



“Brain Science, Psychological Trauma, & the God Who Is with Us”

Part I: A Psychiatrist’s Journey – A Brief Introduction to the Immanuel Approach

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The first thing I want to do is tell the story of my journey with respect to what we call the “Immanuel Approach to emotional healing,” and also the larger “Immanuel Approach to life.” Hopefully, this story of my personal journey will provide an overview with respect to how all of the pieces fit together.

I. Medication, cognitive therapy, insight-oriented therapy, and “traditional” prayer for emotional healing: When I first began providing outpatient mental health care in 1990, my approach to treatment for psychological trauma was a combination of medication, cognitive therapy, insight oriented therapy, and what I think of as “traditional”¹ prayer for emotional healing.² I used a combination of medication and cognitive therapy techniques for management of acute symptoms, and a combination of insight oriented therapy and prayer for emotional healing for resolution of the underlying traumatic memories. In my practice, this “traditional” version of prayer for emotional healing looked something like this:

We would start with focusing on the presenting problem, such as anxiety or depression, and ask the Lord to lead the person to the underlying memories.

Once the person remembered and connected with an underlying memory of a traumatic experience, we would ask the Lord to come into the traumatic memory and heal it.

If the person did not perceive the Lord’s presence in the memory and did not receive healing, we would engage in some very basic trouble shooting, such as checking for bitterness, unconfessed sin, and demonic interference. At this point in our journey my faith and understanding were minimal, so if this basic trouble shooting was not successful I would just conclude that the Lord did not wish to heal this particular traumatic memory at this particular time.

¹ I think of “traditional” prayer for emotional healing as the approaches to prayer for emotional healing taught by pioneers such as the Linn brothers, Francis MacNutt, and Agnes Sanford. For samples of these teachings on emotional healing ministry, see Linn Dennis & Linn Matthew. *Healing of Memories*, (New York, NY: Paulist Press), 1974; MacNutt, Francis. “The Inner Healing of Our Emotional Problems,” chapter 13 in *Healing* (Notre Dame, IN: Ave Maria Press) 1974; and Sanford Agnes. “The Healing of the Memories,” chapter 7 in *The Healing Gifts of the Spirit*, (New York, NY: Trumpet Books) 1966.

² Even in the government and secular clinics I worked in during my psychiatric training, I would ask each of my patients about their religious beliefs. To my surprise, most of my patients were Christians. I then asked them if they would like to include prayer as one part of their treatment, and almost all of the Christians were glad to do this. When working with these patients, I would also include other Biblical principles, such as receiving forgiveness for themselves and extending forgiveness to others.

Unfortunately, I seemed to be pretty good at helping people find the underlying traumatic memories and connect with their painful emotions, but most people were *not* able to perceive the Lord's presence and did *not* receive dramatic healing. If I were painfully honest, I would have to say that about 5% – that's one out of twenty – perceived the Lord's presence and received dramatic healing in their traumatic memories. My work with the remaining 95% was difficult and frustrating. I was able to use medication, cognitive therapy, and insight oriented therapy to help these people *manage* their symptoms, but they would limp along without permanent resolution of the underlying roots. I prayed for them, I cared about them, I listened to them, and I was conscientious and competent with respect to the medication and therapy I *could* offer, but they were still limping and managing.

II. Eye Movement Desensitization and Reprocessing (EMDR): In 1995, shortly after beginning to work with patients in the setting of my own private practice, I learned Eye Movement Desensitization and Reprocessing (EMDR), and then began to combine these tools and techniques with my previous approach to prayer for emotional healing.³ The point regarding EMDR that is important with respect to my Immanuel Approach journey is that my experience with EMDR increased my persistence with trouble shooting, my skill with trouble shooting, and my expectation that we would often see dramatic healing. However, even with this increased persistence, increased trouble shooting skill, and increased faith, I was still only seeing dramatic resolution of the underlying traumatic memories in 20 to 25% of my clients. 20 to 25% dramatic resolution was a lot better than 5%, but the remaining 75-80% still felt like a LOT of people managing and limping.

III. Theophostic®⁴-based psychotherapy/emotional healing ministry: In 1998 Charlotte and I learned about the Theophostic® approach to emotional healing, and I began to include these principles, tools, and techniques in my work with psychological trauma.⁵

To the extent that you are familiar with cognitive therapy, EMDR, traditional emotional healing prayer, and Theophostic®, you will notice that Theophostic® principles include many of the foundational principles from these three bodies of knowledge that had composed the core of my previous approach to working with traumatic memories, and also that the Theophostic® process includes many of the key process components from EMDR and traditional emotional healing prayer.⁶ In fact, my assessment was that Theophostic® included

³ For a detailed discussion of EMDR, and my assessment regarding the place of these tools and techniques in psychotherapy/emotional healing ministry, see “Theophostic® & EMDR: F.A.Q.’s and Common Misunderstandings”). in the “Our Theophostic®-based therapy/ministry” section of the “Documents” page of www.kclehman.com.

⁴ Theophostic® is a trademark of Dr. Ed Smith and Alathia, Inc. No endorsement implied.

⁵ For those of you who are not familiar with Theophostic®, a brief summary of the most important Theophostic® principles and a brief summary of the Theophostic® process are provided in Appendix C.

⁶ Some examples: the most important foundational principle of cognitive therapy is that emotions and behavior are powerfully driven by what we believe, and that resolving dysfunctional, distorted beliefs will consequently resolve all problems driven by these beliefs; one of the most important foundational principles of both traditional emotional healing prayer and EMDR is that many problematic emotions and other symptoms are caused by underlying traumatic memories; another foundational principle of EMDR is that you must work *inside* the traumatic memory, where the person is connected to the painful emotions associated with the trauma; two key process components with traditional healing prayer are

most of the valid principles, tools, and techniques from these other approaches I had been using, and that it also contributed a number of new principles, tools, and techniques.⁷ Theophostic® therapy/emotional healing ministry therefore became my primary approach when working with traumatic memories. Initially, I accepted and used the whole package exactly as taught by Dr. Smith, but over time Charlotte and I developed our own version of what we called “Theophostic®-based”⁸ therapy/emotional healing ministry.

An especially important piece of my experience with Theophostic® was my own healing. For a variety of reasons, Theophostic®-based therapy/ministry was the first therapy or ministry approach that worked consistently for my own healing. In addition to being another powerful data point convincing me that Theophostic® had something new and valuable to offer, resolving my own psychological trauma provided dramatic benefit with respect to my effectiveness by removing woundedness that had been hindering my skill, impairing my discernment, and crippling my faith.

I observed increasingly positive results as I continued to learn more about different issues that could hinder the healing process, as I continued to practice specific trouble-shooting skills, and as I continued to get my own healing. As the percentage receiving dramatic healing steadily increased, I became convinced that I had discovered the complete answer for treatment of trauma, and that results would eventually reach 100% as my skill, faith, and discernment continued to grow. However, I eventually observed that the percentage of dramatic resolution plateaued at 75 to 85%. There seemed to be a group of people who did not get resolution with Theophostic®-based therapy or ministry, no matter how hard or how long I worked with them. I also began to notice that even in the people who could use a Theophostic®-based approach to get dramatic resolution for *some* issues and memories, there were *other* issues and/or traumatic memories that did not resolve.

