Maggie #3: Labor and delivery trauma
(The Immanuel approach to emotional healing)
Explanatory comments, condensed version

The main purpose of the DVD "Maggie #3: Labor and delivery trauma (The Immanuel approach to emotional healing)" is to provide live ministry session examples of the principles, techniques, and process described in our essays and presentations about the Immanuel approach. This DVD will be encouraging and educational for any viewer, but it will be much more valuable if you have first read the "Brain Science, Psychological Trauma, and the God Who Is with Us" essays. If time constraints preclude reading all five Parts, I would encourage you to at least read Part I and Part V. This session demonstrates **Basic and Intermediate** principles, techniques, and process.

Original session, debriefing immediately following the session, and 6 month follow-up interview: This DVD presents portions of the original session (March 2008), portions of the debriefing discussion immediately following the session, and portions of the follow up interview that took place six months later.

Session summary: After we identify the tentative[1] target for this 2009 session (anger towards her husband and the Lord, and the feeling that a certain client situation is more than she can bear), I coach Maggie to focus on a memory of a past positive experience with Jesus, and in the context of this positive memory she refreshes her perception of His presence and reestablishes a living, interactive connection with Him *in the present*. She then engages directly with Jesus regarding the thoughts and emotions associated with her difficult client situation. As she engages directly with Jesus He leads her to unresolved memories from the traumatic labor and delivery of her first child; and, "coincidentally," these memories contain the same negative thoughts and emotions that felt true in her interactions with her client, her husband, and the Lord. As she continues to engage directly with Jesus He helps her to resolve these traumatic memories, and we then observe that her anger towards her husband and the Lord, and her sense of unbearable burden regarding her client have also resolved. Finally, Maggie's report at the six month follow-up interview indicates that these positive changes have remained.

Deleted material: To put the "Condensed Version" in perspective: In order to make the 19 minute condensed version, 53 minutes of material have been deleted from the 72 minute complete version. The condensed version is valuable for providing an *overview* of what an Immanuel approach session looks like, and it's great for inspiration and faith building; but if you are actually trying to learn how to facilitate Immanuel approach sessions, you will definitely want to view the complete version.

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[1] When a person comes into the session with ideas about what we should work on, we always offer these initial targets to the Lord as tentative; asking whether we should, indeed, pursue the issues the person has suggested, or whether He would like to lead the session in some other direction.

The Immanuel approach to emotional healing: One way to define our current version of the Immanuel approach to emotional healing would be to first identify the contributing components:

- Recall of previous positive connections with the Lord, in combination with deliberate appreciation, to prepare for connecting with Jesus;
- Refreshed perception of the Lord's presence, and establishment of a living, interactive connection with the Lord *in the present* as the starting foundation;
- Once the person has established a living, interactive connection with Jesus in the present, coach her to engage directly with Jesus for guidance and assistance at every point in the session;
- Immanuel Interventions, especially from inside traumatic memories, but also at any point the person loses connection with the Lord;
- Describe whatever comes into your awareness (your brain works better in community)
- Our modified version of Theophostic® theory, tools, and techniques;
- Understanding regarding capacity;
- Understanding regarding attunement and relational connection circuits; and
- Understanding regarding processing tasks at each of the brain levels.

Then, if you take all of these components, organize them around the living presence of Jesus as the central focus, and clearly identify connecting more intimately with Jesus as the primary objective (with resolution of trauma as a secondary objective), you have the Immanuel Approach to emotional healing. This is all described at more length in the "Brain Science, Psychological Trauma, and The God Who is With Us" essays, but for those of you who have not yet had a chance to review the more detailed discussion, here is a very brief summary of the key process components:

•*Recall of previous positive connections and deliberate appreciation to prepare for connecting with Jesus*: Recalling past positive experiences and deliberately appreciating them prepares your brain–mind–spirit system for positive relational connection. At the beginning of each Immanuel approach session, we therefore include positive memory recall and deliberate appreciation *focused on the Lord* to prepare the person's brain-mind-spirit system for refreshing/re-establishing a positive relational connection with Him. With people who are new to the Immanuel approach, I very deliberately lead them through this process – we ask the Lord to bring forward a memory of a previous positive experience with Him, I ask the person to describe this experience (in detail), and I coach the person to describe specific things she especially appreciates about the Lord in the memory experience. In contrast, people who are familiar with the process (such as Maggie, in this session) usually go through an abbreviated version (asking the Lord for help, thinking about the positive memories that come forward, and deliberately appreciating the Lord in the context of the positive memories), without the need for coaching from me. In fact, this often happens smoothly and quietly during the opening prayer.

