



## Direction, Suggestion, Misattribution, and False Memory

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### Overview:

- Ia. “Repressed and/or dissociated traumatic memories are real phenomena,” as preliminary, “context setting” presentation.
- I. Appropriate place for facilitator direction/leadership:
- II. Memory access tools as specific interventions:
- III. Suggestibility, misattribution, “false memory” (memory error/distortion):
- IV. Discernment regarding direction, suggestion, memory access tools, prophetic gifts:
- V. Summary practical guidelines regarding direction, memory access tools, prophetic gifts:

### I. Appropriate place for facilitator direction/leadership:

**A. What’s our job, what’s Jesus’ job?:** In earlier writing, we published a position along the lines of “we ask the Lord to guide the process, to guide every thought, image, emotion,...etc, so we can trust that every detail of *mental content* that comes forward is a part of His best plan, and that every detail of the *process* is a part of His best plan.” The additional implied content, that we had never focused as clearly, was “and since Jesus is managing every detail of the person’s experience, you don’t really have to provide direction or lead the session – *just follow the person receiving ministry.*”

“It’s all about Jesus”: We have also used the phrase, “It’s all about Jesus,” and have often heard others using this phrase. IN THE DEEPEST AND MOST PROFOUND WAYS, THIS IS TRUE. It is “all about Jesus.” However, I (and others with triggering like my own), have interpreted this phrase in a distorted way which included “I don’t have to take responsibility for bringing anything to the session.” “It’s all about Jesus, *so all I have to do is sit back and watch.*”

**B. Triggered impaired thinking:** As we have looked back at this piece of our previous understanding and teaching, we realize that triggering was dramatically impairing my (Karl’s) thinking.

My experience with wanting things to be simple, safe, and easy: **Share about my experience of desperately wanting TPM to be simpler, easier, faster, more universally effective, and safer than it actually is.** Many positive and negative triggers involved. I wanted it to be “all about Jesus” in a way that meant I didn’t have to bring anything to the session – that meant I didn’t have to know anything, take responsibility, or worry about making mistakes. I wanted it to be easy to learn, easy to do, safe, and quickly & universally effective, so that millions of lay ministers would quickly be freeing the whole world of lies – FINALLY the world would be “safe” for my scared little boy. This was a huge positive trigger, but unfortunately, anything that doesn’t fit with reality has increasing difficulty in the long run.

Our perception is that there are many others like myself. We would like to put this on the table, talk about it openly, and encourage the emotional healing community to wrestle with

reality regarding “wonderful, exciting, effective new insights,” but also that sometimes it gets more complicated.

**C. Actual ministry experience:** Some times emotional healing ministry is simple, easy, quickly & dramatically effective, and safe. We ask the Lord to guide the process, and then provide just enough direction to implement the basic principles of Theophostic®-based ministry. We do very little driving, and the process moves forward easily. The person goes to root memories, emotions, and lies, and then the Lord comes with healing intervention. We have seen seminary students, after one lecture on Theophostic®, and reading three chapters in the client manual, pray with a friend over the phone and see dramatic healing.

We always try to start with this approach. If it works, great. However, after thousands of hours of careful observation, our perception is that sometimes the person receiving ministry wanders endlessly, seemingly unable to connect with the most important memories and/or issues. *And*, these people will then connect with these memories/issues, and have healing “breakthroughs,” if the facilitator brings additional resources and tools into the ministry setting. One of the key purposes of this seminar is to talk about what to do when “simple, easy, quickly & dramatically effective, and safe” isn’t working.

**D. Prayer isn’t that simple:** Even amateur theologians should realize that prayer requests and corresponding results aren’t this simple. Both careful Biblical study and practical experience reveal that Jesus doesn’t always immediately give us exactly what we ask for in prayer (any body else have this experience, or is it just me?). Does this “we asked for it, so of course we will get it” approach to prayer work regarding other aspects of life? How would it go over if I said: “We have asked the Lord for professional success, financial prosperity, protection from any form of physical harm, and immediate miraculous healing from any medical problems. Therefore, we can trust that we will be successful, wealthy, and that we won’t be vulnerable to physical trauma or medical illness”?