IV. Brain-mind-spirit capacity and healing for psychological trauma: At this point in my story I need to take a few minutes to present a very brief summary of brain-mind-spirit capacity, and to talk about how this phenomena interacts with healing for psychological

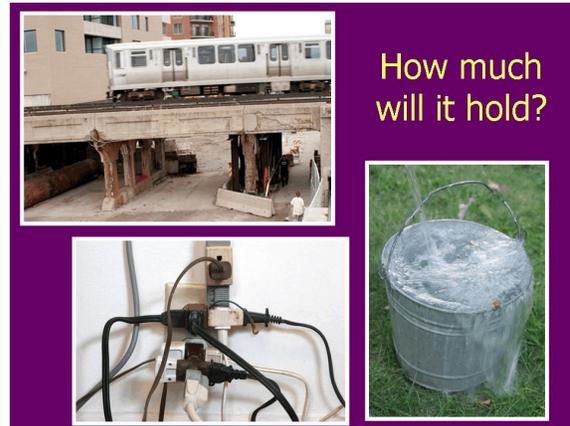
asking Jesus to lead to the underlying trauma and asking Jesus to heal the traumatic memories; one of the key process components of EMDR is to identify and resolve trauma-associated negative cognitions; and another key process component of EMDR is systematic and persistent trouble-shooting to identify and resolve hindrances.

⁷ For detailed discussion of the similarities between Theophostic® and cognitive therapy, EMDR, and traditional emotional healing ministry, and also for discussion of the new pieces brought by Dr. Smith's Theophostic® material, see the following essays at www.kclehman.com: “Theophostic® Ministry: Assessment and Recommendations;” “Cognitive Therapy and Theophostic® Ministry;” “Theophostic® & EMDR: F.A.Q.'s and Common Misunderstandings;” “The Place of Theophostic®-based Therapy/Ministry In the Treatment of Clinical Disorders;” and “Theophostic®: What is Unique?”

⁸ We use the term “Theophostic®-based” to refer to therapies/ministries that are built around a core of Theophostic® principles and techniques, but that are not exactly identical to Theophostic® Prayer Ministry as taught by Dr. Ed Smith. Our own therapy/ministry prior to 2007 would be a good example – it was built around a core of Theophostic® principles and techniques, but it sometimes also included material that is not a part of what we understand Dr. Smith to define as Theophostic® Prayer Ministry (such as “Immanuel Interventions,” our material on dealing with curses, spiritual strongholds, generational problems, and suicide-related phenomena, and our material on journaling, spiritual disciplines, capacity, community, and medical psychiatry).

trauma.

When we refer to the capacity of a physical system, we're referring to "how much can it hold?" or "how much can it carry?" For example, the capacity of a bucket refers to how much liquid it can hold before overflowing, the capacity of a bridge refers to how much weight can travel across it before it collapses, and the capacity of an electrical circuit refers to how much current it can carry before blowing a fuse or burning out components. When we refer to *capacity in the context of emotional healing*, we're referring to the capacity of the person's biological brain, non-biological mind, and spirit – we're referring to *how much biological, psychological, and spiritual intensity a person can handle before some part of his combined brain-mind-spirit system "blows a fuse," and causes the person to malfunction and/or disconnect in some way.*



Capacity limitations of the non-biological mind and spirit are hard to study with usual scientific research methods, but there is an extensive body of research demonstrating capacity limitations for the biological brain. It is especially straightforward to demonstrate the capacity limitations of individual neurons (nerve cells). For example, there are many studies showing that individual neurons function well if given an appropriate load to carry, but that they will begin to malfunction if they are stimulated too intensely, too frequently, or for too long a duration. And if the overload continues, they will eventually become sick and die.⁹ For discussion of research demonstrating that the biological brain also has capacity limitations at higher levels of organization, see *Affect Regulation and the Origin of the Self*, *Affect Dysregulation and Disorders of the Self*, and *Affect Regulation and the Repair of the Self* by Dr. Allen Schore.¹⁰

Charlotte and I first learned about capacity from Dr. James Wilder. Here's my five minute summary of his basic teaching on capacity, as it relates to working with traumatic memories:

For healing work with traumatic memories to be effective, the person receiving ministry needs to be able to connect with the pain in the memory, and needs to be able to stay connected as he processes through the memory. If he can't connect with the pain, or if he can't stay connected all the way through, he won't be able to resolve the traumatic memory.

A series of diagrams will be helpful in explaining my next points. In each of these diagrams,

⁹ See, for example, Choi, DW. "Excitotoxic cell death." *J Neurobiol*, 1992 November, Vol. 23 No. 9, pages 1261-76, and Whetsell, W.O. "Current concepts of excitotoxicity." *J Neuropathol Exp Neurol*, 1996 Jan, Vol. 55 No. 1, pages 1-13.

¹⁰ Schore, Allen N., Ph.D. *Affect Dysregulation and Disorders of the Self*. (New York, NY: W.W. Norton & Company), 2003; Schore, Allen N., Ph.D. *Affect Regulation and the Origin of the Self*. (Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers), 1994; Schore, Allen N., Ph.D. *Affect Regulation and the Repair of the Self*. (New York, NY: W.W. Norton & Company), 2003, and Wilder, E. James. *Track 2 Lectures, THRIVE conference*, Big Rapids, MI, August 16-21, 2004.

the vertical arrow labeled “capacity” represents the capacity of the person’s combined brain-mind-spirit system, and the series of hills to your right represents the intensity of different parts of a specific traumatic memory. For example, one of my friends was in a car accident. The first, small peak could represent the intensity as the car hit a patch of gravel and the driver lost control; the second, larger peak could represent the intensity as their car swerved off the road and into the guard rail; and the third, highest peak could represent the intensity as the car went through the guard rail, off the bridge, and into the river below.

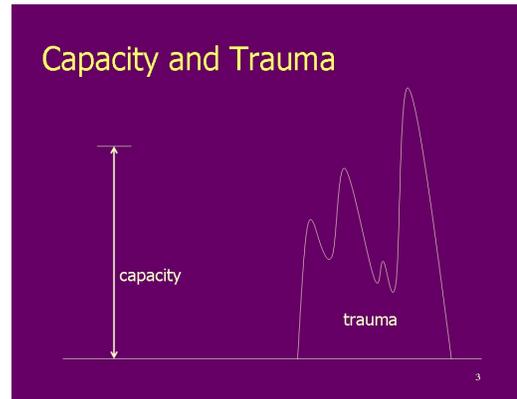


Figure 2

As the diagram in figure #3 illustrates, if there is some part of the traumatic memory that exceeds the person’s joy strength, that exceeds his maximum capacity for staying connected to painful memories, that exceeds his capacity for doing hard things, then he will either be completely unable to connect with the memory, as indicated by the lower horizontal dotted line-arrow, or he will disconnect in some way when he gets to the place that exceeds his capacity, as indicated by the upper horizontal dotted line-arrow.

