to grow and mature, our spiritual selves rely on our relationship with God, which is often neglected. There is a deep emptiness and hunger for God felt when lacking communion with Him. Some try to satisfy it by looking for pleasure, success, or approval from others.

It is in the soul that the true life resides both now and for eternity. We are transformed from being controlled by sinful nature (which causes us to look for other sources of satisfaction), to living in accordance with God's Spirit (Romans 8:1-8).

***Have someone read aloud:***

“You, however, are controlled not by the sinful nature but by the Spirit, if the Spirit of God lives in you. And if anyone does not have the Spirit of Christ, he does not belong to Christ. But if Christ is in you, your body is dead because of sin, yet your spirit is alive because of righteousness. And if the Spirit of Him who raised Jesus from the dead is living in you, he who raised Christ from the dead will also give life to your mortal bodies through his Spirit, who lives in you” (Romans 8:9-11, NIV).

Yet it is so easy to slip back into the old patterns and distractions after having received Christ as our salvation. Paul describes his own struggle with sin in the present tense:

“For in my inner being I delight in God's law, but I see another law at work in the members of my body, waging war against the law of my mind and making me a prisoner of the law of sin at work within my members. What a wretched man I am! Who will rescue me from this body of death? Thanks be to God—through Jesus Christ our Lord!” (Romans 7:22-25, NIV).

The reality is that while on this earth we are in a constant battle between the old self and the new.

**Sanctification** is the gradual process of being made more like Christ, including our hearts and minds. We are instructed to “guard your heart” (Proverbs 4:23, NIV) and promised that “the peace of God...will guard your hearts and your minds in Christ Jesus” (Philippians 4:7, NIV).

An important part of spiritual growth is surrender—giving all that we have and all that we are (including our weaknesses and failures) back to God, and asking that He work in us and through us. For some it means giving up pride or control, for others it might be fear or untruths. Allowing Him to take the control takes place when asking that He fill us with His Holy Spirit, so that He might be able to sanctify us from the inside out.

It is very easy to neglect our soul's wellbeing, but when we surrender our problems to God, we can receive His peace and power as a replacement.

**Discussion in small groups:**

- How do you love God with all your soul?
- Do you see your struggles and uncertainties through your own eyes, based on your own weaknesses, or from His perspective, based on His power and peace?
- How can we encourage one another to a deeper relationship with Christ?

**Strength**

*Ask what makes a person “strong.”*

The word “strength” suggests fortitude and ability, which can be either in the physical or in willpower. The body could be described as strong, as could faith or opinions.

**Inner Strength:** Using all one's strength is not just physical, but based on determination, commitment, and willpower. But in difficult, discouraging times, it is common to feel weak and weary. The reality is that our own strength is quite limited, and nowhere are we commanded to rely on our own strength. Instead, sources of strength include the Lord, His joy, quietness and trust, and hope.

It is in our weakness that we encounter God's strength. When Paul was struggling with a "thorn in the flesh," he repeatedly asked that it be taken away. The Lord instead told him, "My grace is sufficient for you, for my power is made perfect in weakness." Paul responded:

"Therefore I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me. That is why, for Christ's sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong" (2 Corinthians 12:9-10, NIV).

Loving God with all our strength therefore means putting forth all our effort and abilities, while at the same time giving up our strength and embracing dependence on God as we encounter weakness. We can implement our abilities and talents for His glory, while still recognizing that it is only by His strength that we endured the obstacles faced.

### **Outer Strength:**

**If you were given responsibility over God's temple, would you let it get worn down or take care of it?**

Our bodies function as a "temple of the Holy Spirit." Although temporary, they are still an important part of self, and we are instructed to use them to honor God. Physical health is closely connected to emotional and spiritual health. Taking care of our bodies can improve our mood and help us focus better, while poor health can take its toll on emotions. On the other hand, psychological problems often cause physical symptoms, and the Bible cites a joyful heart being good medicine and a broken spirit drying up the bones (Proverbs 7:22).

There is spectrum from valuing the body too highly and neglecting the body in harmful ways. One's focus needs to remain centered on God, rather than allowing exercise, food, or other means of achieving optimal physical health to become an obsession that distracts us from also maintaining emotional and spiritual health.

It is also very important to allow our bodies to receive the rest needed to renew our strength. There is a reason God commanded His people to take a day of rest each week! If we do not make a direct effort to set aside time for rest, it is very easy to be overwhelmed, stressed, and eventually burn-out, and as a result be unable to serve God effectively.

Finally, one must be careful to avoid drawing the wrong conclusions about those struggling with physical problems. Living in a fallen world includes sickness, and at times God allows it and can use those times of weakness for His glory, just like Paul's thorn in the flesh. Insisting that someone's physical problems are caused by sin or that "enough faith" will bring healing can be damaging. Rather, viewing it as an opportunity to draw closer to God and depend on His strength can promote spiritual growth.

### **Discussion in small groups:**

- How do you love God with all your strength?
- How well do you take care of your body and for what reasons? Is it for the sake of "self" (appearance, comfort, fear of disease or death, etc.) or to honor God?
- Would you be willing to give up your areas of strength (physical, intellectual, creative, etc.) if asked to do so? Would you be bitter if they were taken away?
- How can you allow God to use your weaknesses for His glory?

### **The Broken Self**

**The Wounded Heart:** When wounded, we can act defensively by blocking emotions and closing off sections of our hearts in denial or repression. Such coping mechanisms are often established during pain early in life,

when the capacity to cope is limited. This “numbing”<sup>30</sup> causes us shut others out of our lives and limits our capacity to feel and express positive emotions.

Without learning healthy ways of handling emotions early on, some will not be able to control them. If wounds are ignored and emotions suppressed, the hidden pain may later be triggered in emotional situations. Such an event activates outbursts of anger, overwhelming feelings of fear, devastating shame and self-rejection, or deep sensations of helplessness and hopelessness.

Cultural norms can at times be a hindrance to expressing emotion. In a church setting, unspoken expectations to “be strong” in times of trial easily inhibit healthy grieving. We refuse to recognize the pain, anger, and bitterness felt to maintain a positive image of being a “good Christian.” This does not help the healing process or relationships with each other.

