



How To Get People To Do Their Healing Work: Lead By Example, Change the Culture

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A student in our pastoral counseling class asked the very understandable question: "How do you get people to heal their old wounds, instead of 'inflicting their pain on others'?" I have tried to write out some of my thoughts:

- I. An introductory thought: My assessment is that Theophostic^{®1}-based² ministry/therapy and EMDR³ are much more accessible (realistic investment of time, energy, money) than any prior mode of therapy or healing tool. This changes the equation with respect to how easy/hard it will be to get others to do it (it's a lot easier to get people to brush their teeth than to get root canals). It should become easier to get people to pursue their own healing as the general population becomes more aware of how realistically available and effective EMDR and Theophostic[®]-based ministry/therapy are (just as it became much easier to get people to see a dentist as high speed drills and Novocain became widely available and known).

- II. Some ideas that might work, especially with those who have more functional health remaining and/or are less severely wounded:
 - Teach about it: Give examples of the kinds of old wounds that can affect us, the kind of burdens/hindrances they will produce when not healed, the kind of freedom one can expect with healing.
 - Encourage people to get healing for old wounds, and offer or direct them to a realistically available resource. For example: "Pastor_____ and I have time each Wednesday afternoon for healing prayer. Please let us know if you would like us to pray with you." Refer folks to someone they know and trust who does Theophostic[®]-based ministry/therapy and/or EMDR. NOTE: You might encourage some of the healthiest individuals or couples to get the

¹Theophostic Prayer Ministry is a trademark of Dr. Ed Smith and Alathia Ministries, Inc.

²While we encourage folks to study the Theophostic[®] principles as taught by developer Ed Smith, we don't actually use them as a stand-alone model in our practice. We have therefore developed the term "Theophostic[®]-based" therapy/ministry to more accurately describe what we do, and how we use Dr. Smith's principles: We use the term "Theophostic[®]-based" to refer to therapies/ministries that are built around a core of Theophostic[®] principles and techniques, but that are not exactly identical to Theophostic[®] Prayer Ministry as taught by Dr. Ed Smith. Our own therapy/ministry would be a good example of "Theophostic[®]-based" therapy/ministry – it is built around a core of Theophostic[®] principles and techniques, but it sometimes also includes material that is not a part of what we understand Dr. Smith to define as Theophostic[®] Prayer Ministry (such as our material on dealing with curses, spiritual strongholds, generational problems, and suicide-related phenomena, and our material on journaling, spiritual disciplines, and medical psychiatry).

³EMDR (Eye Movement Desensitization and Reprocessing) is not inherently Christian, and while many competent non-Christian EMDR therapists will provide good care, some others may add elements that Christians will want to avoid. These other elements, such as belief in reincarnation, are *not* inherently part of EMDR, but are the additions of individual therapists.

Theophostic® Basic Training manual and try the "do it yourself" chapter. This would be a reasonable option if you have Theophostic®-based ministry/therapy providers you can trust that can provide back-up.

III. Lead by example, change the culture: I believe this is the real core of the answer.

- Being painfully honest, I think that direct confrontation, encouragement, request, and direction will seldom work. It is rare for a deeply wounded person to be strong enough and courageous enough to face the truth about his/her woundedness and need for healing in the face of pain, fear, denial, defenses, AND all the stigma and implications in our current culture. My expectation and experience is that the direct approach will result in a direct correlation:

the more

 N deeply wounded the person is

 N dysfunctional his/her behavior, thoughts, and emotions are

 N obvious and urgent his/her need for healing is

the more

 N likely he/she will be to misinterpret your confrontation, encouragement, request, direction,

 N threatened and unsafe he/she will feel,

 N intensely defensive he/she will become,

and the less likely he/she will be to seek out the healing he/she needs.

