



Theophostic & EMDR: F.A.Q.'s and Common Misunderstandings

(Revised 12/17/2003)

Many have asked questions and/or raised concerns regarding EMDR and Theophostic. The Lord seems to have placed me in a position to have extensive training and experience in both EMDR and Theophostic. Hopefully this essay will address many of the questions and concerns of people in the Theophostic community regarding EMDR.

Brief Summary of My Training and Experience with EMDR and Theophostic **EMDR:** • Read more than fifteen hundred pages about EMDR, including the first three books written about EMDR¹ and hundreds of pages of research articles, • Completed both the basic and advanced EMDR training. • Received EMDR as a part of my own healing, with good benefit, • Used EMDR in my professional work for over 7 Years, with 3,500+ hours of EMDR sessions, • Spent 1,500+ hours using EMDR along side of Theophostic, observing and thinking about similarities and differences. **Theophostic:** • Completed the basic training (several times), the advanced training (four times), the basic apprenticeship (several times), and the advanced apprenticeship • Read the client manual and the training manual, several times each, • Worked with Dr. Smith, both receiving my own healing and facilitating ministry for others under his supervision, • Used Theophostic in our professional practice since May of 1998, with 5,500+ hours of experience as of June 2003, • Supervised the basic video training in a number of settings, • Provided intermediate demonstration, supervised practicum, and question and answer in a number of settings, • Providing ongoing demonstration, supervised practice, and consultation for a number of groups and churches in the Chicago area • Taught a course on Theophostic at North Park Theological Seminary, including basic training and intermediate demonstration and practicum, • Received many hours of Theophostic ministry from a number of different facilitators. • 4,500+ hours preparing written material for our web site in response to questions about Theophostic.

What is EMDR? EMDR stands for Eye Movement Desensitization and Reprocessing, and is a form of psychotherapy that combines neurological stimulation² to produce alternating activation of the right and left hemispheres of the brain with basic trauma theory psychotherapy techniques. This alternating hemisphere stimulation, when combined with the psychotherapy techniques of EMDR, appears to dramatically facilitate the healing of psychological trauma. EMDR was discovered in 1987 by Dr. Francine Shapiro, and has been developed primarily in secular mental health settings. As of January 2001, the EMDR International Association estimates that 30,000 mental health professionals have been trained in EMDR and that these 30,000 mental health

¹ Shapiro, *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures* (1995); Shapiro & Forrest *EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma* (1997); Parnell *Transforming Trauma: EMDR* (1997)

² Moving the eyes from side to side is the most common form of neurological stimulation, but other simple stimuli can also be used (such as headphone sounds alternating from side to side, or tapping on the person's hands, alternating from side to side).

professionals have treated 500,000 clients.³ EMDR is rapidly being incorporated into the curriculum of social work, psychology, and psychiatry training programs.

Compare and contrast EMDR and Theophostic – Similarities and Differences

Many questions and/or concerns we have received focus on the similarities and differences between Theophostic and EMDR. We thought it would be helpful to outline as carefully as possible what we see to be the similarities and differences.

When discussing similarities and differences between Theophostic and EMDR, it is important to distinguish between secular EMDR and optimal Christian EMDR. There are important phenomena, principles, and tools that are present in Theophostic, optimal Christian EMDR, and secular EMDR. There are also many important Theophostic principles and tools that are not included in secular EMDR but that can be included in optimal Christian EMDR. For example, we learned about the ways in which wounds and lies in the facilitator can hinder the therapeutic process from Dr. Smith in the context of Theophostic. My secular EMDR training did not include this, but once discovered, this principle can be included in optimal Christian EMDR. Finally, even though optimal Christian EMDR includes more of the principles and tools of Theophostic, it still has several very important differences as compared to Theophostic.

Please see “Theophostic, What is Unique?” if you would like a more detailed description and discussion of any of the Theophostic phenomena, principles, and tools mentioned in this discussion of similarities and differences.

Similarities. There are a number of important phenomena, principles, and tools that are present in Theophostic, optimal Christian EMDR, and secular EMDR.