Our tendency to show or hide our hearts around others is often similar to how open we are towards God. Despite our awareness that God is omniscient we try to hide the “ugly” parts of our hearts, the places of guilt and pain that we do not want to look at ourselves. We forget that He has already promised His grace and healing with the awareness of those areas of shame. He has given us hope that He can cleanse our hearts make them new.

**The Wounded Mind:** Most of our thought-patterns are well engrained, based on schemas. When these patterns are negative, based on lies, our perception of circumstances can be very warped. An unkind word said out of frustration can be magnified by triggering a schema such as “No one will ever love me.” A simple mistake can be viewed as lack of competence.

As discussed earlier, the mind can also be wounded by trauma. Unresolved memories can trigger the “fight, flight, or freeze” reactions, causing us to be unable to think rationally. Instead, we have the urge to defend ourselves or escape as quickly as possible, or become frozen in fear. Our desire to avoid such powerful memories can severely limit our choices and hurt our relationships.

**The Wounded Soul:** Throughout history people have asked the question: “If there is a powerful, loving God, why is there so much suffering?” While many have grown through trying times, others cannot resolve the incongruity of God’s love and our sorrow. There are three common responses: rejecting the existence of God, withdrawing from trusting in Him, and cowering in shame, believing He would never love them.<sup>31</sup>

Losing the intimacy found in God’s love contributes to the hardening of hearts and the deception of minds. Without love, anger, bitterness, hatred, and shame seep in. Without truth, skewed beliefs about God, self, and others take hold. The shift in attitude and outlook can take place slowly and subtly, not noticed initially, but gradually eating away at the whole self.

**The Wounded Strength:** We all like to appear “strong.” But each of us has a limit, where we encounter our inability to be self-sufficient. Some encounter physical weakness unexpectedly, while others gradually decline in strength. But for many, weakness is related to a lack of ability to manage stress and hardship. We feel weak when overwhelmed by emotions, failing to meet a goal, keep a promise, or resist temptation. If our strength is gone, and we do not know how to depend on God, we encounter hopelessness and helplessness.

It is when all these pieces of our being are wounded and burdened that we feel broken, unable to continue. Sometimes it is not until we reach a place of brokenness that we seek out help, realizing we cannot move forward on our own. And it is there that God can bring profound healing.

## **From Brokenness to Redemption**

One woman has a powerful story of brokenness:<sup>32</sup>

Joni heard about God when young, and at age 14 she embraced Jesus. After a couple years she realized that her prayers were self-centered. She asked God to “do something in my life to jerk it right side up because I’m really living this life wrong.” Just before going to college, when she was 17 she had a diving accident, breaking her neck and almost drowning. No longer could she walk or use her hands. In the hospital she questioned God: “God, is this your idea of an answer to a prayer of being drawn closer to you? If it is, you’re never going to be trusted with one of my prayers again.” She sank into deep depression, felt angry, doubted God, and wanted to die.

### **Discussion:**

- What kind of brokenness did Joni experience in her heart, mind, soul, and strength?
- How would you have reacted?
- How do you answer the question of why God allows suffering?

Despite prayers for healing, she remained paralyzed and struggled with depression. Emotional and spiritual healing did come over time, but she never regained physical “strength,” instead surrendering it to God. Since that time, she has become a well-known writer, artist, and speaker. God has used her weakness for His glory in powerful ways around the world!

Joni shared:<sup>33</sup>

God’s plans for me go far deeper, a deeper healing, a precious healing of the soul. Because as I was pushed into the arms of God every morning, and that’s the truth, even to this day...I wake up every morning and say, “Jesus, I can’t do this thing called life. Please help me. Please show up, give me your smile, give me your strength, because I can’t make it through the day.” And because I go to God with that earnest dependency and requirement of his grace every single...moment, I experience the sweetest, most precious, most intimate union with Jesus Christ. Our body may get harmed but it will somehow serve to enrich our soul.

This is the true story of Joni Eareckson Tada, whose life has touched millions because of the brokenness she experienced and the resulting dependence on Jesus.

### **Discussion:**

- What kind of healing took place in Joni’s life?
- How did her view of God change?
- Have you experienced times when God has used suffering for good?

## Lesson 18: Immanuel and the Whole Self

In the same way that we experience pain in every part of who we are, God want to bring healing to our whole selves. We can include every part of our being in the Immanuel approach.

Using the whole self to connect with Jesus:

- Heart: Finding joy in memory
- Mind: Expression of appreciation
- Soul: Experiencing Jesus' Presence
- Strength: Giving control to Him

Engaging the whole self in the painful memory:

- Heart: Allow the emotions in the memory to be present
- Mind: Share everything that comes into your mind—words, pictures, ideas, other sensations
- Soul: Ask Isa what He wants you to know and address any blockages
- Strength: Depend on Isa to direct the healing process

Experience healing in the whole self:

- Heart: The negative feelings are replaced with peace
- Mind: Memories are there without the painful response
- Soul: You feel connected with Jesus
- Strength: Your body feels more relaxed

### Discussion:

- Do you notice any part of yourself that you find it difficult to engage?
- What might be holding you back in that part of yourself? Ask Isa to help you understand and find healing.
- How can a holistic view influence everyday life?

## Lesson 19: Immanuel Troubleshooting

*Ask what challenges participants have noticed so far and discuss how to address them. If not brought up include the following:*

- 1) **Identifying a positive memory:** When asked to think of a positive memory of being aware of God's presence, sometimes an individual will tell you about a difficult event that ended with seeing God's hand at work. These are very valuable, but there are times when the story is a trauma that has not yet received full healing. In order to make sure you have a solid "safety net," try to use "positive memories" **not** related to a trauma.
- 2) **Difficulty sensing the presence of Jesus:** Ask "What's in the way of perceiving the Lord's presence?" and wait for Isa to bring something to mind. Review possible blockages if nothing is coming up.
  - a. Ask the Lord for guidance on how to resolve blockages. "Lord, how do I get past this issue [address this sin, overcome this fear, break this bond, etc.]"
- 3) **The recipient says nothing is coming up:** Prompt them to describe *whatever* comes to mind (there is always something in our thought process). It might not seem to fit at first, but when the individual starts processing whatever thought, word, picture, emotion, or sensation comes up, there will often be a connection to another issue or memory.
- 4) **The recipient is always talking to the facilitator rather than Jesus:** Gently invite him/her to "Tell Jesus" or set an example of re-phrasing the comment to be directed toward Jesus.