**E. Factors that we think especially contribute to the need for the facilitator to sometimes bring additional resources and/or tools into the session (often requiring direction, and sometimes even requiring leadership):**

1. Free will choices: It seems like the Lord’s usual policy in the history of the world and the church is to submit His best plan to our free will choices. This is consistent with our experience with emotional healing ministry. It seems that the Lord allows the free will choices of the person receiving ministry to block the healing process in various ways, and that this is an especially important place where the Lord seems to ask other people (e.g., the facilitator) to help. One part of the facilitator’s job is to direct the session in ways that focus and present the choice issues as clearly as possible. Our experience is that most people “step up to the plate” when the choice issues are focused and presented more clearly.

1a. Special note regarding internal parts: Choice issues are especially challenging when parts of the choices are unconscious – he has unconscious parts of his mind that are contributing to the choices that are blocking healing. It seems that the Lord *usually* asks the facilitator to help sort out choice issues when internal parts are involved.

2. Guardian lies: Guardian lies often energize choices that are blocking the way. Guardian lies produce lie-based fear, which then leads to fear based avoidance. For example, if the person believes (guardian lie): “I will go crazy if I remember this,” they will often then make

a vow (choice) “I will never remember.” Our experience is that the Lord usually requires the facilitator to play an active role in the process of identifying and focusing guardian lies, and then presenting them to Him for resolution.

3. Psychological habits and brain biology ruts: Defenses that have been learned many years ago, and reinforced as habits every day for decades, don’t just vaporize when the person decides “I want to see the truth, I want to deal with my stuff.”

**Expand on choices-psychological habits-brain biology ruts. Analogy to ruts in a dirt road.** Once the ruts are formed, the car will “automatically” follow the ruts unless special effort is made to go somewhere else.

When the choice to avoid has been repeated many, many times, so that psychological habits and brain biology ruts have been formed, it is not a “one step,” simple process to “chose” to now travel “crosswise” to the long established “ruts.” One can chose to cooperate with healing, can choose to go to the memories, and can even resolve the guardian lies so there is less resistance to the new choices, but you must still contend with the psychological habits and brain biology “ruts” established by the repeated avoidance. Even though choice issues have been addressed, psychological habits, and the corresponding brain biology “ruts,” can still remain.

Our experience is that the Lord sometimes allows these factors to hinder the person from actually implementing her new free will choices – sometimes the person *needs help* to implement her choices to cooperate with healing. One part of the facilitator’s job is to direct the session and the person’s mind (attention, emotions, memory, etc) in ways that *help the person implement her choice to surrender her defenses.*

4. Fallible filing system: Sometimes memory phenomena are discussed as if we only forget what we want to forget, and as if the *only* reason we have difficulty remembering events important for healing is that we don’t want to. I certainly believe that choices to “look away,” and psychological defense habits (and the corresponding brain biology ruts) often contribute to avoiding important painful memories, but extensive research and practical experience also clearly demonstrate that our filing systems are fallible. An important point to note is that much of this research has been done with emotionally neutral material, such as nonsense syllables,<sup>1</sup> lists of emotionally neutral words, strings of random numbers, and vocabulary learned in Spanish class.<sup>2</sup> If you are not convinced on this point, you can do a simple experiment to demonstrate that your own filing system is indeed fallible. Make a list of 15 emotionally neutral words, or pick five phone numbers randomly from the phone book. Review the words and/or phone numbers until you can repeat them from memory. Then, without studying them again after the initial learning session, test yourself at an hour, a day,

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<sup>1</sup> The first known systematic study of forgetting was performed by Ebbinghaus, using nonsense syllables as the emotionally neutral memory material. See Ebbinghaus, H. *Memory: A contribution to experimental psychology*. (New York: Dover) 1885/1964, as cited in Schacter, Daniel L. *The Seven Sins of Memory: How the Mind Forgets and Remembers*. (New York: Houghton Mifflin) 2001, pp 13-14.