A. General phenomena, principles, tools

1. The lie/negative cognition is replaced with truth: EMDR helps the client connect to the traumatic memory where the lie is carried, and then also helps connect this place with the adult cognitive mind so that the truth carried in the adult cognitive mind can replace the lie carried in the traumatic memory. When it works, the end result looks much like some Theophostic sessions where the Lord quietly connects the truth already present in the client’s adult cognitive mind with the traumatic memory where the cognitive distortion/lie is stuck.⁴ In other Theophostic sessions the Lord provides much more than is received with EMDR (see comments in “Differences” below).
2. Traumatic memory roots. EMDR and Theophostic ministry share the same basic theory regarding the psychological trauma at the root of many current problems:
 - *Unresolved traumatic memories are the cause of many current physical, emotional, and spiritual problems.

³ E-mail correspondence January 29, 2001 between this author and Gayla Turner from EMDR International Association. One can obtain information about EMDR referrals at e-mail: inst@emdr.com, snail mail: P.O. Box 141743, Austin TX 78714-1743, or phone 512-451-6944 (Note: these psychotherapists may or may not be Christians).

⁴ Our perception is that this is Jesus’ mercy to the secular world. Just like modern medicine is Jesus’ mercy to us when we aren’t able to release physical healing with prayer. We believe that Jesus is still providing the healing with both modern medicine and EMDR, but in ways that are usually not recognized and/or acknowledged.

*Current symptoms (for example, patterns of cognitive distortion, specific negative cognitions, negative emotions, exaggerated reactions to certain triggers) can lead us to the underlying trauma.

3. Cognitive therapy theory: EMDR and Theophostic ministry share the same basic cognitive therapy theory:
 - *Our thoughts, “what we really believe,” drive our emotions and choices/behaviors.
 - *Patterns of cognitive distortion, and specific negative cognitions, drive the emotions and choices seen in many mental health conditions (for example, depression, phobias, panic disorder, obsessive compulsive disorder, eating disorders, and all forms of addiction). Underneath each mental illness, one will find cognitive distortions and negative cognitions consistent with the signs and symptoms of the mental illness in question.⁵
 - *Resolution of dysfunctional emotions and relief from the compulsion to dysfunctional choices will flow naturally from the correction of cognitive distortions and negative cognitions – the signs and symptoms of the current mental illness will resolve when the underlying cognition distortions and negative cognitions are corrected.
4. Negative cognitions/core lies are an important part of psychological wounds: As mentioned below in “Differences,” EMDR recognizes that negative cognitions/core lies are important, but Theophostic provides a sharper focus on the central importance of lies/ negative cognitions.
5. Replacing the negative cognitions/core lies with positive cognitions/truth: As mentioned below in “Differences,” EMDR recognizes the importance of replacing the negative cognition (lie) with a positive cognition (truth), but Theophostic provides a sharper focus on the *central* importance of Jesus replacing the lie with truth. Theophostic identifies replacing the lie with truth as the *primary mechanism* of the healing process.
6. Three basic components must always be present for healing to occur: EMDR and Theophostic ministry share the understanding that the root memory, the negative cognition/core lie, and the associated negative emotions must all be present for healing/ resolution to occur.
7. Location of healing: EMDR and Theophostic ministry agree that healing needs to take place *in* the traumatic memory, where the painful emotions and the lies/negative cognitions are carried.
8. Expectation that complete healing can be accomplished for each wound: EMDR and Theophostic ministry share the conviction that if you scan through a traumatic memory, and experience anything other than complete peace and calm, there is still something that needs to be resolved.
9. Systematic and persistent trouble shooting: EMDR and Theophostic ministry share the overall attitude “If it doesn’t work, there is a reason.”

B. Specific trouble shooting problems addressed

10. Blocking beliefs/guardian lies: EMDR and Theophostic ministry both identify and address blocking beliefs/guardian lies as “clutter” that can hinder the healing process.
11. Psychological defenses: Both EMDR and Theophostic ministry identify and address psychological defenses (denial, repression, dissociation, etc.) as “clutter” that can hinder the

⁵ Kaplan HI, Sadock BJ, Grebb JA. *Kaplan and Sadock’s Synopsis of Psychiatry, Seventh Edition*. Baltimore, MD: Williams & Wilkins; 1994, pp 860,861. For extensive discussion of two specific examples, see Beck AT, Emery G, Greenberg RL. *Anxiety Disorders and Phobias: A Cognitive Perspective*. New York, NY: Basic Books; 1985, and Beck AT, Rush AJ, Shaw BF, Emery G. *Cognitive Therapy of Depression*. New York, NY: Guilford; 1979.

process.