Remember to engage with Isa at every point in the session, regarding everything that comes up.

- Ask Him about questions, needs, challenges
  - Sometimes we forget the significance of His presence. When new information or emotions come forward, ask Him again for help understanding them.
  - Help the person recognize what's going on inside, such as identifying emotions, and express it to Jesus

*Allow time to discuss other questions identified along the way and postponed.*

### Practical Steps

*If there are multiple representatives from the same context, put them in groups to brainstorm how they can work together in their community.*

*Direct them to plan specific ways to apply what was learned.*

- Identify possible contexts where you could use Emmanuel
- Make a goal for how many times to practice facilitation each week.
- Schedule time for peer supervision: meeting with other members to share outcomes, discuss challenges, and consider next steps.

*Review the next steps for those seeking to become training facilitators and ask who is interested. Make sure to gather all the contact information.*

## Appendices

- Appendix A: When Terrible Things Happen: What You May Experience  
*Psychological First Aid Field Operations Guide, 2<sup>nd</sup> Edition*
- Appendix B: Common Reactions to Trauma  
*Mobile Member Care Team*
- Appendix C: Immanuel Handouts  
*Karl Lehman*
  - Immanuel Approach Summary
  - Just the Safety Net Pieces, Immanuel Approach Exercise
  - Immanuel Approach Basic Exercise for Groups & Beginners
  - Sample “Condensed” Opening Prayer and Parameters
  - Sample Closing Prayer and Commands
- Appendix D: Immanuel Sessions Form
- Appendix E: Deep Breathing Handouts
- Appendix F: Grounding Skills Handouts
- Appendix G: Workshop Feedback Form
- Appendix H: Sample Certificate

## Appendix A: When Terrible Things Happen:

### What You May Experience

#### Immediate Reactions

There are a wide variety of positive and negative reactions that survivors can experience during and immediately after a disaster. These include:

<i>Domain</i>	<b>Negative Responses</b>
<b>Cognitive</b>	Confusion, disorientation, worry, intrusive thoughts and images, self-blame
<b>Emotional</b>	Shock, sorrow, grief, sadness, fear, anger, numbness, irritability, guilt, and shame
<b>Social</b>	Extreme withdrawal, interpersonal conflict
<b>Physiological</b>	Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerated startled response, difficulties sleeping
<i>Domain</i>	<b>Positive Responses</b>
<b>Cognitive</b>	Determination and resolve, sharper perceptions, courage, optimism, faith
<b>Emotional</b>	Feeling involved, challenged, mobilized
<b>Social</b>	Social connectedness, altruistic helping behaviors
<b>Physiological</b>	Alertness, readiness to respond, increasing energy

**Common negative reactions that may continue include:**

#### **Intrusive reactions**

- Distressing thoughts or images of the event while awake or dreaming
- Upsetting emotional or physical reactions to reminders of the experience
- Feeling like the experience is happening all over again (“flashback”)

#### **Avoidance and withdrawal reactions**

- Avoid talking, thinking, and having feelings about the traumatic event
- Avoid reminders of the event (places and people connected to what happened)
- Restricted emotions; feeling numb
- Feelings of detachment and estrangement from others; social withdrawal
- Loss of interest in usually pleasurable activities

**Physical arousal reactions**

- Constantly being "on the lookout" for danger, startling easily, or being jumpy
- Irritability or outbursts of anger, feeling "on edge"
- Difficulty falling or staying asleep, problems concentrating or paying attention

**Reactions to trauma and loss reminders**

- Reactions to places, people, sights, sounds, smells, and feelings that are reminders of the disaster
- Reminders can bring on distressing mental images, thoughts, and emotional/physical reactions
- Common examples include: sudden loud noises, sirens, locations where the disaster occurred, seeing people with disabilities, funerals, anniversaries of the disaster, and television/radio news about the disaster

**Positive changes in priorities, worldview, and expectations**

- Enhanced appreciation that family and friends are precious and important
- Meeting the challenge of addressing difficulties (by taking positive action steps, changing the focus thoughts, using humor, acceptance)
- Shifting expectations about what to expect from day to day and about what is considered a "good day"
- Shifting priorities to focus more on quality time with family or friends
- Increased commitment to self, family, friends, and spiritual/religious faith

**When a Loved One Dies, Common Reactions Include:**

- Feeling confused, numb, disbelief, bewildered, or lost
- Feeling angry at the person who died or at people considered responsible for the death
- Strong physical reactions such as nausea, fatigue, shakiness, and muscle weakness
- Feeling guilty for still being alive
- Intense emotions such as extreme sadness, anger, or fear
- Increased risk for physical illness and injury
- Decreased productivity or difficulties making decisions
- Having thoughts about the person who died, even when you don't want to
- Longing, missing, and wanting to search for the person who died
- Children and adolescents are particularly likely to worry that they or a parent might die
- Children and adolescents may become anxious when separated from caregivers or other loved ones

### WHAT HELPS

- Talking to another person for support or spending time with others
- Focusing on something practical that you can do right now to manage the situation better
- Engaging in positive distracting activities (e.g. sports)
- Using relaxation methods (breathing exercises, meditation, calming self-talk, soothing music)
- Getting adequate rest and eating healthy meals
- Participating in a support group
- Trying to maintain a normal schedule
- Exercising in moderation
- Scheduling pleasant activities
- Keeping a journal
- Taking breaks
- Seeking counseling
- Reminiscing about a loved one who has died

### WHAT DOESN'T HELP

- Using alcohol or drugs to cope
- Working too much
- Extreme avoidance of thinking or talking about the event or a death of a loved one
- Extreme withdrawal from family or friends
- Violence or conflict
- Not taking care of yourself
- Overeating or failing to eat
- Doing risky things (driving recklessly, substance abuse, not taking adequate precautions)
- Excessive TV or computer games
- Withdrawing from pleasant activities
- Blaming others

From *Psychological First Aid Field Operations Guide, 2<sup>nd</sup> Edition*

Available on: [www.nctsn.org](http://www.nctsn.org)

## Appendix B: Common Reactions to Trauma – Adults

Karen Carr, MMCT

Below you will find some reactions and symptoms that are often experienced by individuals who have been through a trauma. These symptoms reflect your body's way of trying to cope and adjust to what has happened.

