



## **The Immanuel Approach (to Emotional Healing and to Life)**

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In this new essay I provide an alternative<sup>1</sup> introduction to the Immanuel approach, specifically intended to be more accessible to the average lay person.<sup>2</sup> The first two pages provide a very brief summary of the principles and process of the Immanuel approach to emotional healing, the next six pages present faith-building stories that illustrate the effectiveness of this approach to emotional healing, pages nine and ten talk briefly about the wider Immanuel approach to life, and the last three pages describe additional resources that are available for those who want to learn more about the Immanuel approach.

### **I. The Immanuel approach to emotional healing:**

**A. A very brief summary of key Immanuel approach principles:** When we encounter pain, our brain-mind-spirit system always tries to process the painful experience. There is a specific pathway that this processing attempt will follow, and there are specific processing tasks that we must complete as we travel along this pathway. **[Figure 7.1 from *Outsmarting Yourself could go here*]** When we *are* able to successfully complete this processing journey, we get through the painful experience without being traumatized – we emotionally and cognitively “metabolize” the experience in a healthy way, and instead of having any toxic power in our lives, the adequately processed painful experience contributes to our knowledge, skills, empathy, wisdom, and maturity. Unfortunately, various problems and/or limitations can block successful processing; and when we *not* able to complete the processing journey, then the painful experience becomes a traumatic experience, and the memory for this traumatic experience will then carry unresolved toxic content.

The good news about the pain processing pathway and traumatic memories is that each time a traumatic memory gets activated we get another chance to finish the processing.<sup>3</sup> If we haven't

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<sup>1</sup> The other introduction, to which this new essay is an alternative, is presented in “Brain Science, Psychological Trauma, and the God Who Is with Us ~ Part I: A Brief Introduction to the Immanuel Approach.”

<sup>2</sup> For example, “Brain Science, Psychological Trauma, and the God Who Is with Us ~ Part I: A Brief Introduction to the Immanuel Approach” includes a detailed discussion of how the Immanuel approach relates to other methods for emotional healing, such as eye movement desensitization and reprocessing (EMDR) and Theophostic-based emotional healing – subjects that are very important for mental health professionals and people in full time ministry, but probably of less concern to the average lay-person, and therefore not included in this new essay.

<sup>3</sup> Isn't this great? Instead of just failing the test we get to keep taking it until we pass! Thank you, Lord, for making this gracious provision by allowing unresolved memories to get triggered over and over and over again until we finally resolve them.

acquired any additional resources since the time of the original trauma, this actually *isn't* very good news – we just feel bad, get stuck in the same places once again, and eventually put the unresolved content back into the same old traumatic memory file. However, if things have changed in good ways (for example, our maturity skills have grown, we are surrounded by supportive community, and we can connect with the Lord), we *will* be able to successfully complete the processing tasks, the traumatic memory will be *permanently* resolved, *and it will no longer carry any toxic content that can cause trouble by coming forward as implicit memory*. Therefore, an important part of neutralizing our traumatic implicit memory and VLE confabulations is the ongoing, long term endeavor of exposing and resolving the underlying memories that are the source of the traumatic implicit content that comes forward when we get triggered.

The bad news is that traumatic memories are difficult to access. However, the good news is that traumatic memories are consistently accessible under the right conditions. The bad news is that traumatic memories are difficult to modify. However, the good news is that traumatic memories are consistently open to modification under the right conditions. The bad news is that the processing tasks necessary to resolve the toxic content carried in traumatic memories cannot be successfully completed unless very specific conditions are in place and unless very specific resources are available. However, the good news is that toxic traumatic memory content can be consistently resolved when the right conditions *are* in place and the necessary resources *are* available.

This all leads to a very practical and very important bottom line: If we want to strategically design a psychotherapy or emotional healing ministry intervention that consistently accomplishes permanent resolution for traumatic memories, we need to:

- figure out, and then intentionally set up the conditions necessary for accessing traumatic memories;
- figure out, and then intentionally set up the conditions necessary for traumatic memories to be open to modification; and
- figure out, and then intentionally set up the conditions and provide the resources necessary for the person to successfully complete unfinished processing tasks.

More good news is that God knows all this stuff, and he wants to help us get healed. If we are able to perceive God's presence, connect with him, and receive help from him; then he can lead the process, he can help us access traumatic memories, he can help us set up the conditions so that they can be modified, and he can help us successfully complete the remedial processing that will transform them into fully metabolized experiences that will then contribute to knowledge, skills, wisdom, maturity, and compassion.