There are a number of important Theophostic principles and tools that are not included in secular EMDR but that can be included in optimal Christian EMDR (these are differences between Theophostic and secular EMDR, similarities between Theophostic and optimal Christian EMDR).

A. General principles present, tools used in both optimal Christian EMDR and Theophostic ministry:

1. Asking Jesus to guide every aspect of the process (guide the person to the core memories, help identify the core lies, reveal demonic opposition and other clutter).
2. Asking Jesus to come to the traumatic memories with truth and healing
3. Intentionally stirring up the negative emotions at the point of healing (stirring up the darkness).
4. Faith in Jesus' presence, goodness, and power.

B. Specific trouble shooting problems addressed, trouble shooting tools used in both optimal Christian EMDR and Theophostic ministry:

5. Intentionally looking in the darkest corners for important lies.
6. Recognizing and addressing demonic opposition, including several specific tools such as the exposure and binding prayer and the 1 John technique for differentiating internal parts from demonic spirits.
7. Theophostic and optimal Christian EMDR recognize and address the possibility of demonic deception as a source of "false truth." The therapist/minister is prepared to help expose demonic deception from a foundation of Biblical truth, Christian authority in prayer, and the living presence and guidance of the Holy Spirit. One of the biggest problems with secular EMDR is that it does not recognize or address the possibility of demonic deception (we are aware of situations where demonic deception is infiltrating secular EMDR therapy).
8. Identifying and addressing judgment/bitterness as "clutter" that can hinder the process.
9. Identifying and addressing unconfessed sin as "clutter" that can hinder the process.
10. Eye contact technique for working with internal parts.
11. Identifying and addressing the therapist/minister's wounds and lies as sources of interference.
12. Dissociation recognized as an especially important source of "clutter" that can hinder the process. Mild dissociation recognized as much more common than usually understood.

Differences. Even though optimal Christian EMDR includes more of the principles and tools of Theophostic, it still has several very important differences as compared to Theophostic (the comments here are comparing Theophostic ministry with optimal Christian EMDR).

1. Theophostic does not use alternating hemisphere neurological stimulation. Our perception is that Theophostic includes everything in EMDR except the alternating hemisphere neurological stimulation. When we combine Theophostic and EMDR, it is basically Theophostic with the addition of alternating hemisphere stimulation.
2. EMDR requires the facilitator to provide more direction and leadership than in Theophostic. Theophostic explicitly and repeatedly turns to Jesus to lead and guide the process. Optimal Christian EMDR also includes asking the Lord for guidance and following His leadership, but my experience with EMDR and Theophostic is that EMDR requires the

facilitator to provide more direction and leadership than in Theophostic.

3. Theophostic is safer than EMDR: The absence of neurological stimulation and the more central place of the Lord's guidance make Theophostic safer than EMDR. The alternating neurological stimulation in EMDR is like a neurological power tool. It seems to make it easier to connect with memories and emotions by energizing the traumatic memory system, and it seems to facilitate connections between the truth in the adult cognitive mind and the lies stuck in the experiential traumatic memories. But it also seems able to "manually" breach defenses before a person has internal unity about cooperating with the process (we have seen this happen). In Theophostic, the living presence of Jesus moves the process forward, and Jesus does not force His way through psychological defenses.

Therapists/ministers are fallible, and can make mistakes regarding what a client is ready and able to deal with. It is often said that a person's internal defenses will protect them – that their mind knows what it can handle, and won't cooperate with a plan that is dangerous. My experience is that this is usually true, but that even our own minds/internal defenses can make mistakes regarding what is the best plan and also about what we are ready to do. As just described, in Theophostic the living presence of Jesus guides the process in a very real way, and He truly knows the best and safest way to get the job done.

These differences make it easier to precipitate decompensation with EMDR than with Theophostic. I think this is why lay people and ministers with no mental health training have been able to release such powerful healing with Theophostic with so little accidental damage. EMDR, on the other hand, should not be used by anybody who is not a trained mental health professional.

