

# The Immanuel Approach

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## INTRODUCTION

For many Christian Counsellors, our goals in practice are two-fold. We aim to facilitate healing in our clients as well as to help them grow in their relationship with God. Dr Karl Lehman has developed an integrated approach to counselling; a faith-based psychotherapy which is proving effective in resolving trauma. The approach encompasses elements that strengthen the client's ability to attach to God and to perceive His presence. Sufferers of complex trauma may have difficulty connecting to God. Issues such as dissociation and insecure attachment can render some Christian Counselling approaches ineffective for deeply traumatised individuals. The Immanuel Approach addresses these issues and offers the client practical tools that they can utilise outside of the therapy room. The need for a safety net when dealing with trauma in clients has been widely recognised. (Rothschild, 2000, Kezelman & Stravropoulos, 2012) Lehman's innovative approach gives a safety net in the form of an appreciation exercise that strengthens the clients' connection with God while building their psychological and emotional capacity. This paper will also look at the unique way in which Lehman approaches attunement and body calming techniques when working with traumatised clients.

## EFFECTS OF UNRESOLVED TRAUMA

Unresolved and unprocessed traumatic memories inhibit a person's ability to cope with everyday life healthily. They may remain on "high alert" and find themselves triggered into high anxiety and overwhelming stress by relatively minor events.

"Complex, interpersonally generated trauma is severely disruptive of the capacity to manage internal states. It is particularly damaging if it occurs in childhood. Research establishes that if we cannot self-regulate (i.e. manage internal states and impulse control) we will seek alternative means of doing so

in the form of defences and/or addictions." (Kezelman & Stravropoulos, 2012, p. xxx)

Many of the mental health issues that plague so many in our communities are the result of unresolved psychological trauma. The Immanuel approach is one of several Christian interventions that is proving safe and effective resolution for sufferers.

## HISTORY OF THE IMMANUEL APPROACH

Karl Lehman is a Christian psychologist who lives and works in the USA. The integration of his Christian faith with his scientific training and medical science has been one of his primary pursuits. (Lehman K. M., 2016) He has paid specific attention to integrating faith-based emotional healing with knowledge gained from psychological and neurological research. He began providing outpatient mental health care in 1990. At that time, he used a combination of cognitive therapy, medication, insight-oriented therapy and what he terms a "traditional" prayer for emotional healing when treating patients for psychological trauma. Lehman states that these approaches resulted in only around 5% of his clients perceiving God's presence and receiving emotional healing. The majority of the time, clients could connect with the pain and trauma only. Lehman describes his work with the 95% of clients who were not able to perceive God's presence in the sessions as "frustrating" because the other approaches were merely helping them manage their symptoms without any permanent resolution. Lehman then went on to develop his own Immanuel Approach that integrates psychology with Christian healing. This has a grounding in psychological theory that links trauma with Eye Movement Desensitisation and Reprocessing (EMDR) attachment theory, the way the brain processes pain, brain-mind-spirit capacity for healing, the key components of intervention, safety in trauma counselling:

## EYE MOVEMENT DESENSITISATION AND REPROCESSING (EMDR)

EMDR proposes that traumatic memories are often the root cause of painful emotions and problem behaviours. The requirement of the client to be connected to the painful emotions for healing and resolution to take place necessitates that therapy works within the traumatic memories.

"The Brain's information processing system naturally moves toward mental health. If the system is blocked or imbalanced by the impact of a disturbing event, the emotional wound festers and can cause intense suffering. Once the block is removed, healing resumes." (EMDR Institute, 2018)

Using the EMDR approach he was now seeing around 20% of his clients have significant permanent healings and resolution of their trauma.

## THEOPHOSTIC PRAYER MINISTRY

In 1998 Lehman trained in Theophostic Prayer Ministry. (Smith, 2007) The basic principles of the Theophostic approach are that the erroneous beliefs which are held in traumatic memories are the primary source of painful emotions and unhelpful behaviours. The ability of the client to perceive the Lord's presence inside the memory and receive His truth is a critical factor in the healing of trauma. (Smith, 2007). Dr Lehman says that this approach brought healing to his own trauma and is open about his own pursuit of emotional healing and spiritual growth and the way in which that has impacted his professional approach. Theophostic Prayer Ministry then became his primary approach when working with trauma. He developed his technique and skills in this approach and saw the percentage of clients who received a dramatic resolution to their trauma peak at around seventy-five percent.