•*Refreshed perception of the Lord's presence and connection with Him in the present as the starting foundation*: After the person has identified one or more memories of past positive connection with the Lord, and *feels* appreciation for His presence and care in these past experiences, I coach the person to spend several minutes reentering/reconnecting with the memory/memories.[2] As she does this, I ask the Lord to help her perceive His presence and

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

establish an interactive connection,[3] so that these are real and living in the present, and then I coach the person to describe whatever comes into her awareness. The person is usually able to transition smoothly and easily from positive memory recall and appreciation to a living, interactive connection with the Lord in the present (and if this doesn't happen, we trouble-shoot regarding what's in the way).

Again, with people who are new to the Immanuel approach, I carefully coach them through this process; whereas people who are familiar with the process (like Maggie) often recall a positive memory, feel appreciation for the Lord, reenter/reconnect with the memory, and then perceive the Lord's living presence and establish an interactive connection with Him without the need for coaching from me. As with the positive memory and appreciation steps, the whole initial process to the point of establishing an interactive connection often happens smoothly and quietly during the opening prayer.

•*Ongoing coaching to engage directly with Jesus*: Once the person has a connection with Jesus in the present, the therapist/ministry facilitator coaches the person to turn to Jesus, focus on Jesus, and engage with Him directly at every point in the session. The person might engage with Jesus for guidance in choosing an initial target, for help with finding underlying memories, for assistance with resolving unfinished processing tasks, for capacity augmentation when dealing with inadequate capacity, or for help with any other questions, needs, or problems that come up.[4] For example, when Maggie is having difficulty with accessing the underlying traumatic memories, I coach her to return to the place where she could perceive the Lord's presence, focus on Him, and ask Him to bring the memories forward; at points in the session where we're not sure what to do, I coach Maggie to focus on Jesus and ask Him for guidance; at points in the session where we don't understand something, I coach Maggie to focus on Jesus and ask for explanation; at points in the session where Maggie is experiencing emotional pain, I coach her to focus on Jesus and talk to Him about her thoughts and feelings; and at several points towards the end of the session I coach Maggie to focus on Jesus and ask whether there is anything else He might have for her (anything else He wants to do, anything else He wants to say, anything else He wants to show her, etc).

•*Immanuel Interventions, especially from inside traumatic memories, but also at any point the person loses connection with the Lord*: As described at more length in "Brain Science, Psychological Trauma, and The God Who is With Us, Part V," Immanuel interventions are *specific, focused, systematic interventions* with the goal of helping the person receiving ministry to perceive the Lord's presence, connect with Him, receive from Him, and be **with** Him. For those of you who have not yet had a chance to review the more detailed discussion, here is a very brief summary:

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

[4] The therapist/ministry facilitator will also want to coach the person to engage directly with Jesus when good things happen, to thank Him and share her heart with Him.

Specific, explicit invitation and request: The most basic, simple component is the specific, explicit prayer: "Lord, I make a heart invitation for You to be *with me,* here in this place. I also ask You to help me perceive Your presence, to help me connect with You, to help me receive from You, and to help me be *with* You." The Maggie #3 session provides several examples of this explicit invitation and request.

Trouble-shooting: If the person is *not* able to perceive the Lord's presence (or connect with the Lord, receive from the Lord, or be with the Lord), you "trouble-shoot." Start with praying "Lord, what's in the way of my being able to perceive Your presence? (or connect with You/ receive from You/ be with You)" and then follow-up on whatever the Lord brings forward. For those who are able to establish a refreshed connection with Jesus, *in the present*, at the beginning of the session, an additional resource is available if the person loses connection with Jesus at some later point in the session and is *not* able to receive adequate guidance in response to the direct question: "Lord, what's in the way of my being able to perceive Your presence (or connect with You/ receive from You/ be with You)?" You coach the person to return to the place of refreshed positive connection from the beginning of the session, and then *in the context of the refreshed connection*, you coach her to ask the Lord about the place where she is *not* able to perceive His presence. Unfortunately, other than "asking again," this session does not provide examples of Immanuel trouble-shooting because Maggie is able to perceive the Lord's presence and connect with Him without difficulty.