<b>Physical</b>	
<ul style="list-style-type: none"> <li>• Pounding heart</li> <li>• Rapid uncontrolled speech</li> <li>• Flushed</li> <li>• Shortness of Breath/ Hyperventilation</li> <li>• Chest Pains</li> <li>• Frequent need to urinate</li> <li>• Upset stomach or Vomiting</li> <li>• Loss of appetite or craving junk food</li> <li>• Muscle tremors</li> <li>• Loss of coordination</li> <li>• Frequent headaches or migraines</li> <li>• Muscle soreness</li> </ul>	<ul style="list-style-type: none"> <li>• Sweating</li> <li>• Difficulty sitting or relaxing</li> <li>• Dizzy or fainting</li> <li>• Dryness of mouth and throat</li> <li>• Nausea/Vomiting</li> <li>• Inability to shake a cold</li> <li>• Weight change (gain or loss)</li> <li>• Insomnia/difficulty sleeping, nightmares</li> <li>• Grinding of teeth</li> <li>• Feeling of exhaustion and fatigue</li> <li>• Change in sexual functioning or desire</li> <li>• Missed menstrual cycle</li> </ul>



<b>Thoughts and Attitudes</b>	
<ul style="list-style-type: none"> <li>• Disbelief</li> <li>• Confusion</li> <li>• Spaciness</li> <li>• Disorientation</li> <li>• Poor attention (not retaining information)</li> <li>• Preoccupation with health</li> <li>• Increased rigidity and closed thinking (inflexibility)</li> <li>• Cynicism or negativism</li> <li>• Negative/Critical judgements against self</li> </ul>	<ul style="list-style-type: none"> <li>• Horror</li> <li>• Poor concentration</li> <li>• Poor decision-making abilities</li> <li>• Poor memory</li> <li>• Time distortion (time slows down or speeds up)</li> <li>• Preoccupied with trauma memories</li> <li>• Feeling omnipotent (unrealistic appraisal of situation)</li> <li>• Absolute thinking (I will never; This always)</li> <li>• Hindsight thinking (If only...; Why didn't...)</li> </ul>



<b>Emotions</b>	
<ul style="list-style-type: none"> <li>• Numb/Emotionally shut down</li> <li>• Anxious</li> <li>• Panicked or fearful (specific or general)</li> <li>• Overwhelmed</li> <li>• Sad</li> <li>• Depression</li> <li>• Sense of guilt</li> <li>• Loss of sense of humor</li> </ul>	<ul style="list-style-type: none"> <li>• Helpless or inadequate feelings</li> <li>• Agitated</li> <li>• Anger (at self, others, God)</li> <li>• Mood swings</li> <li>• Troubling dreams</li> <li>• Shocked</li> <li>• Less able to cope with new or continued emotional stress</li> </ul>



<b>Relationships</b>	
<ul style="list-style-type: none"> <li>• Irritability</li> <li>• Insensitivity</li> <li>• Isolating/Distancing (Avoiding fellowship)</li> <li>• Insecurity</li> <li>• Suspicious</li> <li>• Discord/Arguments</li> <li>• Hypersensitivity (feelings easily hurt)</li> </ul>	<ul style="list-style-type: none"> <li>• Easily frustrated</li> <li>• Loss of interest in others</li> <li>• Scapegoating (a focal point for suppressed anger and depression)</li> <li>• Clingy</li> <li>• Critical of others</li> <li>• Avoidance of intimacy</li> </ul>

<b>Behaviors</b>	
<ul style="list-style-type: none"> <li>• Losing or misplacing things</li> <li>• Easily startled or hyper-alert to environment</li> <li>• Tearful</li> </ul>	<ul style="list-style-type: none"> <li>• Starts things but doesn't finish</li> <li>• Excessive activity (or hyperactivity)</li> <li>• Excessive talking</li> </ul>



<b>Avoidance behaviors</b>	
<ul style="list-style-type: none"> <li>• Use of alcohol to numb</li> <li>• Abandonment of fun activities</li> <li>• Desire to leave field</li> </ul>	<ul style="list-style-type: none"> <li>• Less productive</li> <li>• Overly involved in work</li> <li>• Use of drugs (prescription or not) to numb</li> </ul>



<b>Risky/Self-destructive behaviors</b>	
<ul style="list-style-type: none"> <li>• Increased smoking</li> <li>• Accident prone</li> </ul>	<ul style="list-style-type: none"> <li>• Excessive spending</li> <li>• Sexual immorality</li> </ul>



<b>Meaning/Ministry</b>	
Increasingly busy with task orientation	Loss of sense of purpose/role
Less meaning in ministry	Disappointment with God
Loss of motivation	Questioning former beliefs

**Conclusions:**

Each person is unique in how they respond to a trauma, so your response may not be the same as another person who has gone through the same or a similar experience.

Remember that it takes time to heal. After you work through these reactions, you will come to a new place in your life that is characterized by deeper understanding, healthy conclusions, resilience, deeper trust, and an expanded world view. You will be one who has suffered and yet thrived.

Even after many of the memories are gone and you are feeling much better, there may still be things which "trigger" these symptoms and painful memories.

If these symptoms become very intense and persist over a long period of time, or if you are noticing impairment in your ministry or relationships, you may want to consider talking with a counselor who specializes in trauma. This does not mean that you are crazy, only that you need some help.

## **Appendix C: Immanuel Approach Summary**

“Our ultimate goal with the Immanuel approach for life is getting to the place where we perceive the Lord’s presence, and abide in an interactive connection with Jesus, as our usual, normal, baseline condition as we walk through life each day.”

