



Maggie #2: “If I leave, she could die”

(The Immanuel Approach to Emotional Healing)

Explanatory comments, condensed version

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The main purpose of the DVD “Maggie #2: ‘If I leave, she might die” (the Immanuel approach to emotional healing)” is to provide live ministry session examples of the principles, techniques, and process described in our essays and presentations about the Immanuel approach to emotional healing. This DVD will be encouraging and educational for any viewer, but it will be much more valuable if you have first read the “Brain Science, Psychological Trauma, & The God Who is With Us” essays. If time constraints preclude reading all five Parts, I would encourage you to at least read Part I and Part V. This session demonstrates **Basic and Intermediate** principles, techniques, and process.

Session summary: In this ministry session Maggie works on fear, uncertainty, and confusion about a very tough judgment call she was forced to make regarding ministry with one of her friends. After identifying the target, I coach Maggie to focus on a memory of a past positive experience with Jesus, and in the context of this positive memory I help her to refresh her perception of His presence and to establish a living, interactive connection with Him *in the present*. She then engages directly with Jesus regarding the recent difficult clinical situation and her corresponding fear, uncertainty, and confusion. Jesus does a beautiful job of mentoring her with respect to the recent situation with her friend, and then also brings forward a matching traumatic childhood memory that needs to be resolved. Finally, Maggie’s report at the five month follow-up interview indicates lasting fruit regarding the issues addressed in the session.

Deleted material: To put the “Condensed Version” in perspective: In order to make the 19 minute condensed version, 39 minutes of material have been deleted from the 58 minute complete version. The condensed version is valuable for providing an *overview* of what an Immanuel approach session looks like, and it’s great for inspiration and faith building; but if you are actually trying to learn how to facilitate Immanuel approach sessions, you will definitely want to view the complete version.

Brief summary of the Immanuel approach to emotional healing: With people like Maggie, who have had previous positive experiences of perceiving the Lord’s presence and connecting with Him, I start the Immanuel approach by helping the person to establish a living, interactive connection with the Lord *in the present*.¹ The person asks the Lord to bring forward a memory of a previous positive experience with Him, I ask the person to describe this experience (in detail), I coach the person to describe specific things she especially appreciates about the Lord in the memory experience, and then I coach the person to spend several minutes

¹ For discussion of the different ways in which one can begin an Immanuel approach session, see “Brain Science, Psychological Trauma, & The God Who is With Us, Part V: The Immanuel Approach Revisited.”

reentering/reconnecting with the memory.² As she does this, I ask the Lord to help her perceive His living presence, and to establish an interactive connection.³ This usually happens smoothly and easily (and if it doesn't, we trouble-shoot regarding what's in the way).

Once the person is able to perceive the Lord's presence and has refreshed her connection with Him, I coach her to engage with Him directly regarding the initial target, any underlying traumatic memories, any unfinished processing tasks, and any difficulties that we encounter.

For a much more detailed discussion of the Immanuel approach to emotional healing, see the “Brain Science, Psychological Trauma, & The God Who is With Us” documents (especially Parts I and V).

“Keep focusing on Jesus” approach for accessing underlying traumatic memories: At the point in the session where we are looking for underlying traumatic memories, I suggest that Maggie ask Jesus to show her any unresolved memories that need to be addressed. She initially tries the technique that is taught as part of Theophostic, EMDR, and many other ministries and therapies: she focuses on the trigger, stirs up the negative thoughts and emotions associated with the trigger, and then waits for stimulation of the neurological association networks to access the underlying memories. This is an excellent technique, and it is consistently effective in enabling people to connect with unresolved content from traumatic memories; but it sometimes requires a significant amount of time and skill in order to find the best initial triggers, stir up adequate emotional intensity, navigate blockages, follow a trail of associations that can sometimes be complex, and then recognize the material that comes forward.⁴

With people who have an especially clear perception of the Lord's presence and an especially clear connection with Him, an alternative technique can be more effective. Instead of using the “traditional” technique just described, the person asks the Lord to lead her to any underlying memories *and then continues to focus on Him as she waits for memories to come forward*. This session happens to provide a particularly nice opportunity to observe the two approaches side by side: after an initial attempt with the traditional technique proves unsuccessful, Maggie tries the “keep focusing on Jesus” approach and is then able to access an important underlying traumatic

² Coaching the person to spend several minutes very deliberately reentering/reconnecting with the memory is a new piece as of fall 2010.

³ 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; 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.