## THE PAIN PROCESSING PATHWAY

Lehman (2016, p.4) defines trauma as the inability to adequately process a painful event. The pain-processing pathway that our brains use to process painful events include specific processing tasks that need to be completed for the event to be successfully processed and for it to not remain as a traumatic memory. According to Lehman (2016, p.4) these tasks are:

1. To maintain organised attachment.
2. Staying connected to the event by not dissociating
3. Staying connected to people and/or God.
4. Navigating the situation in a satisfying way.
5. Correctly interpreting the meaning of the experience.

The processing tasks that correlate parts of our brains responsible for emotions and social interactions include Basal ganglia and thalamus, Amygdala, Right-sided cingulate cortex, Right sided prefrontal cortex, and Left sided prefrontal cortex. The journey through the pain processing pathway begins from the lower levels and progresses through to the higher levels can be summarised as follows:

- Level 1 - The neurological circuits that moderate attachment to people and determine whether a person is operating from a secure attachment or otherwise.
- Level 2 - The circuitry moderates connection to an experience and determines whether a person's capacity is large enough to allow the experience into their conscious awareness or whether to cause it to be re-routed as a dissociative memory.
- Level 3 - moderates the relational connection to others and determines whether we can maintain attuned connection to others or God even while we experience emotional pain.
- Level 4 - The neurological circuitry that determines whether we feel satisfied with the way that we handled the situation and if we could remain true to ourselves.

- Level 5 - contains the circuitry that helps us make sense of and interpret the meaning of the event. It is the logical and analytical part of the brain that comes up with explanations and worldviews.

When the above tasks are not completed, the memory of an event remains and contains toxic content. The Immanuel Approach is an intervention that is designed to enable the person to successfully navigate the pain processing pathway by competing the necessary tasks in the memory, thus healing the trauma and removing the toxic content of the memory:

"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." (Lehman K. M., 2016, p. 6)

### KEY COMPONENTS OF THE INTERVENTION:

- Appreciation exercise.

Establish a place of emotional safety for the client by having them focus on a time when they felt very close and connected to God. The client then gives thanks for what it was about that time that they appreciated.

- Access the traumatic memory

Have the client focus on the memory (They may need to close their eyes to fully access the memory).

- Have the person describe what they are experiencing in their senses, particularly visually and emotionally.

Applying the principle that emotion follows thoughts and beliefs (Westbrook, Kennerley, & Kirk, 2011) the emotion is used as an indicator of false or harmful beliefs.

- Help the client make an interactive connection with Jesus while experiencing the memory.

There may be obstacles to the client forming this connection which need to be overcome. This process in itself is part of the intervention as false beliefs and related, unresolved trauma may surface.

- Clear out toxic content from the memory through replacing false schemas with truth.

This part of the intervention looks to resolve level 5 issues in the pain processing pathway. Here we help the client find the false beliefs by focusing on the painful emotion and deducing what the causing belief is. (Westbrook, Kennerley, & Kirk, 2011)

As dissociative or traumatic memories surface, the therapist helps the client maintain their connection to Jesus while processing the memory. In this way, they can maintain a relational connection through the event, bring the memory into the realm of their conscious awareness, have their need for understanding and comfort met, remove any false beliefs and replace them with truth and make sense of the event by receiving truth from God.

The client receives comfort, understanding and empathy from the Lord and anything else that was lacking at the time of the event and which caused them to not be able to complete the pain processing pathway. False beliefs and incorrect conclusions drawn about the meaning of the experiences are also resolved through hearing truth from the Lord. (Lehman K. M., 2016). The presence of painful emotions in the memory is an indication that the pain processing pathway is not yet complete.

### IMMANUEL APPROACH VS EXPOSURE THERAPY

Exposure therapy seeks to reduce the avoidance of triggers through repeated exposure to triggering events - either through the patient's imagination or real stimuli (Taylor, Thordarson, Fedoroff, Maxfield, & Lovell, 2003) that he used in the Immanuel approach:

- Work with traumatic memories as a significant part of the process.
- Consider it important for the client to connect emotionally with the traumatic event.
- Consider false and distorted negative cognitions as being linked to the traumatic memories.
- Recognise experiential truth as being extremely powerful in resolving the false negative cognitions. (Lehman K., 2016)

While exposure therapy can be beneficial in the reduction of avoidance for some people, others have indicated that the therapy actually has an adverse outcome.