4. Theophostic is easier than EMDR. The absence of neurological stimulation and the more central place of the Lord's guidance make Theophostic easier than EMDR. There is an intricate dance between what Jesus expects us to learn and what Jesus provides in the way of specific guidance during Theophostic sessions; nevertheless, the living Jesus Christ is very present as the guide and leader in Theophostic. Our experience is that Jesus leading the process makes it possible for non-mental health professionals to successfully use Theophostic. We have seen pastors and lay people, with no formal mental health training, release profound healing for major mental illnesses using Theophostic. As discussed in #2, with EMDR, the facilitator provides more leadership and direction. More training and expertise are therefore required in order to accomplish positive results. As discussed in #3, more training and expertise are also required in order to avoid accidental damage.
5. Theophostic accesses a better source of truth than EMDR: As mentioned above, the neurological process in EMDR seems to help the client's adult cognitive truth connect with the place where negative cognitions are stuck in earlier traumatic memories. However, this process can only use the truth available in the person's own mind. Theophostic explicitly identifies Jesus as the source of truth, and the center of the healing process is the explicit request for Jesus to come with His healing presence and truth. Jesus has all truth, and He responds to prayer.⁶ If we explicitly ask Him to come with healing and truth, He will provide healing and truth beyond what He might otherwise provide through the usual processes He has built into creation (for example, the biological-neurological phenomena

⁶ See Dutch Sheets, *Intercessory Prayer* for a discussion of the perspective that the Lord has given us the responsibility of releasing His will and blessings with our prayers.

EMDR uses).

A recent experience in our practice illustrates the special and unique value of explicitly asking Jesus to come with His truth: One of our clients had been working on certain lie/negative cognition themes through a number of EMDR/Theophostic sessions. This client had been working hard to press into difficult memories and to address anything in the way of the healing process. During the final session, while focusing on the painful emotions and lies/negative cognitions, he finally got back to the earliest memory containing these thoughts and feelings. Suddenly he could see that the lies/negative cognitions were not true – that they had been misinterpretations during the original traumatic memory. He could also see that the negative emotions had been produced by these misinterpretations, and were now no longer appropriate. Then he went forward in his life through all of the many memories we had worked on, seeing how this same lie/negative cognition had been affecting his life in all these many situations. He experienced a subjective sense of neurological stimulation during this process, and then tremendous relief. This whole scene would not be unusual in a Theophostic session, but an EMDR therapist would also say “that is a textbook EMDR resolution.”

At this point, I also specifically asked the Lord to come with His truth and healing. The client immediately received additional truth and healing from the Lord. Jesus spoke clearly into his heart, showing the client how He had been with him, and also speaking directly to the lies/negative cognitions from the perspective of the Lord always being with him and protecting him. Finally, this client had a profound and intimate encounter with the living Jesus Christ, “like we were good friends, leaning towards each other over a coffee table and sharing about how much we meant to each other.” At this point in the session, the client spontaneously asked the Lord to come into his life and made an adult decision to commit his life to the Lord. That was not a textbook EMDR resolution. After reading the draft of this paragraph, he commented “to read about or even explain the experience seems almost trivial compared to the actual and lingering emotion concerning that session....one can't imagine that the truth and honesty of the event could ever be communicated to another.”

Finally, Jesus is the only one who can really address questions like “Where were you when my mother was dying of cancer?” or “Why did you allow me to be abused?” (see “Theophostic, What is Unique?” for additional comments about Jesus’ unique efficacy in bringing truth and healing).

6. EMDR recognizes that the lie/negative cognition is important, but does not identify the lie/negative cognition as the primary source of toxic energy in traumatic memories. I think Theophostic provides a sharper focus on the central importance of the lie/negative cognition, and the equally central importance of Jesus replacing the lie with truth as the core of the healing process. Dr. Smith’s teaching and demonstration also provided additional insight (beyond what I learned from EMDR) regarding the importance of precisely focusing the exact core lie.
7. Theophostic is more effective than EMDR: At a very concrete, practical level, our experience is that Theophostic is more effective than EMDR. Theophostic ministry has not yet been studied with empirical research, but my assessment after approximately 3000 hours of work with Theophostic principles, approximately 3,000 hours of EMDR sessions, and approximately 1,000 hours of using them together is that Theophostic is even more effective than optimal Christian EMDR. We use Theophostic with all of our clients who are willing to use it. Note that we do not perceive EMDR and Theophostic to be inherently in competition, and as mentioned elsewhere, we have found that we can use them together.