**B. A very brief summary of key Immanuel approach process components:** For people who are able to perceive the Lord's presence, connect with him, and receive help from him, this potentially complicated process can become very simple. *The Lord* can help the person access the memories and get through the processing pathway, without *us* needing to explicitly manage

any of the details. With the basic version<sup>4</sup> of the Immanuel approach to emotional healing, all the facilitator needs to do is:

- establish the foundation for the session by helping the person to perceive the Lord's presence and establish an interactive connection with Him;<sup>5</sup>
- coach the person to turn to Jesus, focus on Jesus, and engage with Him directly at every point in the session;<sup>6</sup>
- watch carefully for any point where the person loses interactive connection with the Lord, and then help the person reestablish an interactive connection at any point we discover that she has lost this all important foundation.<sup>7</sup>

**C. The really good news – it works!:** Even more good news is that these principles and tools are more than just hopeful theory. We have been using the Immanuel approach for several years now, and the results have been *very* encouraging. Closest to home, we have found this approach to be wonderfully effective for our own, personal healing work. It has been effective for resolving major issues, such as the attachment trauma I experienced due to being separated from my parents for a month when I was two years old; and it has been effective for resolving trauma from much smaller painful events, such as my experiences of childhood injustice when

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<sup>4</sup> Even with careful coaching, some people are not yet able to perceive the Lord's presence, establish an interactive connection with him, and receive help from him. When working with these people the facilitator needs to understand many details regarding traumatic memory and the processing pathway, and deliberately apply this information as she leads the session. A more advanced version of the Immanuel approach includes principles and tools that enable the facilitator to guide this more complicated process. These principles and tools for more advanced Immanuel approach emotional healing are presented in the "Brain Science, Psychological Trauma, and the God Who Is with Us" essay series (available as free downloads from [www.kclehman.com](http://www.kclehman.com)).

<sup>5</sup> 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, contingent *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. **\*\*For OY 2<sup>nd</sup> Ed and the Immanuel approach book,** (See chapter 18, pages 157-159, for additional explanation regarding interactive connection.) **Here, and then at the place where interactive connection is discussed later: "As described earlier, in chapter 7 (page , footnote #), an interactive connection...."**

<sup>6</sup> This includes coaching the person to turn to Jesus, focus on Jesus, and engage directly with Jesus regarding any difficulties that arise. In fact, coaching the person to focus on Jesus and engage directly with Him regarding any points of difficulty is the most basic, most common, and most important form of Immanuel approach trouble-shooting.

<sup>7</sup> For examples of these simple sessions, where all I do is help the person to perceive Jesus' presence, establish and interactive connection, engage with Him directly at every point in the session, and help reestablish an interactive connection at any point this foundation is temporarily lost, see *Renaë: Healing Helps Parenting, Maggie #2: "If I leave, she could die," Maggie #3: Labor & Delivery Trauma, Rita #3: Jesus Is Better Than Candy, and Steve: "Just" Be with Jesus*. All of these live session DVDs are available through the Store page of [www.kclehman.com](http://www.kclehman.com).

the bullies on my grade-school playground would cut in line during batting practice.<sup>8</sup>

We have found this approach to be wonderfully effective for our emotional healing work with clients, and people in our mentoring groups have consistently been experiencing powerful healing with the Immanuel approach. **\*\*for Immanuel approach book, can include one or more specific stories here?\*** Some of these people have even been willing to release recordings of their sessions to provide encouragement and teaching resources for others.<sup>9</sup> Furthermore, we have observed that several private practice clients and mentoring group participants who had previously been stuck for many, many sessions have begun moving forward with the Immanuel approach. Charlotte and I have used a variety of emotional healing tools over the years, and in our experience the Immanuel approach has been the easiest to use, the safest, and the most effective.

Our colleagues who are using the Immanuel approach are also seeing dramatically positive results. For example, John Anderson,<sup>10</sup> the medical director for a well known ministry that serves the persecuted church, has been using the Immanuel approach to provide emotional healing for traumatized/persecuted Christians in countries such as Pakistan, Nepal, Sri Lanka, Nigeria, the Philippines, Ethiopia, Iraq, Laos, Thailand, Myanmar, and Colombia. The following is one of the many amazing stories of healing that John has shared with us.