"Moreover, exposure might not be beneficial for all patients. Tarrier et al. (1999) reported that 31% of patients treated with imaginal exposure experienced a worsening of PTSD symptoms from pre- to posttreatment. The validity of this claim has been debated (Deville & Foa, 2001; Tarrier, 2001). Further research is needed to assess whether symptom worsening is more common for exposure therapy compared with other treatments." (Taylor, Thordarson, Fedoroff, Maxfield, & Lovell, 2003, p. 330)

## BRAIN-MIND-SPIRIT CAPACITY AND HEALING FOR PSYCHOLOGICAL TRAUMA

In 2004 Lehman was concerned with the number of clients who were unable to process specific memories and receive healing from trauma. Lehman realised that the clients who were not getting resolution for their traumatic memories was because they did not have enough capacity to stay connected through the most traumatic parts of the memories. A person's capacity refers to how much biological, spiritual and psychological intensity they can cope with before they need to disconnect from the source of the emotional pain or trauma. Lehman decided to make a shift in the focus of therapy with these clients. Instead of focusing on the traumatic memories, he began to focus on helping them establish a connection with Jesus. In doing so, these clients were building capacity by increasing their ability to stay connected to Jesus while they reprocessed the memory. The presence of Jesus creates a safe place for the client who can then face the fear or trauma with the comfort of having someone whom they perceive can provide comfort and protection for them. This allows for the emotional processing necessary to resolve the traumatic memory.

"In order to put the event(s) in perspective, the victim needs to re-experience the event without feelings of helplessness." (Van Der Kolk, 2000, p. 19)

Lehman (2016, p.42) found that

"everybody who was able to perceive the Lord's presence was eventually able to press through painful memories that they had previously been unable to handle". Healthy psychological development, strong psychological maturity skills and strong relationships with a supportive community will enlarge a person's psychological capacity. (Lehman K., 2007) A strong connection with Jesus and a store of spiritual truth will enhance a person's spiritual capacity.

## ATTACHMENT AND TRAUMA COUNSELLING

Attachment theory links a child's attachment to their mother in infancy to their ability to form close and healthy attachments later in life. (Bowlby, 1969) Attachment is defined as "a lasting psychological connectedness between human beings." (Bowlby, 1969, p. 194) Research has revealed that a healthy attachment in infancy also fosters resilience and self-regulation. (Rothschild, 2000) These factors impact greatly on an individual's ability to process traumatic events.

A secure attachment style is developed by having caregivers who display pleasure in being with you, are attuned to your needs, make you feel loved and valued and care enough to respond appropriately to your pain and unmet needs. (Bowlby, 1969)

"On the other hand, babies raised by caregivers unable to meet significant portions of their needs are at risk of growing into adults who lack resilience and have trouble adapting to life's ebbs and flows. Their brains may be less able to process life's experiences." (Rothschild, 2000, p. 17)

Complex trauma occurs when there is repeated and cumulative trauma over a period of time within certain relationships, often involving caregivers. (Kezelman & Stravropoulos, 2012) We form a disorganised attachment style when our main caregivers regularly behave in a way that cause us to feel unsafe and uncertain. Hence the person that I seek out to bring comfort and safety is the one who is causing me to be fearful or overwhelmed. (Lehman K., 2014)

For many clients with complex trauma it is necessary to first build resources and resilience through the therapeutic

relationship before traumatic memories can be directly addressed. (Rothschild, 2000) The transference in the therapeutic relationship can play a large part in healing the avoidance and mistrust that many complex trauma survivors experience. (Rothschild, 2000)

"Attention to the therapeutic relationship will, with some clients, help to transform negative implicit memories of relationships by creating a new encoding of a positive experience of attachment." (Rothschild, 2000, p. 82)

This process of building resilience and strengthening the client's ability to self-regulate will often take quite some time, even years, as the therapeutic relationship itself becomes the therapy. (Rothschild, 2000)