"Keep focusing on Jesus" approach for accessing underlying traumatic memories: By the end of the initial discussion both Maggie and I perceive that some of her thoughts and emotions are triggered, and it seems like the Lord is leading in this direction as well, so Maggie begins trying to access any underlying traumatic memories that might be sourcing the suspected triggered content. She initially tries the technique that is taught as part of Theophostic, EMDR, and many other ministries and therapies: she focuses on the trigger, stirs up the negative thoughts and emotions associated with the trigger, and then waits for stimulation of the neurological association networks to access the underlying memories. This is an excellent technique, and it is consistently effective in enabling people to connect with unresolved content from traumatic memories; but it sometimes requires a significant amount of time and skill in order to find the best initial triggers, stir up adequate emotional intensity, navigate blockages, follow a trail of associations that can sometimes be complex, and then recognize the material that comes forward.[5]

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

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

tries the "keep focusing on Jesus" approach and is then able to access the underlying traumatic memories. I think the "traditional" technique eventually would have been successful if we had persisted with it, but it is striking that the "keep focusing on Jesus" approach did not require any additional trouble-shooting.

"Get the emotion in the search box": At 4:05, as part of discussing options for accessing the underlying memories, I comment "One way to do it is to actually get the emotion in the search box – *feel* the emotion, and that will light up the pathways that connect to memory." This comment refers to the traditional way of accessing memories just described above, and the phrase "*get the emotion in the search box*" is alluding to an analogy between the ways in which our brains access memories and computer search functions. For additional description and discussion of this analogy, see pages 3-5 in Part IV of "Brain Science, Psychological Trauma, and The God Who is With Us" (available as a free download from www.kclehman.com).

Thoughts regarding the pain processing pathway[6]:

Level 1: In the original experience she had *not* fallen into disorganized attachment, thereby *successfully* completing processing at level 1.

Level 2: In the original experience inadequate capacity resulted in Maggie *not allowing herself to feel or express her negative emotions*, thereby failing to complete the level 2 processing task of staying connected. However, Maggie's capacity had grown since the time of the trauma, being able to perceive the Lord's presence with her in the memory provided powerful capacity augmentation, and being able to receive His attunement provided yet another powerful source of capacity augmentation. Therefore, during the healing work she was able to successfully complete level 2 processing tasks by *connecting with*, and *staying connected with*, the painful thoughts and emotions that had been carried in the traumatic memories.

Level 3: In the original experience Maggie had failed to complete level 3 processing by first *losing access to her relational connection circuits*, and then *being unable to bring them back on line*.[7] However, her level 3 maturity skills had grown since the time of the original trauma, and she also had the additional powerful resources of being able to perceive the Lord's compassionate presence and receive His attunement *while **inside** the memories*.[8] Therefore, during the healing work she was able to successfully complete level 3 processing by both *regaining* and *maintaining* access to her relational circuits.[9]

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[6] If you are not familiar with the concepts alluded to in these comments, see the extensive discussion of the pain processing pathway provided in Part II of the "Brain Science, Psychological Trauma, and The God Who is With Us" essays (available as a free download from www.kclehman.com).

[7] Among other clues, Maggie's comments regarding lack of joy in the experience indicate loss of access to her relational circuits.

[8] Maggie makes many comments, from the perspective of being *inside* the memories, indicating that she can perceive the Lord's presence, compassion, and understanding, and that she is receiving His attunement.

[9] Maggie's ability to *feel* the Lord's compassion and understanding in the memories, her new ability to experience *joy* in the memories, and her ability to *feel* gratitude towards the Lord all indicate that she was back in relational mode.

Level 4: Not only did twenty-year-old Maggie probably start out with level 4 maturity skills that were not yet strong enough to lead her through her very painful, very difficult labor and delivery; but she was also operating with the level 2 handicap of being unable to feel or express her painful emotions, and the level 3 handicap of being unable to maintain access to her relational circuits. Not surprisingly, she was *not* able to successfully complete the level 4 processing task of *navigating the situation in such a way that she would afterwards feel satisfied with how she had handled it*[10]. However, Maggie's level 4 maturity skills had grown since the time of the trauma, increased and augmented capacity enabled her to both feel and express her painful emotions, and increased level 3 maturity skills, perceiving the Lords compassionate presence, and receiving His attunement enabled her to regain and maintain access to her relational circuits. Furthermore, she was able to receive the Lord's level 4 coaching regarding the situation *while **inside** the memories*. Therefore, during the healing work she was able to successfully complete level 4 processing by living out of her true heart – instead of going to an emotionally shut down, non-relational place in her attempt to get through an overwhelming situation in her own strength, she was able to stay emotionally connected, relational, and vulnerable, *turning to the Lord for help at any point the situation felt like more than she could handle with her own resources*. By the end of the session she felt satisfied with how she and Jesus had gone through the whole experience.