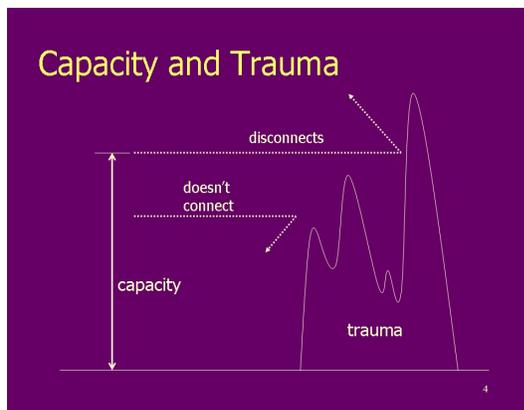


Figure 3

*So, if some part of a traumatic memory exceeds the person’s capacity, he won’t be able to connect/stay connected, and therefore won’t be able to resolve the memory.*¹¹

V. Capacity and Immanuel: In the fall of 2004, as Charlotte and I were working on the material for her presentation about Immanuel,¹² I became increasingly aware of the painful reality that a small cohort of patients in my practice were very stuck. I’d been working with these people for many months – between 50 and 100 hours of Theophostic®-based therapy sessions for most of them – and each of these people had made many unsuccessful attempts to get through certain specific memories. We had worked hard to address every blockage we could find, and even every possible blockage we could think of – vows, judgments, denial, dissociation, guardian lies, and more – but they still weren’t getting resolution for these specific traumatic memories. Eventually I got to a place of profound, humble powerlessness, and in the middle of a day in which I was working with several of these people I spontaneously prayed something along the lines of: “Lord, I’m stumped. I know You *can* heal

¹¹ As far as I am aware, this information on capacity and emotional healing is not included in any of Dr. Wilder’s published materials. We obtained this information via personal conversations with Dr. Wilder during the August 2004 THRIVE seminar, and through e-mail communications with Dr. Wilder July 2005.

¹² For Charlotte’s teaching about Immanuel– a presentation that was important in beginning our journey regarding Immanuel interventions, the Immanuel approach to emotional healing, and the Immanuel approach to life, see either the essay or DVD titled: “Immanuel: God With Us.”

these people, and I know You *want* to heal these people, but we don't know how to move forward. Please show us what to do.”

Within seconds of finishing this prayer, a completely new thought came quietly but very clearly into my mind: I should turn away from focusing on the traumatic memories – take a “time out” from my repeated attempts to help these people push into the traumatic memories – and turn to focusing on helping them just *be with* Jesus (Immanuel).¹³ As I started to focus on helping these patients “just be with Jesus,” I also realized that we were dealing with a capacity problem. Charlotte and I had learned about capacity several months earlier, but at that time I hadn't made the connection between these new principles regarding capacity and these people in my practice that were so persistently stuck. Making the connection, I realized that the reason these people weren't getting resolution for their traumatic memories was that they didn't have enough capacity to stay connected through the worst parts of the memories.

Now here's a really important point: identifying and resolving other clutter and blockages won't fix the problem if the person doesn't have enough capacity to stay connected all the way through the memories. An analogy would be a physical task with the questions of strength versus willingness. If I'm strong enough to push my neighbor's car out of the snowbank, but I'm choosing not to because I'm afraid of getting wet, because I'm angry about an unresolved conflict with this particular neighbor, or because I made a vow never to push cars out of snowbanks, then dealing with my fear, bitterness, or vow will resolve the problem. If I become willing, and choose to help, I'll be able to. However, if I simply don't have the physical strength, then addressing these other issues will not get my neighbor's car out of the snowbank. Becoming willing, and choosing to help, won't overcome my lack of physical strength.

Learning about capacity, and coming to understand how capacity could be the limiting factor in therapy or emotional healing ministry, was like discovering a missing organ system. It was as if I had previously only known about the heart and the lungs. For any patients for whom heart dysfunction or lung dysfunction was the primary problem, I was fine. The pieces all fit together, the picture made sense, and my treatment plans worked. However, if I encountered a patient with kidney disease I was stumped. I could study and treat the person's heart and lungs up one side and down the other, but his kidney disease would continue in spite of all my efforts, and the overall clinical picture would not make sense.

With each of these people who had been so persistently stuck, we had been focusing on willingness and choice: “Why weren't they *willing* to connect with the memories? Why were they repeatedly *choosing* to disconnect part way through?” But the problem was capacity. These people didn't have enough capacity. They were perfectly *willing*, and kept *trying* to go into the memories, but they didn't have enough capacity, so they either couldn't connect, or couldn't stay connected all the way through. This was why they were stuck – this was why they couldn't resolve these certain, specific traumatic memories, and why none of our other interventions had solved the problem.

¹³ It's interesting to note that part of why this breakthrough came at this particular time is that I had gotten more healing (through the car ordeal, described in our *Immanuel and Emotional Healing* presentation), so I wasn't triggered by being stumped. I could acknowledge I was completely stumped, calmly ask for help, and then actually hear the Lord's response (guidance).

What also occurred to me, as soon as I made the capacity connection, was that the Lord's suggestion – to focus on helping these people *be with* Him – was a brilliant solution to this capacity problem. In other sessions, I had seen that a person could stay connected through the worst imaginable memories *if she perceived the Lord's presence with her*. As the diagram in figure #4 illustrates, Jesus has infinite capacity. He seems to be glad to be with us in and through *any possible situation we can get into*, and He never becomes anxious or upset. It seems that if a person can perceive the Lord's presence,¹⁴ and let Him be *with* her, then capacity problems resolve, and the healing process can move forward.

This appears to be very similar to the way in which being with a safe, non-anxious adult can resolve capacity problems for a child. For example, if you have a small child who doesn't have the capacity to go into a dark basement by herself, she will absolutely refuse to go down the steps. However, this same child will easily and willingly go into this same dark basement *if she's holding her father's hand*.

I had seen this happen spontaneously, in Theophostic®-based sessions where a person would suddenly perceive the Lord's presence with her in the middle of a painful memory; but until the Lord directed me to spend time very deliberately helping these people “just *be with* Him,” it had never occurred to me that we could *intentionally, systematically* facilitate these experiences of perceiving and connecting with the Lord's Immanuel presence.¹⁵

As all these pieces began to fit together, a light bulb came on for me: “Hey! *This could work for all of my patients who are dealing with traumatic memories bigger than the available capacity!* What if we tried a ‘just be with Jesus’ intervention’ in any situation where the person seemed to be encountering capacity issues?”

Whenever the person seemed to be having difficulty going into a memory due to capacity problems, or seemed to be ejecting from a memory due to capacity problems – what if we asked the Lord to help her perceive His presence, and to help her just *be with* Him?” I tried this approach with every one of the people who had been so persistently stuck (all of whom seemed to be having capacity problems), and in most of these situations the person was eventually able to perceive the Lord's presence. With some of these people, we needed to spend a number of sessions so that many different internal parts could spend time with Jesus, but *everybody who was able to perceive the Lord's presence was eventually able to press through painful memories that they had initially been unable to handle*. And they were able to perceive the Lord's presence *through the whole process*. This seemed to help tremendously. The whole process seemed easier and less painful, and certainly went faster.