One method of overcoming this slow process of building capacity and resilience in survivors of childhood trauma is using a therapy that encourages the client to have God as a spiritual attachment figure. (Milner, 2015) The Immanuel approach capitalises on this and in so doing, will often accelerate the healing process. (Lehman K. M., 2016) Rather than gradually building a client's resilience through the therapeutic relationship, appreciation exercises and the Immanuel Approach foster a secure attachment to God, the ultimate safe attachment figure. The presence of Jesus in the event allows the client to attach to Him as the source of comfort and care which dismantles the formation of disorganised attachment. (Lehman K., 2007)

"The Jesus-connection solution for inadequate capacity 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." (Lehman K. M., 2016, p. 42)

When a painful event exceeds a person's capacity limit, the neurological circuits will implement dissociative disconnecting by routing the content to an alternative neurological pathway, not allowing it into your normal conscious

awareness. The person will experience a “black out”, and the event will be stored as a dissociated, traumatic memory.

It is interesting to note that there have been studies done on the capacity limitations of the biological brain revealing that individual neurons malfunction when overloaded. (Schoore, 2003). Dr James Wilder teaches that for healing of traumatic memories to be successful, the client must be able to connect with the pain in the memory and to be able to remain connected while the memory is processed. If the trauma within the memory exceeds the person's capacity, they will disconnect from the memory or pain in some way and healing will not take place. (Wilder, Khouri, Coursey, & Sutton, 2013) A person's capacity will determine their ability to “reload” traumatic memories and bring them into their conscious awareness and to stay connected to them in so they can complete the pain processing pathway.

In the event of a client facing traumatic memories without the ability to securely attach, retraumatisation can result. (Rothschild, 2000)

“As this all unfolded, I began to formulate what we now call Immanuel Interventions – specific, systematic interventions with the very focused goal of helping the person receiving ministry to perceive the Lord's living presence, and to establish (or regain) an adequate interactive connection with him.” (Lehman K., 2016, p. 42)

With the resolution of capacity hindrances for his client's and the evolution of the Immanuel Approach, Lehman saw the percentage of clients who could perceive the Lord's presence and resolve the trauma radically increase from the 75% he was experiencing with Theophotic prayer ministry. (Lehman K., 2016)

## THE NEED FOR SAFETY NETS IN TRAUMA THERAPY

There is the risk when engaged in trauma therapy that the client may become overwhelmed and experience re-traumatisation or panic attacks. If therapy moves too quickly the client may not have the resources to process the memories without their autonomic nervous system (ANS) becoming overwhelmed. (Rothschild, 2000) A safety net in therapy is a tool that will help the

client to reduce hyper-arousal during the therapy session and avoid these issues. (Rothschild, 2000) This is a way of slowing things down and allowing the client's system to relax. Babette Rothschild uses the term anchor to describe one of the methods she utilises to reduce hyperarousal and to provide a place of calm and safety for the client.

The anchor can be a person, place, pet, activity, or any external resource that provokes a positive emotional response and gives the client a feeling of wellbeing. (Rothschild, 2000) The anchor is used to calm the client and reduce hyperarousal during the session. (Rothschild, 2000) The client is encouraged to focus on their chosen anchor for a period of time until they feel a sense of safety and the ANS has calmed. (Rothschild, 2000). The safe place is another safety net which was initially used when working with traumatic memories through hypnosis. (Napier, 1996)

The client was encouraged to focus on an actual, earthly location which resonated as a place of protection for the client. This contrasts with methods which use abstract places for the safety net. The sensory memories attached to the known location are said to increase the accessibility and intensity of it in reducing stress and anxiety. (Jorgensen, 1992)

## DELIBERATE APPRECIATION EXERCISE

One of the key innovations in the Immanuel approach is commencing each session with Lehman's version of the safety net. It involves a time of building an interactive connection with God. This is termed an appreciation exercise and incorporates several of the benefits of traditional safety nets with the added benefits of having God as the safe place. It addresses various issues that are faced when working with trauma clients.