David was born into a deeply religious Muslim family in a Muslim village in a Muslim country in southwest Asia, and his family members and neighbors became very upset when he and one of his uncles became Christians. Not surprisingly, his family and neighbors became even more upset when his uncle began openly telling others about his faith, when David began preaching, and when people were delivered and miraculously healed in response to David's prayers. David was twenty six years old in July of 2006 when his uncle was abducted and executed by a group of enraged extremists, and a month and a half later two men with AK-47s came into the family sweet shop where David worked and emptied 50 rounds, leaving David lying in a pool of blood with 11 gunshot wounds. His survival is miraculous, since the doctor at the local hospital refused to treat him, and he therefore did not receive any medical care until he got to a hospital in a distant city eight hours later, but his left arm was so badly damaged that it had to be amputated.

The ministry mentioned earlier helped David with the cost of his medications and with a prosthesis for his left arm, and when John visited in October of 2007 to provide medical follow-up he also asked David about the psychological aspect of the trauma. David stated that

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<sup>8</sup> When reading the stories below, about amazing healing from horrific trauma, it is important to remember that much smaller events can also cause trauma (especially when we are children). Although they are less dramatic, these "small" trauma can affect us in many subtle ways, and it is important to address them. As just mentioned, we have found the Immanuel approach to be effective for resolving both trauma from minor painful events and for resolving major traumatic memories. For additional discussion of the prevalence and importance of trauma from minor painful events, see Chapter 1 from our new book, *Outsmarting Yourself*.

<sup>9</sup> At the time of this writing (summer 2011), we have eighteen live emotional healing sessions available in both full length and condensed versions. For detailed descriptions of these sessions, see the Store page of [www.kclehman.com](http://www.kclehman.com).

<sup>10</sup> Names and other identifying information have been changed/disguised in order to care for the safety of certain participants in several of the following stories.

he was “all right,” but his face and voice looked and sounded depressed, and with further probing John discovered that he had full blown Post Traumatic Stress Disorder (PTSD), including flashbacks of the machine gun fire during the attack. John then lead him through the Immanuel process, and Jesus showed David that he had always been with him, that he was with him throughout every moment of the attack, and that he would always be with him in the future. At the end of the ministry time, when John asked him to go back to the memory of being shot, David sat quietly, with a surprised but peaceful look on his face, as he reported that he could still recall being startled by the shooting but that he was now aware of Jesus’ presence *with him, in the memory, even during the shooting*, and that the memory was no longer distressing.

We have heard more amazing stories of healing from Sarah Yoder, a woman serving with this same organization, and one of the women on a mission team that has been working with persecuted/traumatized women and children in Colombia. In certain areas of Colombia, Marxist guerillas and various other paramilitary groups have been attacking the church, and part of this attack has been to target pastors for assassination. There are now hundreds of women and children in Colombia whose husbands/fathers have been murdered because of their involvement in Christian ministry. An especially horrifying part of the story is that, in their efforts to intimidate the church, the assassins deliberately try to make the murders as traumatic as possible for the survivors. So they will routinely do things like going into the pastor’s home and killing him in front of his wife and children. Not surprisingly, almost all of these women and children develop PTSD, most of them also develop associated problems such as bitterness and depression, and many of them withdraw from involvement in church and ministry.

However, God’s power to heal is even greater than the enemy’s power to destroy. As I write this (March 2010), it has been just two weeks since Charlotte and I had the privilege of spending an evening with Sarah, hearing first-hand accounts of the redemptive healing the Lord has been providing for these women and children. In September of 2008, John, Sarah, and two other women went as a mission team to work with 48 of these widows. The mission team was able to lead the Colombian widows through the Immanuel process, and every single one of them appeared to receive profound healing. The team was able to go back for a second visit in July of 2009 and worked with 60 more widows, once again leading them through the Immanuel process, and once again observing that every single participant appeared to receive profound healing. Initially, almost all of the women described persistent despair as one of their heaviest burdens; but their healing encounters with the Lord have resulted in such dramatic transformations from despair to joy that acquaintances have made spontaneous comments about the participants being “changed women.” The women participating in these Immanuel missions have also consistently reported resolution of the various signs and symptoms of PTSD.