<sup>2</sup> Bahrck, H.P. “Semantic memory content in permastore: 50 years of memory for Spanish learned in school.” *Journal of Experimental Psychology: General*, 1984. Vol 113:1-29, as cited in Schacter, Daniel L. *The Seven Sins of Memory: How the Mind Forgets and Remembers*. (New York: Houghton Mifflin) 2001. p. 32.

and a week by writing out what you remember of the words and/or numbers, but don’t check your answers until you have completed all three “tests.”

Our experience is that the Lord often does not override the usual limitations and fallibility of the biological brain filing system. Sometimes it’s just hard to find the right files. This is the most straight-forward situation in which memory access tools can be helpful.

5. Demonic interference: Demonic spirits always try to block healing, and they seem especially happy to work with these other factors in their attempts to block the process. Our understanding and experience is that the Lord often asks us to represent Him in the process of identifying and neutralizing demonic interference.

Especially in situations with repressed and/or dissociated unconscious memories, access to the memories is being hindered by some combination of free will choice, internal parts, guardian lies, psychological habits, biological ruts, filing system limitations, and also demonic interference.

**F. Ways the facilitator can bring important resources to the session:** So, going back to “what our job, and what’s Jesus’ job?” It is “all about Jesus,” but the Lord also asks us to be involved, to participate, to take responsibility, and even provide direction and leadership at times. Below are a number of ways we perceive the Lord asks the therapist/minister to bring resources to the emotional healing session:

1. Facilitator as a source of outside resources via helping to clarify, focus, present the choices
2. Facilitator as a source of outside resources via helping to focus and address guardian lies
3. Facilitator as a source of outside resources via knowledge of and experience with appropriate tools to help activate memory networks (for example, memory prompts during sessions, teaching and coaching regarding “special access tools” for between sessions).
4. Facilitator as a source of outside resources via knowledge of and experience with internal parts.
5. Facilitator as a source of outside resources via attunement, “being with” the person.
6. Facilitator as a source of outside resources via knowledge/information/understanding (e.g., knowledge, understanding regarding implicit memory to help guide the process, avoid needless circling while searching for memories that look/feel like older memories).
7. Facilitator as coach, to help/encourage the person to “push” into hard content, abreaction.  
**Note that the Grace video provides a good example of this. Note her comment regarding how helpful coaching was.**
8. Facilitator as source of outside resources via teaching, coaching regarding spiritual disciplines, both during the session and between sessions. Note that spiritual disciplines help address choices, psychological habits, and biological ruts. They systematically dismantle old habits, and establish new, healthy, constructive pathways. If time permits, can include sharing from our own experience with respect to how helpful spiritual disciplines have been in accessing difficult targets

**II. Memory access tools as specific interventions:** As just summarized above, there are a number of ways in which the minister/therapist can bring resources to the emotional healing session. We want to discuss memory access tools at length because these are the source of most true risk of direction and suggestion leading to memory distortion.

**Memory access tools:** Any tools/techniques that help bring traumatic memories forward more clearly will help to address each of these hindering factors. Increased access to traumatic memories will present the person with clearer choices regarding healing vs avoidance, will bring forward internal parts, will help overcome avoidance psychological defense habits and brain biology ruts, will obviously directly help with problems in the filing system, and will expose demonic interference.