It prepares the client to become relationally connected to God, provides a safe place to come back to if the client becomes overwhelmed during the session and it increases the client's capacity to process traumatic memories. (Lehman K. M., 2016). The exercise is done through recalling a previous experience of positive connection with God followed by a period of thanksgiving and stirring up appreciation. There has been research done into the benefits of appreciation in preparing the brain-mind-spirit system for connecting with God. (Lehman K. M., 2016)

The research of Dr John Gottman found that appreciation was a substantial factor in successful and happy marriage relationships. (Gottman & Silver, 1999). Lehman (2016) proposes that as relational beings, we have been designed with relational circuits in our brains. When these are functioning as designed, we will feel relationally connected, desire connection and have the capacity for empathy and compassion. Dr Lehman calls this being in “relational mode”. (Lehman, 2016) We can temporarily lose connection to these circuits and end up in “non-relational mode” which makes it very difficult to connect to people and God.

The exercise of stirring up appreciation helps to bring these relational circuits back online if they have been in non-relational mode or to strengthen these circuits and make it easier to connect with people and God. The concept of appreciation facilitating a stronger connection with God's presence is also very biblical.

*Enter into His gates with thanksgiving,  
And into His courts with praise.  
Be thankful to Him, and bless His name.  
Ps 100:4 (New King James Version, 1991)*

“These relational connection circuits are the biological hardware that cares for our relationships with God just as they are the biological hardware that cares for our relationships with other people.” (Lehman K. M., 2016, p. 82). This exercise is an innovative tool that breaks down barriers which make connection with God difficult for many sufferers of complex trauma. It is a gentle, non-condemning way of explaining why connection with God may be difficult for the client and it can very quickly bring them into a place of feeling God's presence. I have watched many of my clients become uplifted immediately at the realisation that they can actually hear from God and connect in a meaningful way.

The appreciation exercise of the Immanuel approach goes beyond creating an emotionally safe place for clients, and connects them to Jesus Himself. Isaiah 9:6 refers to Jesus as the Prince of Peace. (NKJV, 1991) Numerous other New Testament scriptures affirm peace as a characteristic of the presence of Jesus. In my own experience, I have found that when clients connect to the presence of God, the clear majority of them describe the sense of peace and safety that is experienced. Using an anchor that includes the presence of God

provides clients with a tool to help them reduce stress and anxiety outside of the therapy room. The appreciation exercise strengthens the connection between the client and God, who is their source of protection and peace.

## DISORGANISED ATTACHMENT AND BODY CALMING TECHNIQUES

In times of danger, the sympathetic nervous system puts us in high alert, producing an increase in muscle tension, increased blood flow and other physical responses associated with the fight or flight response. The parasympathetic nervous system on the other hand produces a calming effect on our bodies and prepares us for rest. (Lehman K., 2014). The disorganised attachment dilemma affects the connection between our sympathetic and parasympathetic nervous systems. There is usually a synchronicity between these two nervous systems so that stimulation in one sees a decrease in the other. In the case of a disorganised attachment style the interactions between these systems are erratic and the two can be stimulated at the same time. (Lehman K., 2014). In his book "The Relaxation Response", Dr Herbert Benson explains how there are numerous exercises that will elicit the bodies' relaxation response which is the opposite to the fight or flight response. This calms the body and brings it back to pre-stress levels. (Benson, 2000) Trauma therapists commonly utilise these exercises during therapy as well as teaching them to clients as an added resource to help them when they become anxious or overwhelmed. Meditative prayer, breathing exercises and progressive muscle relaxation are common examples of calming techniques. (Lehman K., 2014)

Dr James Wilder and Pastor Ed Khouri developed a set of exercises designed to calm the body and emotions called "Shalom My Body". The added advantage of these exercises is that they can be effective within a few minutes and require little or no practice sessions. (Lehman K., 2014) This is in contrast to many other relaxation exercises which take up to 10 minutes and several practice sessions before they produce the desired effect. (Lehman K., 2014).

These exercises benefit clients with a disorganised attachment style and PTSD. They alternate between stimulating the sympathetic nervous system and

the parasympathetic nervous system which returns the synchronicity between the two systems in addition to bringing the person back into relational mode. The exercise ends with stimulating the parasympathetic system so the body goes into a relaxed state. (Lehman K., 2014).