When we met with Sarah two weeks ago, she said that all of the women they have been able to follow have continued to do well, with continued freedom from PTSD, continued freedom from depression, and continued restoration of joy. Furthermore, *most of these women now report that they have been able to use the Immanuel approach to facilitate emotional healing for their children.*

The following story is just one example of the kind of trauma the Lord has been working with and the kind of redemption he has been providing. Pastor Enrico, his wife, Rebecca, and their family lived on a small farm in an area where the Marxist guerillas and other paramilitary groups frequently skirmish for control. One day in 1995 soldiers came to the farm. Soldiers

often came to the farm, usually demanding food or livestock, but on this day they decided to assassinate pastor Enrico. No comments. No questions. They just shot him, leaving Rebecca without a husband and their four small children without a father. Rebecca developed PTSD, became depressed, and withdrew from ministry. At the time of the mission team's visit in September of 2008 it had been 14 years since she had lost her husband, but her pain seemed as fresh as if he had died the day before. And her children, in addition to developing PTSD and withdrawing from church, expressed intense and persistent hatred towards the perpetrators. The team was able to lead Rebecca through the Immanuel process, with the Lord providing profound healing for the trauma of her husband's murder; and not only has Rebecca remained free of PTSD and depression since this healing work, but she has also been able to use the Immanuel approach with her children, all of whom have also experienced profound healing and are now free of PTSD and depression. In fact, the Lord's healing work has been so complete that the children have been able to forgive the men who killed their father, Rebecca has returned to ministry, starting a house church that is now bursting at the seams, and the children, on their own initiative, have started a youth group that is also now bursting at the seams.<sup>11</sup>

And then there are our young friends, Andy and Kristin Ross, who attend our church and live in our neighborhood here in Evanston, IL. Neither Andy nor Kristin have any mental health training, but they have done a lot of reading about Christian emotional healing, they have watched a bunch of our videos, we helped them get started by facilitating a handful of Immanuel sessions for each of them, and Charlotte and I have given them an evening of coaching/mentoring on six or seven occasions over the last two years. They now do Immanuel healing with each other as a routine part of their ongoing personal growth, and using the Immanuel approach to deal with underlying trauma is a standard part of how they resolve conflict in their marriage.<sup>12</sup> They also volunteer some of their time each week to provide free Immanuel approach sessions for any in our community who wish to receive emotional healing, and they have seen many people blessed by the resolution of traumatic memories.

One of the most exciting things about the Immanuel approach is that several of the new components make it possible to design *group* Immanuel exercises that are both safe and effective.<sup>13</sup> I have worked closely with our colleague, Dr. E. James Wilder, in developing Immanuel approach group exercises; and we have seen dramatically positive results, *even when using the Immanuel approach in group settings*. For example, during the winter of 2010, Dr. Wilder visited a country in Asia that is recovering from many years of civil war and from massive trauma associated with a recent natural disaster. Charlotte and I had the privilege of spending an evening with him less than a month after he returned from this trip, and his report was *very* encouraging. Dr. Wilder spent a week with a team of 45 ministers, mental health

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<sup>11</sup> Both the house church (40-50 members) and the youth group (30-40 members) have outgrown Rebecca's home, so that participants must now bring their own chairs so that they can meet in the street in front of the house.

<sup>12</sup> When one or both marriage partner(s) is/are being triggered by something the other is doing, it is extremely difficult to facilitate emotional healing for each other. Andy and Kristin therefore have other prayer partners to help with Immanuel healing for these situations (Charlotte and I have this same arrangement).

<sup>13</sup> For a detailed discussion of these new components, and how they make it possible to use the Immanuel approach in group settings, see "Brain Science, Psychological Trauma, and the God Who Is with Us ~ Part V: The Immanuel Approach, Revisited"(available as free download from [www.kclehman.com](http://www.kclehman.com)).

professionals, and lay people, training them in the use of the Immanuel approach, and especially focusing on the Immanuel approach tools that can be used in group settings. The core of his teaching program was to repeatedly take the trainees through the group exercises themselves. From the very first day the participants began receiving healing in their own lives as they “practiced.” By the middle of the week every single person was connecting with Jesus and receiving healing each time the group went through the exercises. And by the end of the week every participant had received healing for a number of different traumatic memories.