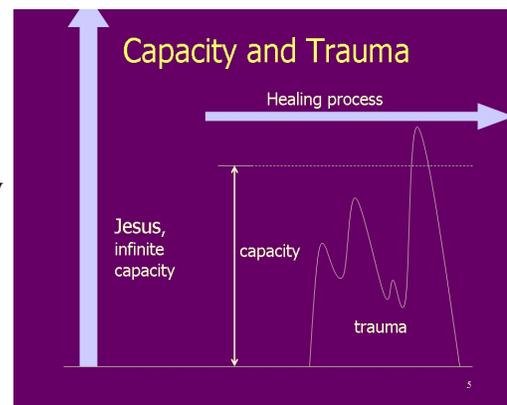


Figure 4

¹⁴ As will be discussed in “Part Two” of this presentation, in order to resolve capacity problems in this way, the person needs to be able to perceive the Lord's presence *with sufficient clarity and intensity*.

¹⁵ Sometimes the person participating in the Theophostic® process will *spontaneously* perceive the Lord's presence in some way, but the Theophostic® facilitator does not *deliberately, explicitly* help the person perceive the Lord's presence and connect with Him, and often the person receives truth and healing without any tangible perception of the Lord's presence.

As this all unfolded, I began to formulate what we now call “*Immanuel interventions*” – *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*. I will discuss Immanuel interventions at more length in Part V, but here is a very brief description for the purposes of this introduction:

The most basic, simple component is the specific, explicit invitation and request: “Lord, I make a heart invitation for You to be *with me*, here in this place. I also ask You to help me perceive Your presence, and to help me establish an adequate interactive connection with You.”

If the person is not able to perceive the Lord's presence and establish an adequate interactive connection, you “trouble-shoot.” Start with praying “Lord, what's in the way?” and then follow-up on whatever the Lord brings forward. For example, you may not be able to perceive the Lord's presence because you are afraid that you will feel unbearable shame if you let Him come into the memory you're working with. When you address this blocking fear, and are willing to *let* Him come into the memory, you will then perceive His presence. Or you may not be able to let Him come *close enough* for an adequate connection because you're afraid He might hurt you if He gets too close; and when you address this blocking fear, and are willing to *let* Him come closer, you will then experience an adequate interactive connection.

This is obviously a good place for me to explain what I mean by “adequate interactive connection.” I am experiencing an *interactive* connection with the Lord when I perceive His presence in some way and it *feels* true that we are having a living, real time, mutual, contingent¹⁶ *interaction*. When I am experiencing an interactive connection, it feels true that the Lord sees, hears, and understands the emotions and thoughts I am experiencing and communicating, and it also *feels* true that he is offering contingent responses to my emotions and thoughts. And an *adequate* interactive connection is an interactive connection that is clear enough, strong enough, and functional enough to enable the person to accomplish the task immediately in front of her. An *ideal* connection is obviously ideal,¹⁷ but an *adequate* connection is an interactive connection in which the person perceives the Lord clearly enough, allows Him come close enough, feels a strong enough emotional connection, achieves enough synchronization, and is able to receive enough *to enable to her to take the next step forward*.

An experience I had several years ago provides a good example of an interactive connection with the Lord. My friend, Thomas, died in his sleep after fighting through 35 years of

¹⁶ *Contingent* interaction means that our responses are directly related to (*contingent* upon) what the other is experiencing and communicating. For example, if I meet my godson in the park and he comes running to me with a big smile, a contingent interaction would be to greet him with “Hey! It's good to see you! It looks like you're having a good day.” And if I'm walking through the park and I see him standing by himself and crying, a contingent interaction would be to kneel down beside him and quietly ask, “What's he matter? Tell me what happened.” In contrast, if I see him alone and crying, a *non-contingent* interaction would be to ignore his distress and greet him with “Hey! It's good to see you! Isn't this a beautiful day?”

¹⁷ For discussion of ideal interactive connections, see the section on Immanuel interventions in Part V of the “Brain Science, Psychological Trauma, and the God Who Is with Us” essay series.

severe chronic mental illness. He never did anything important in the eyes of the world, but I think he was a hero. In my assessment, few people have done so well carrying such a heavy load. In spite of 35 years of suffering with severe mental illness that medication was only partially able to control, he remained faithful to the Lord. Most people with chronic mental illness use alcohol and/or street drugs to numb the pain, but Thomas never did this. In fact, not only did he not spend his money on pain numbing substances, but he intentionally lived extremely simply, so that he could have money left over from his welfare income to give to the church. This is just one of the ways in which he was quietly heroic. Several months before he died, I asked him: "Thomas, how do you cope with all the suffering in your life?" And his reply was, "I focus on Jesus – every day, all day long. If it wasn't for Jesus, I couldn't do it."

Several days after Thomas died I was out on my exercise walk. I had learned that I could use the simple prayers from the beginning of our Immanuel interventions to connect with Jesus during my exercise time, so I invited the Lord to be with me and asked him to help me perceive his presence. The moment I finished the prayer a spontaneous mental image came into my awareness, and in this image Jesus was walking beside me, enjoying the weather, with the kind of smile you see on the face of someone who's walking with a good friend on a beautiful day. The image was very faint (as is usually the case when I perceive the Lord's presence); but even though the image was so subtle, somehow it also felt one hundred percent true and real. After walking along for a while, just enjoying the Lord's quiet, smiling, friendship presence, I commented (in my thoughts): "Lord, I'm so glad that Thomas is with you now." This is hard to describe, but I was facing forward as I was walking, and my mental image of the Lord was that he was in my peripheral vision, just as would be the case if a friend were walking beside me in the "real" world. Immediately – the moment I had finished making this comment about Thomas – I "saw" the Lord's face turn towards me, this big grin broke out on his face, and I sensed the clear response, "So am I!" And then, "He has fought the good fight, and has finished the race. He is here with me now – his suffering has ended, and he is being rewarded for his heroic faithfulness."

All readers will probably recognize that the conversation between the Lord and me about Thomas was an interactive connection, but some may miss that an interactive connection was present even before the verbal communication. From the moment I became able to perceive his presence, *non-verbal* communication was flowing back and forth between us, just as is normally the case when two friends walk side by side without talking, communicating in many subtle ways that they are aware of each other and glad to be together. From the first moment that I perceived his presence until after our conversation regarding Thomas had ended, this was an interactive connection where it felt true that the Lord and I were having a living, real time, mutual, contingent interaction – where it felt true that he saw, heard, and understood my emotions and thoughts, and where it felt true that he was offering contingent responses to the emotions and thoughts that I was experiencing and communicating.