We have had a number of patients that were “stuck” for months in EMDR therapy who then moved forward dramatically with the addition of Theophostic prayer. We also have several clients who find that alternating neurological stimulation seems to enhance their ability to connect with memories and emotions during Theophostic work.

In summary: EMDR and Theophostic ministry have many similarities. Theophostic includes everything in EMDR except the alternating hemisphere neurological stimulation. When we combine Theophostic and EMDR, it is basically Theophostic with the addition of alternating hemisphere stimulation. Secular EMDR is missing many important principles and tools included in Theophostic. Christian EMDR can include more of the principles and tools of Theophostic, but still has several very important deficiencies as compared to Theophostic (the lie/negative cognition is not identified as the primary source of toxic energy in traumatic memories, Jesus is not as clearly designated as the leader and guide, Jesus is not explicitly identified as the source of truth, and the center of the healing process is not the explicit request for Jesus to come with His healing presence and truth). The differences between EMDR and Theophostic result in Theophostic being easier to use, safer, and more effective.

Research. Is there research support for the effectiveness of EMDR? What about the studies showing that EMDR is not effective/less effective than other therapy techniques?

EMDR competes with Cognitive therapy and Exposure therapy and for the psychotherapeutic technique with the most research documentation of efficacy.⁷ My personal assessment is that EMDR has the strongest empirical research support of any treatment modality for the healing of psychological trauma. SPECT scan research documents brain activity changes with EMDR.⁸ A number of controlled studies indicate that EMDR is a valid treatment for civilian PTSD.⁹ A meta-analysis looking at 59 studies of PTSD treatments indicated that EMDR is effective for reducing the symptoms of PTSD.¹⁰ Other controlled studies have shown that EMDR is effective in treating phobias, stress in law enforcement employees, and distress experienced by traumatized children.¹¹ My summary assessment of research finding positive results is that studies done by mental health professionals who actually use EMDR in their own professional work consistently show dramatic benefit.

These research results are consistent with my personal and professional experience. In my personal healing journey, EMDR has been more effective in accomplishing tangible change than anything other than Theophostic. I have seen the same thing in my professional work. For

⁷ As of spring 2003, I have seen articles written by proponents of EMDR, articles written by proponents of Exposure therapy, and articles written by proponents of cognitive therapy, each claiming that their respective psychotherapy approach has the most research documentation of efficacy. The good news is that there is strong research evidence supporting the efficacy of each of these techniques.

⁸ Levin-P, Lazrove-S, van-der-Kolk-B, 1999; Amen-DG, 2002.

⁹ Carlson et al, 1998; Marcus, Marquis, & Sakai, 1997; Rothbaum, 1997; Scheck, Schaeffer, & Gillette, 1998; Wilson, Becker, & Tinker, 1995; Wilson, Becker, & Tinker, 1997.

¹⁰ Van Etten & Taylor, 1998.

¹¹ de Jongh & ten Broeke, 1998; de Jongh, ten Broeke, & Renssen, 1999; Wilson, Logan, Becker, and Tinker, 1999; Chemtob, Nakashima, Hamada, & Carlson, in press; Greenwald, 1994; Puffer, Greenwald, & Elrod, 1998.

example, one of our clients with 35+ years of intense phobic symptoms experienced complete resolution of her phobia in one 90 minute EMDR session¹². I have never witnessed anything similar to this with any other therapy technique other than Theophostic.

Studies done by researchers who “learn” EMDR just for the purpose of completing their study tend to get poor results. My personal assessment is that some of the studies observing poor results have been done by researchers who were skeptical of EMDR and intending to demonstrate its lack of efficacy. Two recent articles written by the same research group provide a good example. One article is skeptical and antagonistic towards EMDR.¹³ In the other article the same team claims to use EMDR, but finds that it is less effective than their treatment of choice¹⁴. I would like to review video footage of these sessions. Dr. Shapiro spoke with the author of one of the studies showing that EMDR was not effective. As she asked specific questions regarding the details of his study, she discovered that he had not used what she would call EMDR. She then checked the EMDR training records and discovered that he had not even completed the EMDR basic training.¹⁵ Poor results are to be expected in these studies, since EMDR, just like Theophostic, requires some amount of “troubleshooting” in most cases.¹⁶ It is hard to imagine someone being able to persist with effective troubleshooting when they are minimally trained, have little experience, and do not believe in the technique. I would not want to gauge the effectiveness of either EMDR or Theophostic based on the experience of someone who was minimally trained, had little experience, and who did not expect the process to succeed.