Here are a few examples:

- There was a group of participants from the war zone who had trouble trusting the rest of the trainees. At the beginning of the week they tried to avoid anybody from the larger group and they would not participate in activities with the larger group. However, after receiving healing these people were able to participate joyfully with the rest of the group.
- One of the pastors attending the training had been “executed,” along with a number of other believers who had been rounded up by anti-Christian militants. After spraying the group of Christians with bullets, the militants thought they were all dead and buried the bodies in a shallow mass grave. Amazingly, this pastor revived from the initial shock of being shot, dug himself out of the shallow grave, made it back to his home, and eventually recovered from the physical injuries; but, not surprisingly, he had also been psychologically traumatized and he displayed dysfunctional reactions to reminders of the trauma. By the end of the week these traumatic memories had been healed, and he appeared to be free of the PTSD symptoms associated with these events.
- Another pastor attending the training reported that he had been anxious for as long as he could remember, but that after the healing exercises he was feeling peace for the first time in his life.

Furthermore, by the end of Dr. Wilder’s visit the participants were confident that they would be able to take the Immanuel approach home with them – they were planning to go home and start using the Immanuel approach with their spouses, children, extended families, friends, neighbors, colleagues, parishioners, and clients.<sup>14</sup>

Another exciting thing we have observed with the Immanuel approach is that it sometimes works with non-Christians, and when it does, those who have thereby experienced Jesus’ living, loving presence, and received healing from him, usually decide to follow him. For example, two of the people attending Dr. Wilder’s recent training seminar in Asia started the week as non-Christians (they had been required to attend by their employers, who figured that Dr. Wilder, as a western Ph.D. psychologist, might provide valuable information regarding treatment for post traumatic stress disorder). However, even though they were not Christians they were still willing to try the exercises, and by the end of the week both of them had experienced the Lord’s living, personal, Immanuel presence, received healing from him, and decided to follow him. A similar scenario during our May 2009 seminar in Panama provides another example. A non-Christian mental health professional found one of the flyers for the

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<sup>14</sup> As of January 2011, almost a year later, the leader of the group Dr. Wilder worked with reports that they are still using the Immanuel approach, that it continues to be very effective, and that it has been especially helpful with traumatized children.

seminar, and probably decided to attend because he thought that my lectures on psychological trauma and implicit memory would be valuable, regardless of my explicitly Christian perspective. However, even though he was not a Christian he was still willing to participate in the Immanuel approach group exercise that we included at the end of the seminar. And he was astonished by the results – he experienced God as a loving Father for the first time in his life, he went to several traumatic memories and received profound healing in each of them, and then he ended the exercise by deciding to follow the Lord.

Rhonda and Danny Calhoun, friends of ours and co-directors of Our Father’s Farm ministry near Kansas City, have also observed this same phenomena. They routinely use the Immanuel approach, and recently shared with us about their experiences with Sarah and Claire.<sup>15</sup> Sarah came to them at the age of 13, almost totally disabled by post traumatic stress disorder from the horrible abuse she had endured. Even though she had been rescued from the abusive environment of her early childhood at the age of six, and had received regular care from a team of mental health professionals for seven years, she was still unable to eat normally due to a variety of triggered reactions, unable to sleep normally due to regular nightmares and triggered reactions to being in bed at night, unable to participate in mainstream public schooling, and could rarely get through a day without intrusive traumatic memories causing panic attacks.

Thankfully, she responds well to work with the Immanuel approach, and has received transformative healing through a series of beautiful, gentle interactions with Jesus. By the time she was 15 she was thriving instead of barely surviving, and this is where the Immanuel approach and non-Christians come in. Her friend and next door neighbor, 12 year-old Claire, was a deeply troubled non-Christian girl who regularly cut herself. One day Claire came to Sarah, intensely upset, asking for help, and saying that she was going to cut herself. Sarah didn’t know what to do, so she invited Jesus to be with her, she was quickly able to perceive his living, interactive presence, and then she asked Him for help. In response, she felt like the Lord said: “Bring Claire to Me, like Rhonda does with you.”

So 15 year-old Sarah invited 12 year old Claire to try Immanuel prayer, and even though Claire wasn’t a Christian, she was still willing to try it. She promptly experienced what she describes as “close encounters of the Jesus kind” – she had a mental image of Jesus standing in front of her, He told her that *He* had been cut so that *she* would not have to be cut, He showed her the marks on His body, and then He went on to say, “You’ve always wanted a family...would you like to be part of My family?” She said yes. Sarah and Claire didn’t take time to discuss theology, but I think this qualifies for becoming a Christian, since Claire has been talking to Jesus regularly and following Him openly since this initial encounter. Furthermore, Claire hasn’t cut herself, or had the urge to do so, since that day in the summer of 2009.<sup>16</sup>

**D. 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

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<sup>15</sup> Not their real names.