**Memory prompts:** Memory prompts of various kinds are one of the most common and most effective memory access tools. Many cognitive psychology research studies have shown that “seemingly lost information can be recovered by cues or hints that remind us of how we initially encoded an experience.”<sup>3</sup> Our own experiences agree with this research – all of us have had the experience of having our memories prompted. We see a scene in a movie that causes us to remember a similar event in our own lives that we had “forgotten” about for many years. We hear someone else telling a story and are reminded of similar events in our own lives. Or our spouse asks: “Did you remember you have a dentist appointment this afternoon?” To which we respond: “Oh! Thanks for reminding me! I had forgotten all about it.” Doctors are aware of this memory phenomena and routinely use specific questions as simple memory prompts in the course of medical evaluations. For example, if I ask “Have you noticed any side effects from the medication?” the patient will usually forget several of the concerns he had intended to ask me about. If I prompt his memory with specific questions such as “Have you noticed any changes in your sleep pattern since starting the Zoloft?” he will be much more likely to remember, and will often respond with something like “Oh, yes, I’ve been having trouble falling asleep since starting the new medication. I wanted to ask you about that – thanks for reminding me.”

An especially thorough memory prompt goes something like this:

Friend: “Karl, have you ever met John and Sara Smith?”

Karl: “No, I don’t think so.”

Charlotte: “Yes you have. We met them that time we were visiting the Johnson’s – remember?”

Karl: “Are you sure? I don’t remember anything.”

Charlotte: “It was two years after we got married. We were driving home from your temporary assignment at the State hospital in Virginia. We stopped overnight in Kansas City to visit the Johnson’s and the Smiths were there. She kept talking about their grandson who is a park ranger in Wyoming and he kept asking you about your time at Philmont. Don’t you remember?”

Karl: “Uh,... I’m not sure. I think maybe I remember. What did they look like?”

Charlotte: “She was tall and thin and was wearing this fluorescent pink hat, and he had this dramatic walrus mustache.”

Karl: “Oh Yeah! Now I remember! How could I forget that pink hat!...etc.”

The psychologist Willem Wagenaar carefully documented the increasing effectiveness of increasingly thorough memory prompts in a simple yet elegant study of his own memories. Each day for four years, he recorded the details of a unique event in his personal life, describing what

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<sup>3</sup> Schacter, Daniel L. *The Seven Sins of Memory: How the Mind Forgets and Remembers*. (New York: Houghton Mifflin) 2001, pg 33.



had happened, the time and location of the event, who had been present, and an additional distinguishing detail of the event. After four years of this recording process, he then went back and tested himself regarding whether he could remember the events described in his diary, carefully probing his memory with different combinations of the memory prompt clues he had recorded. He found that as he used more and more of the memory prompt cues, he remembered more and more of the events. However, even with all of the memory prompt cues he had recorded, there were still events that he could not remember. He then took the process a step further by interviewing people who had been involved in ten of these “forgotten” events. In every one of the ten cases, he eventually remembered the event as the people provided additional details.<sup>4</sup>

Many therapists and emotional healing ministers have understood these memory phenomena, and have used a variety of memory prompts to help people connect with suppressed, repressed, or dissociated traumatic memories. One of the simplest memory prompts is to ask direct questions, such as: “Can you remember being sexually abused at any point in your childhood? Were there any adults or older children who made inappropriate sexual comments? Did anybody ever force you to engage in sexual activity you were uncomfortable with?” Some therapists have also used imagination/guided imagery based “recovery tools,” such as coaching the person to imagine possible scenarios, in the hopes that memories would be activated if the imaginary scenarios were close enough to real historical events.<sup>5</sup> These various forms of memory prompts *are* effective for activating suppressed, repressed, and dissociated memories, but unfortunately some of them can also create memory errors, as I will discuss below. Memory prompts can be especially problematic if they are combined with suggestive statements such as: “Just look at all the clues. It sure looks like you have been sexually abused by someone in your family. I think the biggest problem is that you just need to let go of denial.”