Getting back to Immanuel interventions: although there have been some situations where we have *not* been able to find and resolve whatever was in the way, these Immanuel interventions have usually been successful; and in *every* situation where these Immanuel interventions have worked, and the person has been able to adequately perceive the Lord's presence, has been able to allow Him to come close, has been able to receive from Him, and has been able to be with Him, *capacity problems at that particular point in the process seem to resolve, and the person has been able to take the next step forward.*

VI. Immanuel interventions for everyone: As just described, at first I used Immanuel interventions only as a special resource in sessions where the person had insufficient capacity for the traumatic memories they were encountering. I was amazed by the high percentage of success, and thrilled with the positive results, but I was only using these interventions in this very limited setting. This is a bit embarrassing, but I was so excited about the way people were perceiving and connecting with Jesus in these capacity problem sessions that many months went by before I thought to ask: “Why reserve this new intervention only for situations where the person is stuck due to lack of capacity? I wonder what would happen if we tried this in every session, as soon as the person gets to a traumatic memory? Why couldn't we do this with everybody?!” As soon as I had this thought I began to try Immanuel interventions in every session – regular client sessions, consultation sessions, mentoring group demonstration sessions, and sessions with friends and family. And the results were essentially the same as when I tried Immanuel interventions in capacity problem sessions. Once again I was amazed by the high percentage of success and thrilled with the positive results.

As soon as we got to a traumatic memory, the first thing I would do was help the person perceive the Lord's presence and connect with Him; and once she could perceive His presence and had established an adequate interactive connection, we would turn to Jesus for leadership and resources throughout the rest of the session. This would be especially helpful when we would encounter difficulties, whether or not they had to do with capacity. At any point during the rest of the session that the person got stuck, I would simply coach her to look at Jesus, to focus on Jesus, to ask Jesus for help, to receive more from Jesus, and to spend time *being with* Jesus. For people who were able to perceive the Lord's presence and connect with Him in this way, the simplest additional nudges were often all that was needed. Sometimes, all I had to do was ask “What's Jesus doing?” Or I might make a very simple suggestion, such as “Keep focusing on Jesus and see if that helps,” “Ask Jesus if there's more He has for you,” or “Ask Jesus what He wants you to do next.”

VI. From “Immanuel interventions” to the “Immanuel Approach”:

A. Start at the very beginning of the session: For reasons I still do not fully understand, Immanuel interventions seemed to be most effective in the context of working inside traumatic memories. This was certainly the place I had most often observed them to be successful, and I could feel that I had a lot more faith in their effectiveness when working in this context. Therefore, when it occurred to me that we could try Immanuel interventions at the very beginning of each session – even *before* getting to a traumatic memory – I resisted the thought. But it kept coming back. “Why not start each session with an Immanuel Intervention, so that the first thing the person did would be to perceive and connect with Jesus? We could then interact with Jesus in this more tangible way throughout the *whole* session! We could even ask Him for guidance regarding what to work on!” The more I observed the benefits of interacting with Jesus, once the person was able to perceive His presence and connect with Him, the more I thought about at least *experimenting* with trying Immanuel interventions at the very beginning of the session.

During the time I was pondering all this, one of my clients sat down at the beginning of her appointment and said: “I was driving down the highway the other day, and it occurred to me: ‘Why do I have to wait until I'm in Dr. Lehman's office? Why can't I try that Immanuel thing at other times? I wonder what would happen if I tried it right now?’ And so

I asked the Lord to help me perceive His presence, and there He was – sitting in the passenger's seat! Somehow, it's now clear to me that He'd been there the whole time, but I just hadn't been able to see Him until I asked. I was able to perceive His presence – sitting in the passenger's seat – for the rest of the trip.” And shortly after this, another client came in and reported: “I was at the dentist last week, for a procedure I knew was gonna be very painful and that I'd been dreading, and the thought came to me: ‘Why not try that Immanuel thing Dr. Lehman does?’ So I did, and there He was! I could sense His presence very powerfully. He was standing right beside the dentist's chair and holding my hand. I focused on Him through the whole procedure, and I hardly felt any pain or fear!” These two experiences provided additional encouragement for taking the next step: “If the Immanuel Intervention prayer works for people who're driving down the highway and sitting in a dentist chair, maybe I should go ahead and start trying it at the beginning of sessions – even before the person gets to a traumatic memory.”

Furthermore, I had been describing my experience with Immanuel interventions to Dr. Wilder during our weekly phone conversations, and as a result of these conversations he had developed several variations that he had begun using with a recovery group at his church. He was routinely trying his Immanuel intervention variations outside of traumatic memories, he had come up with a simple preparation exercise that made it easier for the person to perceive and connect with Jesus, and he was observing consistently good results *even when **not** working in the context of traumatic memories.*

So I took the next step and began experimenting with Immanuel interventions, in combination with Dr. Wilder's preparation exercise, at the beginning of each session. Once again, I have been encouraged by the results. The more sessions I have done this way, the more convinced I have become that it is a good idea to spend time connecting with Jesus before going into painful memory work.

The interactive connection with Jesus that has been established at the beginning of the session also provides a safety net. I still use Immanuel interventions to help the person establish a connection with Jesus *inside* each traumatic memory that comes forward, and when this is successful, we work with this connection *inside* the memory. However, if the person is having trouble and is not able to perceive the Lord's presence and connect with Him inside a given traumatic memory, I help them go back to the place of interactive connection with Jesus from the beginning of the session.

“Safe place” imagery is a well known tool for helping people manage painful memories and negative emotions that are especially intense.¹⁸ First, you coach the person to develop an imaginary “safe place.” For example, he might imagine himself lying on a soft blanket in a quiet meadow, with the afternoon sun warming his face, the familiar, comforting smell of freshly cut hay coming to him on a gentle breeze, and the sound of meadowlarks singing in the distance. The person then deliberately *practices* “going to” this safe place, so that he will eventually develop the *skill* of being able to use this “safe place” imagery as a way to calm down, even in the face of painful memories and intense negative emotions. Similarly,

¹⁸ See, for example: Shapiro, Francine. *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures*. (New York, NY: Guilford Press) 1995, especially pages 122-124 (the index also cites twenty additional page references for “safe place”); and Bourne, Edmund, J. *The Anxiety & Phobia Workbook, second edition* (Oakland, CA: New Harbinger Publications), 1995, pages 241-251.

a person can *practice*, and learn the *skill* of going back to places of interactive connection with Jesus; and these are *truly ideal, optimal* “safe places” – not just positive imagination images, but rather *perception of* and *connection with* Jesus’ living presence in the present!

My perception is that people have a bit more difficulty with perceiving the Lord’s presence, in comparison to trying Immanuel interventions in the context of traumatic memories, but I am still very encouraged by the results. People who have not had *previous* positive experiences of perceiving the Lord’s presence and connecting with Him are often *not* able to start sessions in this way, but most people who *have* been able to perceive and connect with the Lord in other contexts *are* able to start each session with refreshing their perception of His presence and their interactive connection with Him.