<sup>16</sup> See “Can the Immanuel approach be used with non-Christians?” in the FAQ section for additional discussion regarding the Immanuel approach with non-Christians.



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.”

## II. The Immanuel approach to life:

**A. Expanding the agenda beyond emotional healing:** 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.

**B. Extending the use of tools for connecting with God beyond special “sessions:”** 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. For example, during the time I was developing the Immanuel approach, 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!” We are now hearing a steadily growing stream of similar stories.

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.

**C. Identifying the number one item on the agenda as *being with God*:** 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*,<sup>17</sup> *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.

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<sup>17</sup> *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.

**III. Additional information regarding the Immanuel approach:** A rapidly growing number of ministries and churches, such as Shepherd's House, THRIVE, Thriving: Recover Your Life, Deeper Walk, Our Father's Farm, Alive & Well, New Hope Fellowship Ministries, New Hope Fellowship Church, Reba Place Church, and Calvary Way International Fellowship, are including the Immanuel approach as an important part of what they teach and do. Not surprisingly, this is resulting in a rapidly increasing number of people wanting to know more about the Immanuel approach. The resources outlined below provide additional teaching regarding Immanuel approach principles and techniques, live session DVDs (this is what it looks like!), practice opportunities, and occasional seminars.

**A. The new Immanuel approach website, [www.immanuelapproach.com](http://www.immanuelapproach.com):** We are in the process of building a new website, [www.immanuelapproach.com](http://www.immanuelapproach.com), with the specific purpose of providing, and/or helping people to find, additional resources regarding the Immanuel approach. The website will hopefully go up in the next week or two (mid September 2011).

**B. Other Dr. Lehman essays:** After the essay you are currently reading, the following essays provide the next level of information regarding the Immanuel approach.

**1) Brain Science, Psychological Trauma, and the God Who Is with Us ~ Part I: A Brief Introduction to the Immanuel Approach.** In this document I 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." I describe how we discovered/developed each component of the Immanuel approach, and also discuss how the Immanuel approach relates to other methods of emotional healing, such as eye movement desensitization and reprocessing (EMDR), traditional Christian emotional healing ministry, and Theophostic-based emotional healing. Some people find that knowing the story of how something was developed helps them better understand it, and also better appreciate it's importance. These folks find this particular introduction to the Immanuel approach to be especially helpful. The discussion of how the Immanuel approach relates to other methods of emotional healing tends to be an important part of the introduction for mental health professionals and those in full time ministry. Note that this document has recently received major edits (summer 2011), with several pages of new material. The up-to-date version is currently posted on both [www.kclehman.com](http://www.kclehman.com) and [www.outsmartingyourself.com](http://www.outsmartingyourself.com).

**2) Brain Science, Psychological Trauma, and the God Who Is with Us ~ Part V: The Immanuel Approach Revisited.** This essay provides a much more thorough discussion of what we have learned so far with respect to the Immanuel approach. I present the evidence supporting positive memory recall, deliberate appreciation, and "describe everything that comes into your awareness" as parts of the Immanuel approach. I also present much more detailed descriptions of the Immanuel approach process, including a careful discussion of trouble shooting and a discussion of special considerations for group exercises. This document is currently (September 2011) undergoing massive revisions. The new version will be posted on [www.kclehman.com](http://www.kclehman.com), [www.outsmartingyourself.com](http://www.outsmartingyourself.com), and [www.immanuelapproach.com](http://www.immanuelapproach.com) as soon as it is finished.

**3) Where/How Do I Get Training Regarding the Immanuel Approach? (Appendix C from Outsmarting Yourself).** An increasing number of people have been contacting us with questions along the lines of: "I would like to use the Immanuel approach to emotional healing in my \_\_\_\_\_ (psychotherapy practice, ministry, church, small group, family, marriage,

etc.). How/where do I get training that will enable me to do this?” Unfortunately, at this time we do not have any kind of training institute, we do not offer internships/apprenticeships,<sup>18</sup> and we are not providing regular seminars designed to train people to use the Immanuel approach.<sup>19</sup> In the absence of this kind of Immanuel approach training package, this essay offers our thoughts regarding do-it-yourself Immanuel approach training programs.