(K. Lehman)

### **Immanuel Intervention**

- Positive memory with Isa
- Deliberate appreciation
- Connecting with Isa in the present
- Engaging with Isa at every point during session: “Lord, what do you want me to know?”
- Following His guidance for healing in memory or area for growth
- Safety net and troubleshooting where needed
- Resolution and appreciation
- Telling the Immanuel story

### **Don’t Forget:**

- The individual describes *whatever* comes to mind—works best with someone else to listen/process
- The facilitator also needs to be connected with the Lord, engaging with Him and receiving guidance
- Faith in the Lord’s presence, goodness, and guidance helps effectiveness

(K. Lehman)

## **Just the “Safe Place” Pieces, Immanuel Approach Exercise**<sup>34</sup>

(Positive Memory, Appreciation, and Interactive Connection)

1. **Break into small groups:** The ideal number for each group is three. Two to five can work.
2. **Positive memories and deliberate appreciation:** Opening prayer (optional). Focus on a memory of previous positive experience of perceiving the Lord’s presence and connecting with Him. Each group member describes positive memory to the others, and name specific things you appreciate about these experiences. The goal is to *reconnect* with the positive memory, and to describe specific things that you appreciate until you *feel* appreciation/gratitude.

Multiple positive memories: If working with people likely to need an especially strong safety net, repeat the positive memory step several times, so that each person has several positive memories.

No memories of positive connections with God: Use a memory from a non-God positive experience.

Appreciation memories without splinters: If participants are describing appreciation memories that are about God’s presence in the midst of trauma, and especially if many participants have similar traumas (high risk of triggering each other), coach participants to deliberately find positive memories without any aspect of pain or trauma (completely splinter-free).

If all memories of positive God connections are memories of God’s presence in the midst of trauma, start with non-God positive appreciation memories, go through the deliberate appreciation step with these non-God positive memories, and then use the same memories to go through step 3, below. This can sometimes generate new (splinter-free) God connection memories.

3. **Reenter a positive memory and establish an interactive connection with the Lord:** *One at a time*, 1) spend several minutes reentering/reconnecting with one of the positive memories, 2) from “inside” the memory, pray something along the lines of “Lord, help me to perceive Your living presence, and to have an interactive connection with You,” and 3) share whatever comes into your awareness with the others in your group.

No positive God memories: If you don’t have positive memories of past interactive connections with the Lord, you can experiment with trying this step with non-God positive memories.

**If you have established an interactive connection with the Lord:** Name several specifics you especially appreciate about the experience, and express your gratitude to God.

**If you do not have an interactive connection with the Lord, and you would like to try simple trouble-shooting:** 1.) Ask: “What’s in the way of my being able to perceive Your presence and connect with You in this memory?,” describe whatever comes into your awareness *regardless of whether it makes sense or feels important*. 2.) Ask: “What do I need to do to take the next step forward?,” describe whatever comes into your awareness. 3.) Follow any directions from God.

If trouble-shooting resolved blockages and you have an interactive connection, then name several specifics you especially appreciate and express your gratitude to God.

If you have *not* been able to establish an interactive connection after brief troubleshooting (or if you decided not to try troubleshooting), return to positive memories and appreciation until you *feel* appreciation and are at an okay place to stop.

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## Immanuel Approach Basic Exercise for Groups & Beginners<sup>35</sup>

**1. Break into small groups:** The ideal number for each group is three. Two to five can work.

**2. Positive memories and deliberate appreciation:** Opening prayer (optional). Focus on a memory of previous positive experience of perceiving the Lord's presence and connecting with Him. Each group member describes positive memory to the others, and name specific things you appreciate about these experiences. The goal is to *reconnect* with the positive memory, and to describe specific things that you appreciate until you *feel* appreciation/gratitude.

**3. Reenter a positive memory and establish an interactive connection:** One at a time, 1) spend several minutes reentering/reconnecting with one of the positive memories, 2) from "inside" the memory, pray something along the lines of "Lord, help me to perceive Your living presence, and to have an interactive connection with You," and 3) share whatever comes into your awareness. After each person has gone through these pieces, pick a recipient and a primary facilitator for the rest of the exercise (steps #4 through #6), with the others in the group listening, supporting, and interceding.

**If recipient perceives the Lord's presence and feels connected to Him:** proceed on to Step #4. **If recipient does not perceive the Lord's presence or feel connected to Him, and would like to try simple troubleshooting:** See complete version for directions regarding simple troubleshooting.

**\*\*Don't proceed to Step #4 unless recipient has an interactive connection with the Lord. \*\***

**4. Help recipient choose a traumatic memory to work on:** Help recipient select a low to moderate intensity traumatic memory (see full text version for additional directions regarding memory selection).

**5. Invite/welcome Isa into memory, ask for interactive connection, engage with Him to receive healing:** From the perspective of being inside the memory, recipient prays something like: "Jesus, I make a heart invitation for You to be with me here. Please help me to have an interactive connection."

- a) **If recipient is able to establish an interactive connection in the memory:** Engage with Isa to receive healing (see full text for additional instructions).
- b) **Not able to establish an interactive connection:** Simple troubleshooting (full text for add'l).
- c) **Recipient has trouble, and asking Isa for guidance & help does *not* resolve the problem:** "Safety net" troubleshooting (reestablish initial connection, engage Isa there. Full text for add'l).
- d) **You're running out of time and trauma is still not resolved:** End of exercise safety net.

**6. End of exercise – more appreciation, the Immanuel story, and the safety net:**

**If complete resolution of traumatic memory:** Help recipient to thank the Lord, and to formulate and tell the Immanuel story. Help name specifics especially appreciated. Closing prayer (optional).

**If some positive interaction with God, but *only partial* resolution of the trauma:** 1) Help recipient return to connection with Isa from beginning of exercise, and to spend time with Isa and deliberate appreciation until he/she *feels* grateful and peaceful (the negative emotions have fully resolved). 2) Help recipient to thank the Lord, and to formulate and tell Immanuel story regarding the positive interaction. 3) Closing prayer (optional).

**If no positive interaction with God in work with traumatic memory:** 1) Help recipient return to connection from beginning of exercise, and to spend time with Isa and appreciation until he/she *feels* grateful and peaceful (negative emotions are fully resolved). 2) Closing prayer (optional).