Can lay-people get trained in EMDR?

EMDR requires more training and requires more expertise to use. Only mental health professionals can receive EMDR training. As mentioned in “Similarities and Differences,” an advantage of Theophostic is that lay people can learn and use Theophostic ministry. Lay people have already been trained and are already working as effective Theophostic ministers (with appropriate pastoral/professional supervision).

Safety: Is one safer than the other?

Theophostic has less risk of causing problems by forcing through psychological defenses. See “Similarities and Differences” for additional comments.

¹² Many of our clients, both EMDR and Theophostic, have required much more work to deal with the defenses and other problems in the way of healing. However, I think it is significant that there are patients with this kind of rapid and dramatic response, and that we have never seen this with any other therapy techniques.

¹³ Muris and Merckelbach, 1999.

¹⁴ Muris, Merckelbach, Holdrinet, & Sijnsenaar, 1998.

¹⁵ Incident described by Francine Shapiro in conversation with one of our colleagues.

¹⁶ Both Dr. Shapiro (*Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures*, pg 167) and Dr. Smith acknowledge that some amount of trouble-shooting is usually required. This is consistent with our experience. Very few of our clients, EMDR or Theophostic, have gone through the process without getting stuck at some point. Almost everybody has required “trouble-shooting” at some point.

Efficacy: Which is more effective?

Theophostic ministry has not yet been studied with empirical research, but my assessment is that Theophostic is even more effective than EMDR. See “Similarities and Differences” for additional comments.

If Theophostic is easier, safer, and more effective, why use EMDR?

We do not encourage anybody to get EMDR training because we feel the time and energy can be better spent on their own healing with Theophostic and on additional training with Theophostic. However, for those who are already trained and experienced with EMDR, it can occasionally be a helpful addition. As mentioned above, we have several clients who find that the alternating neurological stimulation seems to neurologically enhance their ability to connect with memories and emotions during their Theophostic work.

If somebody needed immediate care for psychological wounds and no competent Theophostic minister were available, a committed Christian with good discernment using optimal Christian EMDR would be the next best plan. The best possible scenario here would be for the person to introduce the Christian EMDR therapist to Theophostic. If the person wanting healing were stable and did not need immediate care, I would encourage them to speak with their church, friends, and Christian therapists in the area, hopefully finding someone who would be willing and able to learn and use Theophostic with them.

Would you ever recommend EMDR instead of Theophostic?

The only situation where we use EMDR instead of Theophostic is with people who are not comfortable with Theophostic. Interestingly, in every one of these situations we have gotten to places where EMDR was stuck and where Theophostic would be more effective. With trust in the therapeutic relationship established during the EMDR work, and with understanding and experience with many of the same underlying principles, most of these people were then willing to try Theophostic in combination with EMDR. Several of these people have then had powerful healing experiences using Theophostic, and have committed or recommitted their lives to the Lord as a result.

The only other situation in which I would recommend EMDR instead of Theophostic is the one just described – where a person needs care immediately and he/she is in an area where no one knows Theophostic and in which a competent mature Christian EMDR therapist is available.

Note: Many Christian EMDR therapists may not include all aspects of optimal Christian EMDR (e.g., listening for the Lord’s guidance during therapy sessions, prayer to address demonic opposition, explicit prayer for the Lord to come with healing) because they are simply not familiar with these ideas and/or tools. If they are open to these ideas, you can ask them to learn about and include these aspects of optimal Christian EMDR. My guess is that any Christian EMDR therapist willing to include all aspects of optimal Christian EMDR should also be willing to learn Theophostic and could become an excellent Theophostic facilitator. Unfortunately, some psychotherapists are Christian in their personal spiritual life but have been taught that it is not appropriate to integrate prayer and/or Christian principles with their psychotherapy techniques. If there are no Theophostic ministers/facilitators in your area and you are considering working with a Christian EMDR therapist, I strongly encourage you to find one that is comfortable with integrating prayer and Christian principles in their EMDR work.