**4) Brain Science, Psychological Trauma, and the God Who Is with Us ~ Part VI: Special Subjects and Frequently Asked Questions.** This one is pretty self-explanatory. Special subjects and questions addressed include:

- The “Describe everything” discipline in the context of close personal relationships
- Different types of traumatic memory
- The role of truth carried in non-traumatic memories
- Cognitive Biblical truth vs emotional healing: a widespread and expensive *false* dichotomy
- Accidentally fabricated and intentionally counterfeited perceptions of Jesus **\*\*Pending\*\***
- People perceive the Lord’s presence in many different ways
- Using the Immanuel approach with children **\*\*More pending\*\***
- The Immanuel approach, mental illness, and psychiatric medications
- Using the Immanuel approach with non-Christians **\*\*More pending\*\***
- Immanuel interventions and the Immanuel approach are not Theophostic®
- Concerns regarding suggestion, guided imagery, and false memory
- What about the Immanuel approach and physical healing?

**C. Live session DVDs:** As we learn to facilitate Immanuel approach emotional healing sessions, it is important to understand and apply certain concepts and principles. The left sides of our brains have been designed to learn and carry this kind of information, and we can learn this cognitive, conceptual information through language-based teaching, such as listening to a lecture or reading a book. As we learn to facilitate Immanuel approach emotional healing sessions there is also an interpersonal, behavioral *skill* component that we must master. For example, interpersonal, behavioral skill is required to be able to simultaneously communicate compassion, offer attunement, and supply firm redirection as I coach a client to keep engaging with Jesus as she works through a traumatic memory. The right sides of our brains have been designed to learn and carry this kind of information, and the best way to learn this interpersonal, behavioral *skill* information is to observe someone else successfully executing the task we are trying to learn to have somebody else model “this is what it looks like.” Putting all of this together: the best way to learn the right-brain interpersonal behavioral skill component of facilitating the Immanuel approach is to *watch someone else do it*. The ideal is to have experienced mentors that you can observe; however, this can be hard to find, and our live-session DVDs are a good alternative source for this “this is what it looks like” modeling.

Furthermore, in addition to direct, “this is what it looks like” modeling for how to facilitate Immanuel approach sessions, our live-session DVDs also provide “this is what it looks like and

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<sup>18</sup> Our essays occasionally refer to mentoring groups. These groups must be kept small for a variety of reasons, and due to our limited availability we are only able to provide two of them. Therefore, unfortunately, we are not able to offer this kind of mentoring to the general public.

<sup>19</sup> We may be able to offer regular Immanuel approach training seminars at some point in the future, but at least for the next several years we will be focusing our time and energy on other projects, such as finishing a number of live ministry DVDs that are currently in process, and working on a book about the Immanuel approach.

feels like” information regarding various other aspects of the Immanuel approach. For example, “this is what it looks like and feels like when a person perceives the Lord’s presence,” “this is what it looks like and feels like when a person connects with the Lord,” “this is what it looks like and feels like when the Lord comes with correction/guidance/healing,” and “this is the kind of fruit you see when a person has been able to work with the Lord to accomplish healing.”

We have a series of twenty-one different live session DVDs that can be obtained through the store page of [www.kclehman.com](http://www.kclehman.com). The “Where/How Do I Get Training...?” essay includes a section discussing which DVDs are best for different strategic purposes (for example, which DVDs provide the best overview of basic Immanuel approach principles and tools, which DVDs provide the best examples of troubleshooting, etc).

**D. Immanuel approach colleagues:** As mentioned above, a rapidly increasing number of ministries and churches are integrating the Immanuel approach into what they teach and do. For example, the *Forming*, *Restarting*, and *Belonging* modules of the *Thriving: Recover Your Life* program include teaching about the Immanuel approach, and also opportunities to practice the initial steps in the process. And the Healing module that they are currently working on will be completely organized around teaching Immanuel approach principles and practicing the Immanuel approach process. We think of these ministries/churches/people as our Immanuel approach colleagues. The “Where/How Do I Get Training....?” essay describes several of these colleagues in more detail, and we will be regularly updating the Immanuel Colleagues page of the Immanuel approach website to provide the most complete information regarding these ministries, churches, and people that are also beginning to produce teaching/training resources regarding the Immanuel approach.