Level 5: Not only did twenty-year-old Maggie go into her labor and delivery with level 5 maturity skills that were probably not yet strong enough to correctly understand the extremely difficult situation, but she was also operating with the additional handicap of working with raw material that was distorted by the unsuccessful processing at levels 2, 3, and 4. Not surprisingly, she was unable to successfully complete the level 5 processing task of correctly interpreting the meaning of the experience. At least part of her distorted interpretations were conclusions along the lines of: "I'm not in good hands, my own resources are all that I have to work with, and I therefore have to be super strong in order to handle this situation,"[11] and these erroneous conclusions then looped back to exacerbate her difficulties at levels 2, 3, 4. However, Maggie's level 5 maturity skills had grown since the time of the original events, new adequate capacity enabled her to stay emotionally connected, new successful processing at level 3 enabled her to return to relational mode and to stay there, and new successful processing at level 4 enabled her to turn to the Lord for help and hold onto her true heart. Furthermore, perception of the Lord's tangible presence *while **inside** the memories* directly revealed the strategic truth that the Lord was with her. Therefore, in the Immanuel healing work she was able to successfully complete level 5 processing and come to accurate interpretations, such as: "I can't trust the doctor to care for me (especially emotionally), and this situation is more than I can handle in my own strength; but *Jesus is here with me, He understands, and He will supply any help I might need as we go through this together*."

A piece of really good news regarding all this complex pain processing pathway stuff is that Jesus was the one caring for these details during the session. I was able to put this formulation together afterwards (with hours of careful thought), but during the session I was neither explicitly thinking about any of these processing tasks nor deliberately leading Maggie through the journey

[10] With successful level 4 processing you might still conclude that the experience was very painful, but you will feel satisfied with the way you handled it.

[11] The full session includes several specific comments along these lines, but this content was deleted in the editing for the condensed session.

of completing them. I focused on helping Maggie to perceive the Lord's presence, maintain a strong connection with Him, and turn to Him for help with every aspect of the session. Fortunately, the Lord thoroughly understands every detail with respect to the pain processing pathway, and He took care of helping Maggie complete all of the previously unfinished processing tasks.

Physical touch in emotional healing sessions: I'm sure you will notice that I put my hand on Maggie's shoulder at several points in the session, and this provides an opportunity to comment on the place of touch in emotional healing sessions. One possible approach is to simply say "No physical touch, ever, under any circumstances." This is certainly "safe," from a certain perspective, and it is the approach taken by some emotional healing ministries, but it is also costly, since physical touch can be a valuable resource in certain situations. Our approach has been to teach that you need to be VERY careful when including physical touch in emotional healing work, but that it is not always, universally problematic. This brief essay is certainly not a thorough discussion of this complex topic, but hopefully the points below will be helpful.

1. Physical touch can be a valuable resource: Even if we don't understand any of the underlying psychoneurobiology,[12] we are all intuitively aware of the truth that physical touch can sometimes be a valuable resource. If your sister is crying because her dog got hit by a car, you give her a hug; if your son comes home from the playground crying and upset, you hold him on your lap as you offer comfort and encouragement; and if your friend is struggling through difficult times you reach out to offer an encouraging pat on the back or a comforting hand on the shoulder. Similarly, careful physical touch during an emotional healing session can express comfort, communicate encouragement, enhance the sense of connection, and facilitate attunement, and these relational phenomena can augment both the person's capacity and the person's maturity skills.[13]

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

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

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

augmenting attunement (which can then boost capacity and augment maturity skills), please be VERY careful, and prayerfully consider the recommendations presented below. If in doubt, err on the side of offering *verbal* comfort and encouragement, but avoiding physical touch.

3. The presence of others provides protection: Including touch in emotional healing work is much safer when others are present. For example, the risk of inappropriate connection in this session with Maggie was very minimal because it took place in the context of one of our mentoring groups, where eight other people were in the room with us. The observation and accountability protections provided by the presence of a chaperone are pretty straight-forward, and Dr. Wilder's insights regarding family bonding versus pair bonding provide additional reasons for why touch is much less risky in situations where three or more people are present.[14] Therefore, when lay-ministers[15] feel led to include physical touch as a resource in their emotional healing work, we STRONGLY encourage them to work with a team and/or have each client bring a support person (such as a spouse, friend, sibling, parent, pastor, etc).

4. The specific relationship context is significant: The specific relationship between the facilitator and recipient also contributes to what feels right and helpful, as opposed to inappropriate. For example, when I facilitate Immanuel sessions for my brother, John Jr., I often put my hand on his shoulder as a way to express encouragement and support (especially if he is experiencing intense emotions and crying). When I facilitate Immanuel sessions for my Mom, I often hold her hand, again as a way to express encouragement and support. When Charlotte and I facilitate Immanuel sessions for my sister, if she connects with intense negative emotions I might hold Emily's hand while Charlotte puts her hand on Emily's shoulder. And when Charlotte and I facilitated an Immanuel session for our young nieces a number of years ago, all four of us were sitting together on a large couch, with Miranda leaning against Charlotte and Madelyn leaning against me. As far as I can tell, John Jr., Mom, Emily, Miranda, and Madelyn have perceived these instances of physical touch to be comfortable and helpful, as opposed to inappropriate.