- I think the core of the short term solution is to lead by example. The pastors and the strongest, healthiest, bravest, wisest, and most mature members of the church need to lead humbly in this process. They need to acknowledge their own brokenness, get their own healing, and then share openly about their old wounds, personal struggles, healing experiences, and present increasing freedom. My hope is that the people who are most healthy will feel strong enough and secure enough to try this. Their example and testimony can help tremendously with encouraging others to get healing.
- I think an even more powerful long term solution would be to change the "culture" regarding woundedness, personal struggle, and healing. My hope is that we can eliminate the stigma of getting "therapy" by changing the culture (especially in the church) from "the needy, defective, wounded, mentally ill people need healing, but the rest of us strong, healthy, good people don't" to **"WE ALL NEED HEALING"**. The really wise, strong, healthy, brave, mature people are pushing and shoving to get in line for healing. They realize how much it will bless them and they make it a high priority."
- My fantasy ideal is a deep and profound change in the culture in our churches regarding woundedness, personal struggles, and healing. Our current culture:
 - N We wonder "Hmm, I saw Tom coming out of Dr. Lehman's office. I wonder what is wrong with him? We shouldn't have him on the council if he is 'wounded,' 'needy,' or 'has problems.'"
 - N Someone who needs healing feels "If anybody knows I have problems and am seeing Dr. Lehman they will think less of me/fire me/vote me off the council, etc."
 - N If you suggest, advise, encourage someone to get "therapy" they will feel insulted, criticized and threatened. "Are you saying I am weak? Needy? That I can't handle it? That I need

help? That I'm mentally ill? 'Sick?,' 'Crazy?' etc."

Goal culture:

- N We will wonder "Hmm, John is one of the few people in our church who has not done any healing work. I wonder what he is afraid of? I wonder how we can help him deal with his fears and get healing. We certainly don't want anybody in leadership who is not able to see their own woundedness and to get help."
- N Someone who needs healing will think "I am really afraid to acknowledge and face this stuff, but people will start to wonder if I wait much longer. I know that I am one of the few people in our church who has not done any healing work, and I can see that the others who have been avoiding it are the most fearful, defensive, and dysfunctional members. If I don't want to be stigmatized I better get to it."
- N Most of the time there will be no need to suggest anybody get healing, since everybody will assume that is the norm. The healthiest will be most able to perceive their need and get what they need. If someone suggests or encourages healing it would be much easier to feel "Oh, of course, everybody does this. Thanks for pointing out my blind spot -- I didn't see it. Now I can get rid of it." At the worst, the most defensive, insecure, and dysfunctional people will be the only ones who need encouragement. Instead of feeling "Why are you singling me out as being in need of healing?" they might think "Oh no! I have been found out. I was afraid someone would realize that I am one of the few people in our church avoiding any personal healing work. I know I need it too but I have been so afraid!"

IV. Marriage enrichment as a special context: Presenting this new approach to prayer for emotional and spiritual healing in the context of marriage enrichment and as a tool for marriage enrichment may provide an especially un-intimidating way to introduce Theophostic[®]-based ministry.

- General stigma: The average church member will certainly feel less intimidated and/or self-conscious receiving healing in the context of marriage enrichment. I am sure most people would feel more comfortable signing up for a seminar presented as marriage enrichment than for a seminar for emotional healing.
- Our own marriage: Charlotte and I have experienced using Theophostic[®]-based ministry with each other to be a profound experience of intimacy and healing. Using Theophostic[®]-based ministry with each other in the context of our marriage has been the single most powerful source and avenue of healing in our lives. Every week I encourage people regarding their courage and wisdom in acknowledging their problems and coming for help in pursuing their healing. But if I am painfully honest, I felt self-conscious and experienced some amount of embarrassment when I was working with a therapist several years ago. Working with Charlotte as my emotional healing ministry facilitator has been particularly un-intimidating in this respect.
- Recent marriage seminar: Charlotte and I perceive many concerns and cautions about couples using Theophostic[®]-based ministry with each other, but we believe these concerns can be appropriately addressed. We have just finished facilitating our second seminar training couples to use Theophostic[®]-based ministry with each other. These seminars have been challenging, but overall they have been powerful and positive, with deep experiences of healing and intimacy during the demonstration and practice times.