Concern/Misunderstanding: “Theophostic is just EMDR with some prayer thrown in.”

Some people seem to be disturbed by the similarities between EMDR and Theophostic. The similarities and differences outlined above is the first part of my response to this concern. As summarized above, there are significant differences that result in our overall clinical experience that Theophostic is easier, safer, and more effective than EMDR.

The second part of my response is to ask why it is a problem that the two most effective therapy/ministry techniques have many similarities? Thousands of different mental health professionals and people in ministry have worked for more than a hundred years trying to find ways to bring healing for those who have been psychologically wounded. More than 500 different psychotherapy and prayer for emotional healing techniques have been developed. It makes sense that some of these individuals and techniques have discovered the same underlying principles and patterns in the Lord's creation. It also makes sense that the ones that are most effective will have similar understandings of these true underlying principles and patterns.

I fail to see the problem in the Lord leading Dr. Shapiro and Dr. Smith to discover many of the same underlying principles regarding the effects and treatment of psychological trauma.¹⁷ I also fail to see the problem with a situation where the Lord has inspired Dr. Smith to develop a technique which, in addition to being explicitly Christ-centered, is easier, safer, and more effective than the most effective and most research-supported secular technique for treating psychological trauma – a technique that thousands of lay-people have been able to learn and use effectively¹⁸ – a technique that has made deep healing accessible to tens of thousands who would otherwise probably not have been able to afford it.

Concern/misunderstanding: “EMDR is hypnosis and/or similar to it.”

Many Christians (including Charlotte and myself) have been concerned that EMDR might be some form of hypnosis. Brain wave patterns provide a simple and clear answer to this question. Hypnosis produces altered states of consciousness (various forms of trance state) that have corresponding EEG patterns different from normal awake brain wave patterns. EMDR does not produce changes in the client's brain wave patterns – the EEG pattern remains the same as in the normal awake state.¹⁹ This is consistent with my own experience of receiving EMDR. I did not feel like I was in an altered state of consciousness at any time.

Concern/misunderstanding: “EMDR is ‘New Age’.”

EMDR has been mostly developed in secular mental health settings, and usually does not have any specific spirituality associated with it. We are aware of new age practitioners who are including EMDR in new age practices (using EMDR as a part of past life therapy, for exam-

¹⁷ Careful review of the history of science and medicine will reveal many “discoveries” where the Lord seems to have helped/inspired people that were honestly seeking to understand his creation. The discovery of benzene rings, penicillin, and the work of George Washington Carver are all good examples. I think Dr. Shapiro's discovery of EMDR, and especially Dr. Smith's discovery of Theophostic, are very similar to these other examples of “discoveries” that seemed to have been made with inspiration/assistance from the Lord.

¹⁸ Many well trained professionals are also using Theophostic. Dr. Smith encourages lay-people to use Theophostic with appropriate supervision. See “misunderstandings we have seen” for additional comments regarding the training and supervision of Theophostic ministers.

¹⁹ Nicosia, 1995. Note: people with significant dissociative disorders are an exception. They will go in and out of trance states regardless of what technique or method of therapy is used.

ple), but I do not perceive EMDR to be inherently new age in any way. My perception is that EMDR is a spiritually neutral neurological tool. It can be used by Christians to enhance Christian therapy, but it can also be used by others to increase the neurological effect of whatever they are doing. Cellular phones or computers provide an analogy – they can be used by Christians to increase their effectiveness in ministry, but they can also be used by drug dealers to increase their criminal efficiency.

Additional information regarding EMDR: The best introductory book about EMDR is “EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma” by Francine Shapiro Ph.D. It is excellent, well written, and readable for the general public. NOTE: There is an earlier book written by Dr. Shapiro that is for the professional doing EMDR. It is not the best book to start with. Make sure to get the second book, copyright 1997. As far as I know, there are not yet any books about EMDR that are written from an explicitly Christian perspective.

Referrals: One can obtain information about psychotherapists who use EMDR at the EMDR International Association web site, www.EMDRIA.org, or by e-mail to: inst@emdr.com, snail mail to: P.O. Box 141743, Austin TX 78714-1743, or phone 512-451-6944 (Note: these psychotherapists may or may not be Christians).

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