⁴ This technique for accessing unresolved content from traumatic memories can be especially difficult for early, intense traumatic experiences where the hippocampus was significantly impaired (or even entirely “off line”). In these situations, the components of the memory are not organized into a coherent autobiographical package, and are therefore both more difficult to activate and more difficult to recognize once they do come forward. For additional discussion of the storage and retrieval of traumatic memories, see “Brain Science, Psychological Trauma, & The God Who is With Us,” Parts III & IV, in the “Immanuel Series” section of www.kclehman.com.

memory.⁵ I think the “traditional” technique would have eventually been effective if we would have persisted with it, but it is striking that the “keep focusing on Jesus” approach did not require any additional trouble-shooting.

“How do I handle a situation like this?” (Level 4 processing task): As discussed in the debriefing immediately following the session, the most important healing work in this session was the Lord helping Maggie with her uncertainty regarding “How do I handle a situation like this?” In both the underlying traumatic memory and in the recent triggering situation, most of Maggie’s distress had to do with feeling inadequate and not knowing what to do; and in both of these situations the Lord addressed this level 4 processing task by reassuring her that she had made good choices, and by showing her that she had actually been following His guidance as she discerned how to navigate the recent difficult scenario.

These interactions between Jesus and Maggie regarding “How do I handle a situation like this?” also provide an example of the Lord taking leadership with respect to identifying and resolving unfinished processing tasks. If you watch carefully, you will notice that Jesus initiates all of the work with respect to these level 4 tasks. I come to understand and appreciate what He has done by the time we get to the debriefing, but I certainly was not leading the process.⁶

Correcting erroneous/distorted interpretations (Level 5 processing task): Although resolving unfinished level 4 processing tasks was the most important healing work in this session, the Lord also helps Maggie with the level 5 processing task of correcting an erroneous/distorted interpretation regarding the recent triggering situation. At one point in the session, Maggie comments: “He’s already told me that it’s not my fault if she kills herself;” and even though the earlier mistaken belief had never been explicitly identified, this comment from the Lord would appear to be replacing an erroneous/distorted interpretation (lie) along the lines of: “It will be *my* fault if she kills herself (it’s my responsibility to keep her from committing suicide).”

Low emotional intensity: Many emotional healing sessions, such as the “Rocky: Father-Son Wounds,” “Lisa: Childhood Surgery, Panic Attacks, and Abreaction,” and “Patricia: First Session with Internal Parts” sessions, include intense emotional reactions during the healing process. This is common enough that some have come to believe this is always the case, and that no real healing can occur unless the person displays intense emotions. However, as is clear from this healing work with Maggie, it is possible to experience important healing in a session where emotional intensity remains subdued. We have now seen many sessions where emotional intensity never gets above two or three (on a scale of one to ten), but careful follow-up reveals lasting fruit from important healing.

Touch in therapy/ministry sessions: I’m sure you will notice that I put my hand on Maggie’s shoulder at several points in the session, and this provides an opportunity to comment on the place of touch in emotional healing ministry/therapy sessions:

⁵ Time on tape: 14:17 to 19:30.

⁶ To clarify: I *was* leading the process with respect to helping Maggie connect with Jesus and then coaching her to keep engaging directly with Him, but I was *not* leading with respect to identifying and resolving unfinished level 4 processing tasks.

1.) Physical touch can be a valuable resource: Even if we don't understand any of the underlying psychoneurobiology,⁷ we are all intuitively aware of the truth that physical touch can sometimes be a valuable resource. If your sister is crying because her dog got hit by a car, you give her a hug; if your son comes home from the playground crying and upset, you hold him on your lap as you offer comfort and encouragement; and if your friend is struggling through difficult times you reach out to offer an encouraging pat on the back or a comforting hand on the shoulder. Similarly, careful physical touch during an emotional healing session can express comfort, communicate encouragement, enhance the sense of connection, and facilitate attunement, and these relational phenomena can augment both the person's capacity and the person's maturity skills.⁸

2.) Physical touch can also be very problematic: Even without formal training in mental health care, law, or ethics, we are also all intuitively aware of the truth that physical touch can sometimes be problematic. For example, in some situations physical touch will be triggering and/or distracting instead of helpful. The risk of inappropriate relationships developing in the context of emotional healing presents another concern. Emotional healing work can be a powerfully intimate and bonding experience, and physical touch greatly increases the risk that this intimacy and bonding might slide into inappropriate connection. In the worst case scenario, the therapist/ministry facilitator initiates inappropriate touch out of his woundedness, immaturity, and sin, and the client participates as part of reenacting dynamics from unresolved childhood sexual abuse memories. Therefore, if you feel led to use touch as a resource for boosting capacity and augmenting maturity skills, please be VERY careful, and prayerfully consider the recommendations presented below.