"Understanding many of the fundamental processes the underlying traumatic stress opens the door to an array of interventions that can bring the brain areas related to self-regulation self-perception and attention back online." (Van der Kolk, 2014, p. 350)

"In my experience, the shalom-for-my-body- exercises are especially effective for rapidly reducing the intensity of fear and/or anger when I am experiencing fear and/or anger in response to feeling threatened in some way, and reducing the intensity of fight-or-flight fear and/or anger makes it much easier for me to then use the receiving attunement intervention and deliberate appreciation in order to fully regain access to my relational circuits." (Lehman K., 2014, p. 211)

There are three parts to the Body Calming Exercise:

### 1. Hands Up

Choose either an angry or fearful expression and then do the following three things simultaneously.

- Inhale sharply.
- Throw your head back.
- Throw your arms up and to the sides.

Then do the following four things at the same time.

- Slowly bring your head forward to the normal position
- Breathe out slowly.
- Say out loud "Whenever I am afraid, I will trust in You, oh Lord."
- Slowly lower your hands to your lap.

Repeat this exercise four to six times.

### 2. Yawn Left and Right

- Turn your head to the left.

- Yawn and inhale slowly.
- Slowly bring your head back to facing forward, and as you turn your head forward say "Whenever I am afraid, I will trust in you, oh Lord."
- Turn your head to the right.
- Yawn and inhale slowly.
- Slowly bring your head back to facing forward, and as you turn your head forward say, "Whenever I am afraid, I will trust in you, oh Lord."

Repeat this exercise three or four times.

### 3. Chest Tap and Rub

- Rest your fingertips near the top of your chest with your fingers slightly curved and each hand about two inches out from the center of your chest.
- Start tapping alternating hands on your chest about the speed of your heartbeat.
- As you inhale, do the following things simultaneously:
  - Breathe in deeply and a bit faster than usual.
  - Gently massage the place on your chest that you were tapping.
  - Say out loud "Whenever I am afraid, I will trust in you, oh Lord."

Repeat this exercise three or four times. (Lehman K., 2014, pp. 212-213)

## RECEIVING ATTUNEMENT

Another key that Lehman utilises in helping clients regain access to their relational circuits is through attunement. Our brains work in such a way that when we feel that someone is with us in our pain, when we feel heard and understood, our relational circuits can quickly come back online. (Lehman K., 2007). Dan Siegel, in his book, *The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being*, has much to say about the effect of therapist attunement upon the clients' emotional regulation and the healing of trauma in the brain. (Siegel, 2007)

"But according to Siegel, the particular clinical model or approach used was much less important than the attunement of the therapist to what he called the "critical micromoments of



interaction" with the client—including tone of voice, facial expression, posture, motion, eye gaze—that "reveal otherwise hidden states of mind." According to Siegel, the most important element in an attachment-based, neurobiologically savvy therapeutic approach was the requirement "that the therapist feel the feelings, not merely understand them conceptually." (Schwartz, 2017)

Recognising that very often clients don't have access to someone who is willing or able to give them this attunement, Lehman has developed an exercise that can help Christians receive empathy from God.

The exercise begins as with the appreciation exercise until the client can enter an interactive connection with the Lord. One there, have the client allow themselves to feel the pain rather than trying to avoid it, and talk to the Lord about it (Lehman K., 2014) One of the keys here is the feeling that the Lord truly understands the situation and this is helped by taking the time to describe the situation and painful feelings.

## CASE STUDY OF IMMANUEL APPROACH

### Background

Brigitte is in her mid 40's and is a single mother of two. She was diagnosed with PTSD eight years earlier following an incident at her place of employment. Brigitte was working at a Jewellery store during an armed robbery. She was held at knifepoint and forced to walk with her attacker to another store and open a safe. The event went on for some twenty to thirty minutes. In that time, Brigitte was not harmed physically but the emotional and psychological scars were still very present at the time of our meeting. Brigitte is not a Christian but she was very willing to do spiritual interventions. She has been under the care of a psychiatrist and psychologist for many years. She has experienced many different types of therapy over the years but stated that nothing has helped to alleviate her symptoms.

### Initial Interview:

The initial interview with Brigitte was quite brief. She had been referred to me by a friend and was seeking help to cope with the symptoms of PTSD.

Brigitte's descriptions of her symptoms were characteristic of PTSD (Yehuda, 2002). She described things such as experiencing flashbacks, avoidance of watching any television or movies which were in any way violent, nightmares and severe anxiety. I explained to Brigitte that I was a Christian counsellor and that I used spiritual interventions in my practice. Although Brigitte is not a Christian, she was very happy to proceed with counselling using Christian spiritual interventions.