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## **Sample “Condensed” Opening Prayer and Parameters**<sup>36</sup>

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### ***Requests pertaining to the Immanuel approach:***

“Lord Jesus, we ask that You would remind *person receiving* of times (he/she) has experienced your presence in special ways. Bring forward one of these memories of special connection, help (him/her) to reconnect with this experience of being with you, and stir up appreciation in (his/her) heart. Lord, please refresh (his/her) perception of Your presence, and reestablish a living, inter-active connection, right here and now in the present, as the foundation for Your work here today.”

### ***Prayer for the Facilitator:***

“Jesus, I humbly acknowledge that sin, wounds, and lies distort my understanding and hinder my ability to follow You” (*if you are aware of being stirred up in any way at the beginning of the session, take a moment to silently acknowledge the specifics to the Lord*). “I ask for special grace during this time, that You would carry my unresolved issues so that they would not get in the way.”

### ***Dealing with the Demonic:***

“Lord Jesus, we ask you to appoint representatives for all evil spiritual forces that are present.”  
 “We command all evil spiritual forces to be bound to the representatives that the Lord Isa has appointed. You will only manifest and communicate with each other as He allows and requires, you may not assist each other in any way, and you must be cut off from all outside spiritual forces. You must now return to Isa and to \_\_\_\_\_ everything you have stolen from him/her. You must be stripped away from, and release, every part of \_\_\_\_\_’s mind. You must be stripped of all your schemes, plans, agendas, and orders, and lay these at the feet of the Lord Isa now.”

“Lord Jesus, we submit to You the issue of compliance. We ask that You would deal with all evil spiritual forces that fail to comply. In the name of Jesus, we command all evil spiritual forces: at the moment you fail to comply, you will go and deal with the true Lord Isa directly.”

### ***General Introductory Prayer***

“Lord Jesus, we stand together, and affirm the truth in faith, that You are here with us and that You love us – that even as we speak, You are preparing the way in the spiritual realm for \_\_\_\_\_’s forgiveness, deliverance, healing, and freedom. We thank you for, and release with our prayers, the victory You have already accomplished through Your death and resurrection and the healing you have already provided through your wounds.”

“Lord, You know recipient’s name. Call (his/her) whole mind and heart, call every part of (him/her) forward. Help every part of him/her to hear Your voice, and to know the truth about Your heart and character – about Your gentleness and Your carefulness, so that (his/her) whole mind and heart can cooperate with Your healing work.”

“Lord Jesus, please guide every thought, image, memory, emotion, and physical sensation coming into \_\_\_\_\_’s heart and mind, and into my own heart and mind for guidance. In Your name, we thank You for all these things. Amen.”

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## Sample Closing Prayer and Commands

(©Copyright 2001, K.D. Lehman MD & C.E.T. Lehman MDiv, New 12/20/2001, Revised 12/21/2012)

**“Thank you”:** *Start with whatever you want to pray at the beginning of the closing prayer. I always include a brief “thank you” to the Lord for His presence and protection during the session and for whatever progress and/or healing has come.*

*(If applicable):* Lord Jesus, we hold up to You these wounds (and/or issues) that have not yet been fully resolved. We ask that you would care for them, and that You would surround with Your loving presence. We ask that You would manage the level of connection and intensity – giving (him/her) the grace to remain aware of and connected to these wounds (and/or issues) at whatever level is best for Your plans for healing.

Lord Jesus, we claim this territory that \_\_\_\_\_ has brought under Your authority and protection today, and we ask You to please designate all demonic spirits that You want to remove at this time.

In the name of the true Lord Isa Christ, we command that all demonic spirits that the true Lord Isa Christ has designated must now go immediately and directly to His feet. You will go bound. You will not touch or harm anyone or anything on the way. He will deal with you as He sees fit. You will never come back. You will never send anything in your place.

We claim the truth in faith: that Isa Christ, on the cross, took on Himself every curse that could ever come against \_\_\_\_\_. In the name of Jesus, we now command that every curse associated in any way with these issues that have just been resolved must now be broken, destroyed, and rendered powerless, null, and void.

Lord Jesus, we ask You to cleanse with Your light and Your love every place that has been left empty by the enemy. We ask you now to fill these places with your Holy Spirit and with Your living presence, so that \_\_\_\_\_ may experience Your living presence abiding in (his/her) mind and heart, and walking beside (him/her) each day.

We command all demonic spirits that have been allowed to linger for any reason – you must<sup>1</sup> now be completely bound in and under the name and authority of the True Lord Isa Christ.

You will not touch or speak to \_\_\_\_\_ in any way except as the true Lord Isa Christ specifically allows to provide information He wants us to have to facilitate His healing work.

Lord Jesus, we ask you to send your angels to surround, protect, and encourage \_\_\_\_\_.

We also ask that you come with any additional blessings you want to deliver – anything else you have prepared for \_\_\_\_\_ today. We gladly deliver, with our prayers, all of the blessings you have prepared for (him/her) today.

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<sup>1</sup>For example, demonic spirits that are still anchored to wounds, lies, bitterness, vows, or other problems that have not yet been resolved.

**Appendix D: Immanuel Sessions Form**

Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Facilitator \_\_\_\_\_ Observer \_\_\_\_\_  
Participant (Initials) \_\_\_\_\_ Age \_\_\_\_\_

Was the participant able to connect with Jesus? \_\_\_\_\_  
Did the participant go to a traumatic memory? \_\_\_\_\_  
Did the participant end with positive emotions? \_\_\_\_\_

What challenges were faced during the session?  
\_\_\_\_\_  
\_\_\_\_\_

What joyful moments came from the session?  
\_\_\_\_\_  
\_\_\_\_\_

What questions remain?  
\_\_\_\_\_  
\_\_\_\_\_

What follow-up steps are being take?  
\_\_\_\_\_  
\_\_\_\_\_

Is the participant willing to share his/her Immanuel Story (with identification information erased)?

If so, ask for written permission and write down their Immanuel Story.

