

Frequently Asked Questions

Are You Saying That All Painful Thoughts and Emotions Come from Underlying Traumatic Memories?

After our many, many, many comments about the pervasiveness and importance of triggering and traumatic implicit memory content, some ask if we believe that *all* painful thoughts and emotions come from underlying traumatic memories. The simple answer is “No.” Sometimes real problems in the present cause painful thoughts and emotions that are valid and appropriate in the present. As already discussed at great length, we are convinced that triggered traumatic implicit memory content contributes to our painful thoughts and emotions much more than most of us realize, but we are also convinced that sometimes real problems in the present cause painful thoughts and emotions that are fully valid and appropriate in the present.

A very important point to remember when trying to figure out whether your pain is truly caused by problems in the present or whether it is triggered, is that *most painful situations include a mixture of both*. One especially common scenario is for real problems in the present to cause painful thoughts and emotions that are valid and appropriate in the present, but then these thoughts and emotions resonate with unresolved trauma, so that traumatic memory content gets activated and comes forward as well. The end result is a situation in which “invisible” traumatic implicit memory is *contributing* to the person’s painful thoughts and emotions, but *some* of the pain is fully legitimate and appropriate in the present.

Charlotte’s and my experience with a miscarriage provides a good example. We had gone in for the three-month visit that is a routine part of prenatal care in our ob/gyn’s practice, and at the end of our appointment Dr. Phillips¹ said, “the ultrasound room is open—if you want, we can just take a quick peek.” As soon as Dr. Phillips began rubbing the ultrasound probe on Charlotte’s abdomen, we could see our child on the screen. Even as early as twelve weeks, we could easily make out the head, rib cage, arms, and legs of a small body. We could count the ribs, and could even see fingers and toes on our child’s hands and feet. Charlotte and I were excitedly pointing, and exclaiming about the many details so clearly visible on the screen, but I

1. Not her real name.

noticed that Dr. Phillips was very quiet. Then she said, “What’s concerning me is that I can’t find a heart-beat.” Even as she was finishing her sentence, I realized that she had been going back and forth through the rib cage for the last several minutes, and a beating heart would have been easy and obvious to see. Advanced ultrasound confirmed that our child had died.

This was obviously very painful, and we experienced intense grief and disappointment that was fully valid and appropriate in the present. However, this pain corresponding to our real loss in the present also resonated with grief and disappointment carried in unresolved trauma, and caused the old pain to come forward as well. For the first couple weeks after the miscarriage, we were intensely triggered every day and spent a lot of time working through traumatic implicit memory content that was being brought to the surface. And then, as we worked through more and more of the old pain, our grief in the present felt increasingly free from triggered contributions. Eventually we got to a place where we were still grieving, but we were *not* triggered, and we felt quiet joy in being together. It was actually quite strange. We were sad and crying, but it felt very clean. Even as we were crying, we felt peaceful. And even as we were feeling grief, we were also glad to be together. Some may find this hard to believe, but we felt grief at losing our child, a peaceful calm, and joy from being glad to be with each other all at the same time.

“Brain Science, Psychological Trauma, and the God Who Is with Us ~ Part II” provides additional thoughts regarding painful thoughts and emotions that are fully valid and appropriate in the present (as opposed to coming from traumatic implicit memory). See especially the section in the pre-introduction titled “Right hemisphere emotions, left hemisphere emotions, and other emotional experiences,” and the section toward the end titled “Painful experiences, with optimal scenario of moving through the pathway smoothly and successfully.”

Can You Use the Immanuel Approach with Children?

The really short answer is “Yes.”

We are getting a steady stream of very encouraging stories from people who are using the Immanuel approach with children. As of July 2011, the summary from all the information we have gathered is that the Immanuel approach seems to be particularly safe and effective for emotional healing work with children. This makes sense, since helping the child establish and interactive connection with the Lord at the beginning of the session, coaching her to focus on Jesus and keep going back to Jesus throughout the session, and having the initial positive connection as a safe place she can

go back to if she gets stuck, would all be expected to contribute to making the Immanuel approach especially gentle and safe. For these reasons, we strongly encourage using the Immanuel approach when working with children. We especially encourage using the Immanuel approach, with generous initial time “just” being with Jesus, if the child has had negative experiences with any other emotional healing tools.

We are hoping to eventually present a much more thorough discussion of using the Immanuel approach with children. In the mean time, see the essay, “The Immanuel Approach/Theophostic-based Emotional Healing with Children,” for what we have available at this time.

Can You Use the Immanuel Approach with non-Christians?