B. Incorporation of new understanding regarding traumatic memories: Another contributing influence in the development of the Immanuel Approach has been working with Dr. E. James Wilder to formulate the material I will be presenting in parts II through IV. Several of the most important “big picture” concepts in Parts II, III, and IV are:

- 1) there are many different processing tasks that need to be successfully completed for a *painful* experience to be adequately “metabolized,” so that it does not become a *traumatic* experience;
- 2) failure to complete one or more of these tasks results in a traumatic experience; and
- 3) memories for traumatic experiences are resolved when we identify and finish the processing tasks that were not completed at the time of the original experience, and this can only happen when specific necessary conditions and resources are provided.

As I came to understand the details regarding these processing tasks, including the conditions and resources necessary to accomplish remedial work at different points in the processing journey, I realized that for people who were able to maintain an especially clear and strong connection with Jesus, *He would do a beautiful job of caring for each of the unfinished processing tasks*. He seemed to know all about each of the processing tasks, and He would focus the unfinished tasks, set up the necessary conditions, and provide the necessary resources as long as we kept turning to Him for leadership and help. I would have to provide more leadership and direction when working with people who were *not* able to maintain such a strong connection with Jesus, but as long as I helped to identify the unfinished processing tasks and to focus the need for specific conditions and resources, the Immanuel approach could easily make space for all of this.

At this point, my assessment is that interacting with Jesus, in the context of the Immanuel Approach, can provide beautiful solutions at every point of potential difficulty. If the person is able to maintain an adequately clear and strong connection with Jesus, or the facilitator understands this material and is able to provide supplementary leadership and direction, then:

- 1) there are some aspects of working with traumatic memories that Theophostic®, EMDR, and other approaches to therapy and ministry address beautifully, and the Immanuel approach can easily incorporate these strong points;
- 2) there are some aspects of working with traumatic memories that other approaches address

adequately, but that the Immanuel approach cares for even more effectively; and

- 3) there are some aspects of working with traumatic memories that the Immanuel approach addresses beautifully, but that the other approaches do *not* adequately care for.

C. Priority correction with respect to symptom relief: During most of my years of experience with psychotherapy and emotional healing ministry, I perceived that the primary purpose was to relieve suffering. For example, someone would come to me because she had panic attacks that were causing her much suffering and severely disrupting her life. She came to me, as a psychiatrist who uses a variety of emotional healing tools, for the purpose of getting relief from her panic attacks. Or someone would come to me because he had depression that was causing him much suffering and severely disrupting his life. He came to me, as a psychiatrist who uses a variety of emotional healing tools, for the purpose of getting relief from his depression. I had observed that people often also received spiritual benefits when they addressed unresolved emotional issues, but I saw symptom relief as the primary objective.

When I was first developing the Immanuel approach, I was still thinking about emotional healing from this perspective. My first response was something along the lines of: “Great! new tools that we can use to help people resolve their symptoms. Now we can facilitate emotional healing and relieve suffering even more effectively.” And then one day I was facilitating a session in which the person began to complain about how long the Lord was taking to relieve her pain. She was in a memory where she could perceive the Lord’s presence, so I encouraged her to engage directly with Jesus regarding her concern. She expressed her unhappiness directly to Jesus, paused for a couple minutes, and then reported that the Lord had responded with the following comment:

“I love My children, and I am glad to free them from suffering, but the primary, most important purpose of all this emotional healing stuff is to remove the blockages that are between your heart and Me. ***The primary, most important purpose of emotional healing is to remove the blockages that hinder your heart from coming to Me.***”

He also talked with her about her discouragement regarding her ongoing suffering, but the above comment about the primary purpose of emotional healing struck both the person and myself as being especially profound.

In the 25 years that I have provided psychiatric care, I have *never* had a person come to me with the request that I help him remove blockages so that he could have a closer relationship with Jesus. It almost makes you grateful that God designed us so that unresolved emotional issues cause pain. Even if we won’t pursue emotional healing for the primary purpose of deepening our relationship with Jesus, at least we will pursue healing in order to make the pain stop. And isn’t it convenient that emotional healing also removes blockages that are between our hearts and Jesus? What a nice “side effect”!

Since the session described above, I have thought about the Lord’s words many, many times. I am grateful for pain relief, but I want to agree with Jesus on this issue. I have been asking the Lord to change my heart, so that I would relentlessly pursue emotional healing because I long for a more intimate relationship with Him, and therefore want to remove every blockage that might get in the way. I want to pursue intimacy with Jesus as the primary purpose, and receive symptom relief as a pleasant side effect, instead of the other

way around.

A simple, but very important part of the Immanuel approach to emotional healing, is shifting the primary priority from “resolve trauma and relieve symptoms” to “remove barriers that hinder the person’s relationship with Jesus.”

D. Reversal with respect to Theophostic®: Along with reversing the relationship between symptom relief and connecting with Jesus, we have also reversed the relationship between our use of Theophostic® and connecting with Jesus. When I first developed Immanuel Interventions, I was using these “interventions” as a special resource in the context of Theophostic®-based therapy/ministry – *helping the person connect with Jesus was a special resource that I used to increase the effectiveness of Theophostic®.* Now, instead of using Immanuel interventions as a special resource in the context of Theophostic®, I use Theophostic® principles, tools, and techniques as trouble shooting resources in the context of the Immanuel approach, *where the main objective is to help the person connect with Jesus.*

E. The Immanuel Approach to Emotional Healing: Putting all these pieces together, we developed what we now call the Immanuel approach to emotional healing. One way to define our current version of the Immanuel Approach to emotional healing would be to first identify the contributing components:

- Deliberate appreciation, in the context of remembering previous positive experiences with the Lord, to prepare for an interactive connection with Jesus;
- Refreshed perception of the Lord’s living presence, and establishment of an interactive connection with the Lord, *in the present*, as the starting foundation;
- Engage directly with Jesus at every point in the session;¹⁹
- Immanuel approach troubleshooting (1. Ongoing coaching to engage directly with Jesus for connection, guidance, and assistance at every point in the session; 2. Monitor the person’s interactive connection, and apply Immanuel interventions at any point she loses adequate interactive connection with the Lord);
- The safety net of returning to initial positive memory and interactive connection;
- Formulate and share the Immanuel story;
- Describe whatever comes into your awareness (your brain works better in community)
- Facilitator establish an interactive connection for herself, and then constantly engage directly with the Lord with respect to guidance;
- Faith (in the Lord’s presence, in the Lord’s goodness, in the Lord’s guidance, and in the effectiveness of the Immanuel approach and Immanuel interventions);
- Understanding regarding capacity, understanding regarding attunement and relational connection circuits, and understanding regarding processing tasks at each of the brain levels.
- Our modified version of Theophostic® theory, tools, and techniques;

Then, if you take all of these components, organize them around the living presence of Jesus as the central focus, and clearly identify connecting more intimately with Jesus as the primary objective (with resolution of trauma as a secondary objective), you have the Immanuel

¹⁹ In the language of Wilder and Coursey’s *Share Immanuel* booklet, this simple, foundational intervention is “helping the person stay in the interactive seat.”