3.) The presence of others provides protection: Including touch in emotional healing work is much safer when others are present. For example, the risk of inappropriate connection in this session with Maggie was very minimal because it took place in the context of one of our mentoring groups, where eight other people were in the room with us. The observation and accountability protections provided by the presence of a chaperone are pretty straight-forward, and Dr. Wilder's insights regarding family bonding versus pair bonding provide additional reasons for why touch is much less risky in situations where three or more people are present.⁹

⁷ There is an extensive body of case studies and research demonstrating connections between our physical bodies, our thoughts, and our emotions, and many of these case studies and research projects reveal powerful connections between physical touch and psychological processing. For example, see Sacks, Oliver. *A Leg to Stand On*. (Touchstone: New York, N.Y.) 1984; and Damasio, Antonio, R. *Descartes' Error: Emotion, Reason, and the Human Brain*. (New York, NY: Avon Books), 1994 for discussions of the amazing connections between our physical bodies, our thoughts, and our emotions. See Schore, Allen N., Ph.D. *Affect Regulation and the Origin of the Self*. (Hillsdale, NJ: Lawrence Earlbaum Associates, Publishers), 1994 for discussion of connections between physical touch and psychological processing.

⁸ In addition to these more straight-forward considerations, people with severe dissociation sometimes find that physical touch can help them maintain anchoring in the present.

⁹ The short summary is that when you and one other person spend time together on a regular basis the bonding circuits in your brains will tend strongly towards pair bonding, and pair bonding tends towards increasingly sexual physical touch. In contrast, when three or more people spend time together the bonding circuits in their brains tend towards family bonding, and family bonding tends towards *non-sexual* physical affection as opposed to sexual touch (multiple personal communications with Dr. E. James Wilder, 2009).

Therefore, when lay-ministers¹⁰ feel led to include physical touch as a resource in their emotional healing work, we STRONGLY encourage them to work with a team and/or have each client bring a support person (such as a spouse, friend, sibling, parent, pastor, etc).

4.) Ask the client regarding whether or not it is helpful: As mentioned above, touch can sometimes be a valuable resource that augments both capacity and maturity skills, but at other times it can be triggering and/or distracting. One of the simplest ways to address this concern is to talk with your clients regarding touch. Explicitly name that touch can sometimes be helpful but at other times disruptive, and ask for their perceptions and preferences – would they experience touch in the emotional healing setting as a helpful source of encouragement, support, connection, and capacity augmentation, or would it be distracting/detracting in any way? It is also important to realize (and discuss with your clients) that touch can be helpful while working with one set of memories, but disruptive while working with a different set of memories. Therefore it is important to both periodically ask regarding whether or not the person is experiencing touch as helpful, and also to constantly observe for non-verbal feedback.

5.) Watch for your own triggering, address the underlying issues: In our experience, the most common reasons a ministry facilitator/therapist initiates unhelpful touch are a combination of unconscious motivation caused by his own unresolved issues and impaired judgment caused by his own unresolved issues. For example, attachment pain coming forward as implicit memory can cause both the desire to initiate touch and the subjective perception that it would be “right” to do so. Another common scenario is for the ministry facilitator to feel that touch would be helpful, important, and “right” in a given situation, but in reality the client’s negative emotions are triggering his own unresolved issues, and he is comforting her in an unconscious attempt to reduce his *own* discomfort. Therefore, we STRONGLY encourage you to watch for clues indicating that you might be triggered,¹¹ and then diligently work to resolve the underlying sources of any triggered content you become aware of. We also encourage you to get in the habit of asking yourself questions such as “Why am I touching this client?,” “Where is the energy/impulse towards reaching out with touch coming from?,” “Are her negative emotions making me uncomfortable in some way?,” “Am I reaching out with physical comfort in order to manage my own anxiety?,” and “Am I reaching out with physical touch in order to meet my own needs in some way?”

The fruit remains: As Maggie describes at length in the follow-up interview, the positive changes observed at the end of the session have remained. She has continued to be free from feeling that work with this particular client stretches and exhausts her beyond what she can endure, she has continued to be free from perceiving her husband to be selfish and hard, she has continued to be free from feeling that the Lord is hard and mean, and she still acknowledges the pain and difficulty associated with childbirth, but now continues to perceive that it can also be a profoundly joyful experience.

¹⁰ Many practical logistics result in the current reality that mental health professionals often provide therapy in the context of sessions where others are not present. Fortunately, the risks associated with physical touch, and corresponding appropriate boundaries regarding physical touch, are extensively addressed in mental health care training programs.

¹¹ For a detailed discussion of clues indicating that you might be triggered, see the essay “Psychological Trauma, Implicit Memory, and the Verbal Logical Explainer (VLE)” (available as free download from our website, www.kclehman.com).

More information: For more information from Karl Lehman M.D. and Charlotte Lehman M.Div, including our teaching about the Immanuel approach to emotional healing, our assessment and recommendations about Theophostic[®] Ministry, our teaching about how Christian emotional healing can fit into professional mental health care, and much more, please help yourself to the free information on our website, www.kclehman.com.