This may surprise some readers, but we have seen consistently positive results when using the Immanuel approach with any non-Christians who are willing to try it. In fact, willingness to try it seems to be the only pre-requisite.² When discussing the option of using the Immanuel approach with someone who is not yet a Christian, I explain what would be involved and then offer an invitation along the lines of, “You don’t have to agree with me, and you don’t have to believe this stuff, but would you be willing to try it? Would you be willing to let me pray in this way, let Jesus be with you (if He actually exists), and then simply describe whatever happens?” Initially I didn’t know what to expect, but I decided to go ahead and try it and I’ve been thrilled with the results. Almost every non-Christian who has been willing to “just go ahead and try it” has eventually³ been able to perceive the Lord’s presence and then experience some kind of positive interaction with Him. We now have a number of stories in which people were willing to try the Immanuel approach, even though they were not yet Christians, and then decided to give their lives to the Lord after having powerful, beautiful encounters with Jesus in the context of the emotional healing session.

Dr. Wilder’s recent Immanuel approach training seminar in Asia, described earlier,⁴ provides a good example. As you may remember, two of the people attending the seminar started the week as non-Christians. However, even though they were not Christians they were still willing to

2. Note that “willingness to try it” does not mean going through the motions externally, but with no agreement or cooperation internally.

3. An initial block of trouble-shooting has been necessary in many of these sessions, before the person was able to perceive the Jesus’ presence, and then more trouble shooting is sometimes necessary before the person is able to have positive interactions with him.

4. See chapter 7, pages 76 and 77

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. Our May 2009 seminar in Panama provides another example. As you may remember, a non-Christian mental health professional found one of the flyers for the seminar and decided to attend. 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.⁵ Sarah came to them at the age of 13, almost totally disabled by lingering effects of the horrible trauma she had endured. 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 the Lord to be with her, she was able to perceive Jesus' presence and refresh her interactive connection with Him, 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

5. Not their real names.

hasn't cut herself, or had the urge to do so, since that day in the summer of 2009.

Another phenomena that we have observed with respect to non-Christians is that many of them have chosen to turn away from Jesus in response to traumatic experiences with Christians/Christianity. The good news is that when we identify this history and help them resolve it, they often embrace Jesus gladly. As I write this, I'm working with two people who are having exactly this experience. In a recent session with one of these people, he commented spontaneously, "Everything that has felt true about God, for my whole life...[all negative] – it's totally different than what I'm experiencing with the Jesus I'm encountering in these prayer sessions...[all positive]." At the end of another recent session, he popped out with, "Wow! This is actually *good* news!"

How Do You Include the Immanuel Approach in the Care of People with Clinical Mental Illnesses? In the Care of People Taking Psychiatric Medications?

These important questions are addressed extensively in the essays below (all available as free downloads from www.kclehman.com).

- "Bipolar Disorder and the Immanuel Approach/Theophostic®-based Emotional Healing: General Comments and Frequently Asked Questions."
- "The Place of the Immanuel Approach/Theophostic-based Emotional Healing In the Treatment of Clinical Disorders."
- "Depression & the Immanuel Approach/Theophostic-based Emotional Healing: General Comments and Frequently Asked Questions."
- "The Immanuel Approach, Theophostic®, Mental Illness, and Medication."
- "Mood, Monthly Cycle, and the Immanuel Approach/Theophostic.®"
- "Psychosis and Psychotic Symptoms: Definitions and Diagnostic Considerations."
- "ADD/ADHD and Emotional Healing."
- "Schizophrenia and the Immanuel Approach/Theophostic-based Emotional Healing: General Comments and Frequently Asked Questions."
- "Mind And Brain: Separate but Integrated."

How/Where Can I Get Training Regarding the Immanuel Approach?

It probably won't surprise anybody to hear that 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?" As mentioned earlier, at this time we do not have any kind of training institute, we do not offer internships/apprenticeships, and we are not routinely providing seminars designed to train people to use the Immanuel approach. In the absence of this kind of Immanuel approach training package, appendix C provides our thoughts regarding do-it-yourself Immanuel approach training programs.

How/Where Can I Find Someone to Facilitate Immanuel Approach Emotional Healing for Me?

It probably won't surprise anyone to hear that we also receive many, many requests for assistance in finding a therapist/emotional healing minister who can facilitate Immanuel approach emotional healing. If you are in the Chicago area, you can e-mail us for a list of people that we know who are using this approach to emotional healing. Unfortunately, for people outside of the Chicago area, the answer to this question is for people to find or recruit their own Immanuel approach facilitators. See appendix C, part 3 ("Finding/Recruiting Your Own Immanuel Approach Facilitator") for our thoughts regarding how one might pursue doing so.

What Is the Relationship between the Immanuel Approach and Theophostic® Prayer Ministry?

My perception is that the Immanuel approach and Theophostic® Prayer Ministry (TPM) share many of the same foundational principles. Many aspects of the process are also similar. I started with Theophostic® Prayer Ministry, and progressively developed the Immanuel approach as I modified my understanding and techniques so that they would address issues related to capacity, and so that they would also incorporate new understanding regarding the pain processing pathway. For a much more detailed description of my journey from Theophostic® to the Immanuel approach, and for additional discussion of how they are related, see "Brain Science, Psychological Trauma, and the God Who Is with Us ~ Part I."