Approach to emotional healing. Each of these components are thoroughly discussed in parts II through V of the “Brain Science, Psychological Trauma, and the God Who is With Us” essay series, but for this introduction I would like to include a brief summary of the basic process components:

- *Deliberate appreciation, in the context of remembering previous positive experiences with the Lord, to prepare for an interactive connection with Jesus:* Recalling past positive experiences and deliberately appreciating them prepares your brain–mind–spirit system for positive relational connection. At the beginning of each Immanuel approach session, we therefore include reconnecting with memories for previous positive experiences with the Lord, and deliberate appreciation, to prepare the person’s brain-mind-spirit system for refreshing/re-establishing a living, interactive connection with Him.

- *Refreshed perception of the Lord’s living presence, and establishment of an interactive connection with Him, in the present, as the starting foundation:* After the person has identified one or more memories of past positive connection with the Lord, has reconnected with the memory/memories, and *feels* appreciation in these past experiences, I coach the person to spend several more minutes reconnecting with/reentering one of the memory/memories.²⁰ As she does this, I ask the Lord to help her perceive His presence and establish an interactive connection,²¹ so that these are real and living in the present, and then I coach the person to describe whatever comes into her awareness. The person is usually able to transition smoothly and easily from positive memory recall and appreciation to a living, interactive connection with the Lord in the present (and if this doesn’t happen, we troubleshoot regarding what’s in the way). This living, interactive connection is then the foundation for everything else in the session.

- *Engage directly with Jesus at every point in the session:* Once the person has established an adequate interactive connection with Jesus in the present, the therapist/ministry facilitator coaches her to turn to Jesus, focus on Jesus, and engage with Him directly at every point in the session. As discussed both above and below, the primary objective of the Immanuel approach is to enhance our personal, relational, heart connection with the Lord. Coaching the person to turn to Jesus, focus on Jesus, and engage with Him directly at every point in the session is the “bread and butter” Immanuel approach intervention for helping the person build her personal, friendship connection with the Lord.

Furthermore, the simple intervention of repeatedly coaching the person to turn to Jesus, focus on Jesus, and engage with Him directly is sometimes all that is needed to keep the session moving forward with respect to emotional healing, maturity mentoring, or anything else the

²⁰ Note that coaching the person to spend several minutes very deliberately reentering/reconnecting with the memory is a new piece as of fall 2010.

²¹ In most cases, the person perceives the Lord’s living presence and establishes an interactive connection in the context of the memory imagery. That is, they perceive that the Lord’s presence in the memory imagery comes alive, and that (still in the context of the memory imagery), His presence begins to engage with them interactively. However, some people will perceive the Lord’s living, interactive presence in the room where they are receiving ministry; some people will perceive the Lord’s living, interactive presence in the context of a different memory that comes forward spontaneously; some people will perceive the Lord’s living, interactive presence in the context of imagery that does not seem to be coming from any specific memories, and some will experience two or more of these simultaneously.

Lord wants to accomplish. The person might engage with Jesus for guidance in choosing an initial target, for help with finding underlying traumatic memories, for assistance with resolving unfinished processing tasks, for capacity augmentation when dealing with inadequate capacity, or for help with any other questions, needs, or challenges that come up. If the person immediately turns to Jesus and engages with Him directly, *as soon as these questions, needs, or challenges come up*, the session often just keeps moving forward without the perception of being stuck or the need for troubleshooting.

•*Immanuel approach troubleshooting and Immanuel interventions*: Many people are quickly able to establish an adequate interactive connection at the beginning of the session, they easily maintain this connection, and they receive a variety of beautiful, life-giving results, all with only the minimal Immanuel approach interventions just described. However, others initially experience confusing, disappointing, or frustrating results; but then eventually receive enhanced friendship with the Lord, transformative emotional healing, and other beautiful, live-giving results if the facilitator can help them identify and resolve blockages. I have become totally convinced that the Lord is *always* present, that the Lord *always* wants to bless us with life-giving gifts, that the Lord is *always* able to accomplish this, and that the Immanuel approach will almost²² always (eventually) release these gifts and blessings if adequate troubleshooting is included.

1. Ongoing coaching to engage directly with Jesus for connection, guidance, and assistance at every point in the session: Coaching the person to turn to Jesus, focus on Jesus, and engage directly with Jesus is also the simplest, the most common, and the most important form of troubleshooting in the Immanuel approach. For example, if the person does *not* immediately turn to Jesus when she encounters the questions, needs, or challenges mentioned above, but instead tries to figure them out/resolve them herself (and then eventually perceives herself to be stuck), the first, most basic troubleshooting intervention is to coach her to turn to Jesus, focus on Jesus, and engage with Him directly regarding the problem. This simple intervention is often all that is needed to get the process moving again.

2. Monitor the person's interactive connection, and apply Immanuel Interventions at any point the person loses adequate interactive connection with the Lord: An important responsibility of the facilitator is to monitor the person's interactive connection, and to apply Immanuel interventions at any point the person loses adequate interactive connection with the Lord. People often lose their connection with the Lord when they connect with traumatic memories, so it is especially important to ask whether the person still perceives an interactive connection (and then apply Immanuel interventions when necessary) whenever the recipient enters a traumatic memory. However, the person will also occasionally lose her connection at other points in the session, so it is also important to keep your eye on her connection with Jesus throughout the session.

As described earlier, Immanuel interventions are *specific, focused, systematic interventions* with the goal of helping the person receiving ministry to perceive the Lord's presence and establish an adequate interactive connection with Him. As also described earlier, the most

²² On very rare occasions, a person will persistently choose to indulge in bitterness and/or self-pity and/or rebellion. This will block the Immanuel approach process, and cannot be resolved with any of the usual troubleshooting tools.

basic, simple component is the specific, explicit prayer: “Lord, I make a heart invitation for You to be *with me*, here in this place. I also ask You to help me perceive Your presence, and to help me establish and adequate interactive connection with You.” And if the person is *not* able to perceive the Lord’s presence and establish and adequate interactive connection, you “trouble-shoot.” Note: for those who are able to establish a living, adequate, interactive connection with Jesus at the beginning of the session, an additional resource is available if the person loses connection with Jesus at some later point in the session and is *not* able to receive adequate guidance in response to the direct question: “Lord, what’s in the way?” You coach the person to return to the place of living interactive connection from the beginning of the session, and then *in the context of the refreshed connection*, you coach her to ask the Lord about the place where she is *not* able to perceive His presence.

- *The safety net of returning to initial positive memory and interactive connection:* If the person gets stuck and other troubleshooting efforts do not resolve the problem, the facilitator can coach her to return to the initial positive memory and interactive connection with the Lord. In the context of the positive memory and the refreshed initial interactive connection, the person can engage directly with Jesus regarding the stuck point. Also, if they are coming to the end of the session and the person is still in the middle of an unresolved traumatic memory, the facilitator can coach her to return to the initial positive memory and interactive connection as a way to end the session at a safe place. This is a very simple Immanuel intervention that serves as a safety net, especially for lay ministers and beginners.

- *Formulate and share the Immanuel story:* After each Immanuel emotional healing session, describe what it was like before you perceived the Lord’s presence in the place of pain, describe what happened when you perceived the Lord’s presence in the place of pain, and describe how things are/have been different since perceiving the Lord’s presence in the place of pain. Formulating a narrative with these three key components, and then sharing it with at least three other people, helps the Immanuel healing experience begin to integrate into your daily life, and also to positively affect your expectations regarding how to respond in future situations in which you get triggered.