### Session One:

In the initial session with Brigitte I took some time to put her at ease and build rapport. Her body language displayed signs of anxiety and so I took more time than is usual to make small talk and put her at ease. Once I saw her relax a little we went through the formalities of contracting and I explained the counselling process and my desired approach. She expressed that she was happy to proceed. Brigitte told me her story and relayed the events that had taken place at her workplace that had traumatised her. I listened with empathy and she went on to discuss the ways that her condition is affecting her everyday life. When Brigitte seemed comfortable and I felt we had established a good rapport, I asked Brigitte if she felt comfortable to begin therapy. Once she agreed I asked her to close her eyes and to think about the traumatic event. I then asked her to describe what she was seeing in her imagination and what she was feeling.

She described seeing herself in the situation with her attacker holding her at knifepoint. She also described her emotional state as being gripped with fear. I asked her what she believed to be true in that moment and she responded that she believed she was going to die. I asked her if she would be willing for Jesus to come and be with her in the memory while this was going on. She agreed that she would like that. I directed her to ask Jesus to come and be with her. I waited and observed her body language. After a few moments, I noticed a shift in her body language and she appeared to relax a little. At this point I asked her to tell me what was happening.

Brigitte said that she could now see Jesus in the memory. I asked her to describe what that was like. She responded that she felt safer with Him there. I then led Brigitte in a series of questions to ask Jesus. I began by having

her ask Him what lie she learned in this situation. After asking the question and pausing for an answer, she responded to me that she had learned that she was going to die. I then had her ask Jesus what the truth was. Again, she paused after asking the question and responded that He told her she was safe. I asked Brigitte if it felt true to her that she was safe. She responded that it did.

I asked Brigitte to describe to me what was still disturbing her in the situation. She reported that her concern now was for her workmate. I had her ask Jesus what He wanted her to know about her workmate and she responded that He told her He would take care of her also. I again asked Brigitte to describe her emotional state in the memory. With a smile on her face she communicated that she felt "good" and "peaceful". Her tone and expression communicated surprise and wonderment.

Brigitte went on to tell me that she had experienced similar therapy in the past where she re-visited the traumatic memory and attempted to remove the false beliefs and thoughts but that it had only increased her anxiety. She communicated surprise at the speed and ease that the process had removed the anxiety from the memory. Brigitte left the session describing that she felt a peace that she had not experienced for a very long time.

### Follow up session:

Three weeks after our initial session, I had a follow up session with Brigitte.

Brigitte relayed that in the time since her session, her anxiety had drastically reduced. She said that she could now watch the news without experiencing any anxiety and numerous other triggers were no longer affecting her. She reported that in the past three weeks she had not suffered any symptoms of PTSD.

Brigitte also excitedly told me that on several occasions when she was experiencing a level of anxiety, she focused her mind on what was once the traumatic memory, and she felt the same peace flood over her. Not only had the trauma and toxicity been removed from the memory, it had now become a positive memory which stirred up feelings of peace and a sense of safety for her.

## CONCLUSION

The Immanuel Approach has integrated the best from both Christian and psychological approaches and formulated a faith-based approach that is proving very useful in bringing healing and help to trauma survivors. Immanuel Approach has built upon other faith-based approaches and overcome several restrictions when working with complex trauma.

I have found that this approach is not only very effective in resolving trauma, but also in facilitating a stronger attachment to God. This builds resilience in the client, strengthens their resource base and gives them a practical tool that can help them outside the therapy room. Shifting the focus of attachment in complex trauma clients from therapist to God speeds up the rate of healing and reduces the pressure on the therapist and helps avoid transference issues.

The Immanuel Approach has used scientific research to explain how healing trauma works and has also translated the language of the church into the language of psychology and science to formulate an integrated approach – that strengthens the client's connection to and relationship with God as it simultaneously brings healing to trauma and emotional pain. I have observed a variety of Christian counselling approaches and theologies over the years from those who view psychology as evil to the other extreme whereby Christian Counselling is basically secular psychology. It is my conviction that an integrated approach like the Immanuel Approach that takes the best from psychology and integrates it with the power of Christ to heal and set free.

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