***What it was like before:***  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***What is was it like to experience His Presence:***  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***What is different now?***  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Participant: \_\_\_\_\_

## Appendix E: Deep Breathing Techniques

Breathing is a powerful skill for reducing stress and anxiety.

When we are in situations that cause distress, one of the things that automatically happens as our body experiences this *fight, flight or freeze* reactions is shallow breathing. This is a natural response that is helping our body prepare for action.

When someone has experienced traumatic events or ongoing threats of violence, unrelated sights, sounds, or even smells can trigger this reaction—even with no danger present. Physical symptoms that may accompany these reactions are feeling dizzy, trembling, and having a racing heart. To counteract these responses, one can engage in deep breathing. When we breathe deeply, it is like our bodies are receiving the message, “It’s okay. There is no current threat and you can return to a state of calm.”

The following are two evidenced-based practices, based on resources from Spiritual First Aid ([www.spiritualfirstaid.org](http://www.spiritualfirstaid.org)) and research by Zaccaro et al. (2018)<sup>37</sup>.

1. **Box Breathing** – a method for focused breathing to reduce stress, used by military like US Navy SEALs.
2. **Coherent Breathing** – a slow breathing technique that includes scripture to meditate on.

### Box Breathing

Find a comfortable position—sitting or lying down somewhere with minimal distractions. Close your eyes or stare at one place and let your gaze soften to help reduce distractions.

#### 1. Preparation

Prepare your mind by choosing to focus on one thing only—for now, just focus on your feet pressing into the ground, or your back if you are lying down.

Notice the sensation of what is under you.

Feel the pressure.

Notice is there is any texture you can sense.

#### 2. 4 Corners

Just like a box has 4 corners, you will now start cycling through 4 stops:

- Take a deep breath in, filling your lungs as you count to 4
- Hold that breath for 4 seconds
- Exhale fully for 4 seconds
- Hold your breath with no air in your lungs for 4 seconds

Repeat this cycle 5-6 times or until you feel calmer.

#### 3. Added Prayer

If able, you can add in some breath prayers:

- As you breath in, pray: “Lord, fill me with your peace.”
- As you breath out, pray: “I release my worries to you.”

## **Coherent Breathing**

Find a comfortable position and slow and deepen your breath, finding a comfortable rhythm. If possible, gently close your eyes to reduce distractions.

### **1. Consistent Breaths**

- Find a good rhythm of breathing by breathing in for 5 seconds
  - Breath out for 5 seconds
- Continue this rhythm for 3-5 minutes

### **2. Breathing in God's Peace**

- As you breathe in, pray: "Lord, fill me with a sense of Your presence."
- As you breathe out, pray: "I choose to give You my praise."

Meditate on a verse like "Be still and know that I am God" (Psalm 46:10), or another meaningful verse to you.

### **3. Regular Practice**

Practice this breathing skill in overwhelming moments or at a scheduled time each day. Practicing rhythmic breathing can help clear your head to think clearly, helps regulate emotions, and calms heart rate.

## Appendix F: Grounding Skills

Emotional regulation is a crucial skill for those living with PTSD symptoms as general emotional dysregulation, rumination, thought suppression, and avoidance are commonly reported. Seligowski et al. (2015) found that among those suffering with PTSD, grounding skills helped decrease negative effects of numbing and dissociation and also helped to improve reported well-being.

When the body is overwhelmed with sensory experiences that occur during reexperiencing symptoms (flashbacks), grounding techniques help the brain and body to focus on what is physically happening around them and helps pull them from the negative memory back into the present.

This skill is best developed if practiced in a quiet comfortable space first. However, it can be done anywhere to help combat anxiety and overwhelming emotional responses. The following are 2 evidenced-based practices that include spiritual reflection to invite the presence of Christ into the calming exercises. These are based on resources from Spiritual First Aid ([www.spiritualfirstaid.org](http://www.spiritualfirstaid.org)) and research by Seligowski et al. (2015)<sup>38</sup>.

1. **Sensory Awareness Grounding** – using the 5 senses of the body, we use intentionality to bring the mind to the present when experiencing a flashback or sensations of being in danger that aren't currently happening.
2. **Safety Statement Grounding** – developing short, easy-to-memorize statements that are founded on Biblical truths to state during times of distress.

### Sensory Awareness Grounding

Practice a few deep breaths to calm yourself and prepare for the exercise.

#### 5. Sight: What do you see?

Look around and name five things you can see.

Be as descriptive as you can about what you see.

For example, “The tile floor is a tan color and is shiny and clean. The curtains hanging in the window are blue, white and grey and they have a marble design on them.”

#### 4. Sound: What do you hear?

Carefully listen to the sounds around you and name four distinct sounds.

Try to listen for background noises you might usually miss.

For example, “I hear the hum of the refrigerator and the ticking of a clock.”

#### 3. Touch: What do you feel?

Name three physical sensations you can feel on your body.

Focus on sensations you don't normally notice—like the shoes on your feet, the watch on your wrist, or the chair underneath you.

For example, “I can feel the soft but firm cushion of the chair under me. I can sense the cool

tile under my feet. My hands can feel the texture of my clothes as they rest on my lap.”

## **2. Smell: What do you smell?**

Identify two different smells around you.

Breathe deeply and see if you can notice any smells in your environment. It might be subtle—like the smell of burning trash down the street or the soft scent of soap on your hands.

## **1. Taste: What do you taste?**

Try to sense any taste you may have in your mouth.

This may be the remnant of toothpaste, a meal, or drink recently consumed. Or you can take a drink of something and consider how it tastes in your mouth.

Alternatively, you can notice the lack of taste in your mouth.

**Take a deep breath and notice how your body feels.**

**Repeat the above exercise if you still feel distressed and focus more deeply on each sense as you progress through each step.**

**Take time to thank God for giving you these senses as a way to notice what is happening around you. Think about the verse:**

**“I will give thanks to You, for I am fearfully and wonderfully made...”  
(Psalm 139:14, NASB)**

## Safety Statement Grounding

Take a few deep breaths to calm and prepare yourself.