****?For Immanuel approach book, insert testimonies/section from book “This isn’t just theory....”?***

VIII. From “the Immanuel Approach for emotional healing” to “the Immanuel Approach for life”: As described earlier, the Immanuel approach to emotional healing organizes the whole session around turning to Jesus, focusing on Jesus, and engaging directly with Jesus at every point in the session, *and this includes asking the Lord for guidance regarding what to do with each session*. As I began to use this approach in an increasing number of sessions, I discovered that sometimes the Lord would lead us to do something other than emotional healing work. Jesus expanded the agenda, and the Immanuel approach to emotional healing became just *one part* of the larger Immanuel approach to life. As mentioned above, resolving trauma removes blockages that hinder connection with Jesus, and Jesus also wants to relieve our suffering, so sometimes Jesus’ agenda for the day *is* to resolve trauma. But sometimes Jesus’ agenda is to build capacity; sometimes Jesus’ agenda is to build maturity skills by teaching, modeling, and helping the person practice; sometimes Jesus’ agenda is to address other issues important to optimal living, such as the balance between work and restoration; sometimes Jesus’ agenda is to spend time with us, as a friend and companion, *just because He likes being in relationship with us*; and sometimes His agenda is other stuff that we have

never even thought about addressing in an emotional healing session.

The live ministry DVD, *Steve: "Just" Be with Jesus*, provides an excellent example of Jesus expanding the agenda beyond just healing trauma. I start the session with coaching Steve to try the appreciation exercise that helps prepare our brains and minds to establish an interactive connection with Jesus. To do this, he thinks about a memory of a powerful emotional healing session in which the Lord healed a traumatic childhood experience of near drowning, and then spends some time talking about the specific things he appreciates regarding how Jesus cared for him in this situation. As Steve talks about his appreciation, the *memory* of a past experience of connecting with Jesus transitions into a "real time," living, interactive connection with Jesus *in the present*. This was all as I expected, and I figured we would move on to working with traumatic memories, now that this initial connection had been established as the ideal foundation for such work. But the Lord had other plans. Each time I directed Steve to ask Jesus for guidance regarding what to do next, he reported something along the lines of "He wants me to just stay right here, sitting in His lap. He says I don't do this enough, and that I need to spend more time like this, letting Him restore me." Throughout the entire session, Jesus persisted in helping Steve improve the work/restoration balance in his life, even though *I* became anxious that we ought to be doing something "more important," and kept trying to redirect the session to working on traumatic memories.

The Lord has also expanded the Immanuel approach by moving it outside of special "sessions." He wants us to use these tools for perceiving His presence and connecting with Him during every day life. Like the person who tried the interventions for establishing an interactive connection while driving down the highway, and then spent the rest of the trip just being with Jesus, as a friend and companion; or like the person who used the tools for establishing an interactive connection while sitting in the dentist's chair, and then focused on being with Him as she went through the dental procedure. 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.

In therapy/ministry sessions as well as in every-day life, the first, number one, highest priority item on the agenda is to be *with* God. According to the team of more than 50 people who have spent 5 years preparing *The Renovare Spiritual Formation Bible*,²³ being *with* God is the central, organizing theme of the whole Bible. Quoting directly from the general introduction:

"...the unity of the Bible is discovered in the development of life 'with God' as a reality on earth, centered in the person of Jesus. We might call this the Immanuel Principle of life."

So, according to these scholars and authors, the entire Bible happens to support this particular point.

IX. Summary of the steps from "traditional" Theophostic® to the "Immanuel Approach for life": To summarize the steps leading from traditional Theophostic® to the "Immanuel

²³ *The Renovare Spiritual Formation Bible: New Revised Standard Version with Deuterocanonical Books*, Editor: Richard J. Foster; General Editors: Gayle Beebe, Lynda L. Graybeal, Thomas C. Oden, Dallas Willard; Consulting Editors: Walter Brueggemann, Eugene H. Peterson. (New York, NY: HarperCollins Publishers), 2005.

Approach for life”:

Theophostic®:

- Focuses on painful emotions, goes to traumatic memories, identifies trauma-associated lies, and then asks, *specifically regarding the distorted interpretations*: “Lord, what do you want me to know about this?”
- Waits until the end of the process before asking the Lord to resolve the traumatic memory by replacing lies with healing truth.²⁴
- Does not *deliberately, explicitly* help the person perceive the Lord’s presence and connect with Him. Sometimes the person participating in the Theophostic® process will *spontaneously* perceive the Lord’s presence in some way, but often she receives truth and healing without any tangible perception of the Lord’s presence.

Theophostic® augmented with Immanuel Interventions for capacity problems: Uses Immanuel Interventions to deliberately and explicitly help the person perceive the Lord’s presence and connect with Him, *but only for those who are experiencing difficulty with Theophostic® due to capacity problems.*

Theophostic® augmented with Immanuel Interventions for everybody: Eliminates capacity problems as the special condition for using Immanuel Interventions. In every Theophostic®-based therapy or ministry session, Immanuel Interventions are used to help the person connect with Jesus as soon as she gets to a traumatic memory.

Immanuel Approach for emotional healing:

- Starts the session with helping the person perceive the Lord’s presence and establish an adequate interactive connection with Jesus.
- Immanuel approach troubleshooting (1. Ongoing coaching to engage directly with Jesus for connection, guidance, and assistance at every point in the session; 2. Immanuel Interventions at any point the person loses adequate interactive connection with the Lord).
- Incorporates additional understanding regarding the processing tasks that must be completed in order to resolve traumatic memories. The most important point here is to fill in areas where the Theophostic®-based foundation is weak.
- Shifts the primary priority from “resolve trauma and relieve symptoms” to “help the person connect more intimately with Jesus by removing barriers between her heart and Him.”
- Uses Theophostic® principles, tools, and techniques to help people connect with Jesus, instead of the other way around.

²⁴ As mentioned above, the primary emphasis in Theophostic® is to identify and resolve trauma-associated distorted interpretations. Theophostic® does sometimes address other aspects of emotional healing, such as truth-based grief and truth-based guilt, but *especially the theory* is organized around trauma-associated distorted interpretations. As we will discuss in Part II, Theophostic® is especially strong with respect to the processing task that deals with distorted interpretations, Theophostic® is adequate with respect to some other processing tasks, and Theophostic® is weak with respect to certain processing tasks.

Immanuel Approach for life:

- Expands the specific items on the agenda to incorporate the rest of life, with the resolution of traumatic memories becoming only one item on the larger agenda. For those familiar with THRIVE, we could say that the Immanuel Approach for life expands the agenda to incorporate the rest of what we need to *thrive* – what we need to be *optimally* healthy and to have a *joy-filled* life.”
- Extends the use of tools for connecting with God beyond special “sessions,” with the ultimate goal being to 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.
- Identifies the first, most important, number one priority item on the agenda as *being with God*.