Similarly, in Immanuel sessions with close friends, where strong "family" bonds (as opposed to pair bonds) are already in place, where other friends are present, and especially where Charlotte is included in the family bond friendship circle, physical touch feels safe and appropriate. This was the situation in the session with Maggie. Charlotte and I have known Maggie as a colleague and friend for many years, so that the family type bonds were already in place and included Charlotte, and the room was full of seven other people who both Maggie and I had known as colleagues and friends for many years. With all of these pieces in place, my perception was that the people in the room (including Maggie) felt comfortable with my hand

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

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

on Maggie's shoulder as an expression of encouragement and support.[16] An additional data point is that I recently[17] checked with both Maggie and her husband, asking whether there was any aspect of the session that they felt uncomfortable with in any way, and specifically naming that some viewers have felt concern regarding my hand on Maggie's shoulder. They both reported feeling comfortable with the session, including my hand on Maggie's shoulder, and perceived that their lack of discomfort was due to them being aware of the larger context (other's in the room, longstanding friendships, my distance from Maggie on the couch, and protective family bonding in the group). Maggie commented, "I actually appreciated your hand on my shoulder. It felt good to have that encouragement and support when I was in that frightened and lonely 20 year old memory place."

5. It still makes me uncomfortable when I watch the video: In spite of the factors just discussed under points three and four, when I watch the video it still makes me uncomfortable when I see my hand on Maggie's shoulder. This puzzled me at first, since it didn't seem inappropriate or feel uncomfortable in the actual session. However, as I thought about it and paid attention to the subtle thoughts at the periphery of my awareness, I realized that I intuitively knew that the average viewer wouldn't be able to see the others in the room, and also wouldn't be aware of the longstanding friendships between Maggie, myself, and the other members of the group. The more I thought about it, the clearer it became to me that I was feeling the discomfort one might understandably feel if he watched this session without being able to see the others in the room and without being aware of the specific friendship context. Also, those viewing the tape don't see that I'm sitting at the other end of the couch, just barely able to reach Maggie's shoulder, and with microphones and sound cables between us. Somehow (at least to my perception), my hand on her shoulder felt less intimate with the distance and audio equipment between us. All this to say that it doesn't surprise me that many feel concern/discomfort when they see my hand on Maggie's shoulder, and that I wish I could go back and do the session over again, but this time without the touch that has caused discomfort and concern for some viewers.

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

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[16] I can still remember some of the thoughts I had during the session as my hand was on her shoulder. When I moved my fingers periodically, I was trying to communicate something along the lines of, "The rest of us are still here – We haven't forgotten you. We're sad that you went through this painful experience, we're still here with you, and we're glad to be here to offer the encouragement and support you didn't get from the doctor during the actual delivery." I think my intention was similar to what many of us do when we are holding a person's hand as a way to communicate comfort and support, and we periodically give their hand a little squeeze to let them know that we are still with them and still paying attention.

[17] January of 2014.

Note that this session actually provides a good example of the absence of worrisome non-verbal feedback, in that Maggie does not display any non-verbal indicators of distraction or discomfort (and this is consistent with her own assessment regarding her subjective experience).

7. Watch for your own triggering, address the underlying issues: In our experience, the most common reasons a ministry facilitator/therapist initiates unhelpful touch are a combination of unconscious motivation caused by his own unresolved issues and impaired judgment caused by his own unresolved issues. For example, attachment pain coming forward as implicit memory can cause both the desire to initiate touch and the subjective perception that it would be "right" to do so. Another common scenario is for the ministry facilitator to feel that touch would be helpful, important, and "right" in a given situation, but in reality the client's negative emotions are triggering his own unresolved issues, and he is comforting her in an unconscious attempt to reduce his *own* discomfort. Therefore, we STRONGLY encourage you to watch for clues indicating that you might be triggered,[18] and then diligently work to resolve the underlying sources of any triggered content you become aware of. We also encourage you to get in the habit of asking yourself questions such as "Why am I touching this client?," "Where is the energy/impulse towards reaching out with touch coming from?," Are her negative emotions making me uncomfortable in some way?," "Am I reaching out with physical comfort in order to manage my own anxiety?," and "Am I reaching out with physical touch in order to meet my own needs in some way?"

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

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

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