### 1. Speak a Safety Statement Aloud

Choose a statement that helps you feel secure. Select one of the following or use them as examples to create your own:

- Basic safety statement: “My name is \_\_\_\_\_. I am safe right now. I am in [location]. Today is [date].”
- Faith-based statement: “I am a son/daughter of God. I am loved and carefully watched over by my loving heavenly Father. Jesus promised He will be with me always (Matthew 28:20) and that His Holy Spirit would be with me forever as a Helper (John 14:26).”
- Personalized safety statement: “I am in control of this moment and my body. I am strong, my mind is clear, and I am safe.”

### 2. Make it Personal and Repeat

Adjust any wording needed to make it feel reassuring for you.

Repeat your selected statement 3 times, speaking slowly and with focus.

For added comfort and grounding, place your hand over your heart or look in your own eyes in a mirror.

### 3. Reflection

Notice how your body feels after this exercise.

Pair this with a prayer for added comfort and reassurance.

Complete this exercise as often as needed, when you feel distress or need to calm your mind and body.

## Appendix G: Workshop Feedback Form

The purpose of these questions is to provide insight into the effectiveness of the training sessions and to measure potential changes in psychological and spiritual well-being.

**Confidentiality:** The information you provide will be kept strictly confidential and your name will never be identified.

### Demographics

Male       Female      Birthday: \_\_\_\_\_

Current ministry:

What was most helpful from the training?

What was least helpful?

What would you like to see in the next training?

Did you have an encounter with Isa during the training? If you did, how did it influence you?  
(If you would be willing to share your Immanuel Story please let me know!)

Would you be willing to write a testimony of your experience in this training? If so, please do so below.

**Appendix H: Sample Certificate**



## Notes

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- <sup>1</sup> Karl Lehman, <http://www.immanuelapproach.com/pdf/ImmAppRevisitPOSTShrt.pdf>
- <sup>2</sup> Taken from “Brain Science, Psychological Trauma, & the God Who Is with Us,” (pp. 7-8). K.D. Lehman, 2007.
- <sup>3</sup> Lehman references his conversations with James Wilder as the basis for understanding “capacity.”
- <sup>4</sup> The helpful use of a “safe place” is evident in other techniques such as EMDR.
- <sup>5</sup> Charles Figley
- <sup>6</sup> The Immanuel or Immanuel Approach was developed by Dr. Karl Lehman. We will learn more about how it works and practice using it throughout the week.
- <sup>7</sup> In Dr. Lehman’s writing, he spells it “Immanuel,” as is sometimes used in the United States. We will use mmanuel, the common spelling here in Africa.
- <sup>8</sup> Karl Lehman, <http://www.immanuelapproach.com/pdf/ImmAppRevisitPOSTShrt.pdf>
- <sup>9</sup> Patricia Velotta compiled this list and other biblical examples of seeing God face-to-face.
- <sup>10</sup> This is based on Karl Lehman’s work. You can read more in his book, *Outsmarting Yourself*.
- <sup>11</sup> Lehman, 2008
- <sup>12</sup> See research on “God Image,” such as Moriarty & Hoffman’s book: *God Image Handbook for Spiritual Counseling and Psychotherapy: Research, Theory, and Practice*.
- <sup>13</sup> We know from his statement in Galatians 1:17 and the timeline of event in the early church.
- <sup>14</sup> Wikipedia summarized the research and theories. [https://en.wikipedia.org/wiki/Schema\\_\(psychology\)](https://en.wikipedia.org/wiki/Schema_(psychology))
- <sup>15</sup> Dr. Jeffrey Young developed a way to identify and treat schemas. See Young, J.E., Klosko, J.S., & Weishaar, M. (2003). *Schema Therapy: A Practitioner's Guide*.
- <sup>16</sup> The concept of capacity has been developed and discussed by James Wilder and Karl Lehman.
- <sup>17</sup> See Wilder, E. J. (1999). *The Red Dragon Cast Down* and <http://www.lifemodel.org/>
- <sup>18</sup> Karl Lehman’s Immanuel Approach book is not yet published.
- <sup>19</sup> Adapted from Helpguide.org: Trusted guide to mental & emotional health, “*Helping Someone Who’s Grieving.*” <https://www.helpguide.org/articles/grief/helping-someone-who-is-grieving.htm>
- <sup>20</sup> The descriptions are based on the Diagnostic Statistical Manual (DSM 5).
- <sup>21</sup> Psychological First Aid Field Operations Guide, 2nd Edition
- <sup>22</sup> Hill, H., Hill, M., Bagge, R., Miersma, P. (2013). *Healing the wounds of trauma*. American Bible Society.
- <sup>23</sup> Karl Lehman, <http://www.immanuelapproach.com/pdf/ImmAppRevisitPOSTShrt.pdf>
- <sup>24</sup> Ibid
- <sup>25</sup> Steve Tracy discusses forms of abuse and the outcomes in *Mending the Soul: Understanding and Healing Abuse* (2005).
- <sup>26</sup> Gary Chapman, *The Five Love Languages*
- <sup>27</sup> Henri Nouwen, *Intimacy*, pp. 29-31
- <sup>28</sup> Steve Tracy, *Sexual Abuse and Forgiveness*
- <sup>29</sup> Desmond Tutu, *No Future Without Forgiveness*, p. 271
- <sup>30</sup> Steve Tracy discusses numbing as a result of abuse or trauma in *Mending the Soul: Understanding and Healing Abuse*.
- <sup>31</sup> Ibid.
- <sup>32</sup> In talk by Joni Eareckson Tada. Viewable online, through Joni and Friends Video.
- <sup>33</sup> In talk by Joni Eareckson Tada. Viewable online, through Joni and Friends Video.
- <sup>34</sup> Karl D. Lehman MD, Revised 2/14/14, Available online: [www.kclehman.com](http://www.kclehman.com)
- <sup>35</sup> Ibid
- <sup>36</sup> Ibid
- <sup>37</sup> Zaccaro, A., Piarulli, A., Laurino, M., Garbella, E., Menicucci, D., Neri, B., & Gemignani, A. (2018). How breath-control can change your life: A systematic review on Psycho-Physiological correlates of slow breathing. *Frontiers in Human Neuroscience*, 12(353), 1-16. Doi: 10.3389/fnhum.2018.00353
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