**Prophetic words of knowledge:** Prophetic words of knowledge can be exceptionally powerful memory prompts. I am familiar with cases similar to the following hypothetical example: the healing process seems to be stuck, and the facilitator keeps getting an interesting image. Eventually, the facilitator says: “I am getting an interesting image, but I don’t know what it means. I see an old man – a farmer. He is wearing green overalls and a blue spotted bandana, and he is getting off his tractor. He walks towards his house, and as he is walking he is greeted by a little boy wearing jeans, cowboy boots, and a cowboy hat.” The person receiving ministry then bursts out crying, and says “I have carried that memory with me for my whole life, but have been so guilty and afraid that I have never told anybody. Grandpa had a heart attack moments after the scene you just described, but I was so scared that I ran to my room instead of going for help. By the time my father found him, he was dead. I have always believed that he would have lived if I had ran for help instead of hiding in my room...etc.”

True story example (new material, added since seminar): In his book, *Authority to Heal*, Ken Blue reports the following experience: “I prayed over a woman who suffered from a host of

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<sup>4</sup> Wagenaar, W.A. “My memory: A study of autobiographical memory over six years.” *Cognitive Psychology*, Vol 18, 1986. Pp 225-52, as cited in Schacter, Daniel L. *The Seven Sins of Memory: How the Mind Forgets and Remembers*. (New York: Houghton Mifflin) 2001, p. 33.

<sup>5</sup> Surveys of psychotherapists conducted in the 1990’s found that many used this kind of guided imagery in order to stimulate retrieval of “lost”/buried childhood memories. See, for example, Poole, D.A., Lindsay, S.D., Memon, A., and Bull, R. “Psychotherapy and the recovery of memories of childhood sexual abuse: U.S. and British practitioner’s opinions, practices, and experiences.” *Journal of Consulting and Clinical Psychology*, Vol 63, 1995. Pp 426-87.

stress-related ailments. She was chronically tired and was in constant pain because of muscle tension. I thought that if we could deal with the source of the stress, we could more effectively pray for healing. When I asked her what the stress was, she said she didn't know. Then in my mind I saw this woman sitting in the corner of a room, tears streaming down her face, holding a broken doll. I asked her if she had ever had an abortion. She stared back at me, wide-eyed, and whispered, 'My husband doesn't even know about it.' After a time of confession and receiving God's forgiveness, her pain left and her energy returned. She has been fine ever since."<sup>6</sup>

In addition to their value as powerful memory prompts, prophetic words of knowledge are helpful in other ways as well, such as demonstrating clearly that the Lord knows the person intimately, and cares about him enough to participating in the details of his healing process.

However, as I will discuss next, prophetic words of knowledge can also carry risk. For example, an erroneous “word of knowledge” describing childhood abuse where somebody is implicated as the perpetrator could cause very hurtful misattribution and memory error.

**III. Suggestibility, misattribution, “false memory” (memory error/distortion):** We perceive that some who work with “recovered” traumatic memories lose credibility by denying *all* concerns about possible memory errors in their reaction against the “false memory” movement. We believe that it is much wiser to non-anxiously acknowledge any legitimate concerns about memory errors, *along with* careful discussion of the evidence showing that repressed and dissociated memories are real phenomena and contain historical truth.

### Legitimate Concerns About the Possibility of Memory Errors

**Misattribution and suggestibility:** We all use memory prompts as helpful tools in everyday life, but they can contribute to misattribution and suggestibility memory errors when used in working with repressed and/or dissociated memories. **Misattribution** is what psychologists call a “binding error,” an error in which the brain links the content of a memory with an incorrect context. For example, several years ago I was talking with a close friend, discussing a particular question regarding human behavior. At a point of disagreement my friend related a story illustrating that a certain phenomena was indeed possible, and presented this anecdotal evidence as something that had happened to one of his personal acquaintances. After a moment of thought I realized that his story was actually from a fiction novel (well written and very convincing, but fiction). When I responded with “I think I read that in a book – isn't that from...,” he immediately recognized and acknowledged his misattribution error. He *correctly* remembered the content of the story, but had *incorrectly* linked the content of the story to the context of a conversation with one of his friends. **Suggestibility** is a specific form of misattribution in which the mind confuses *personal recollection* with *outside sources of information*, as opposed to switching *one source of outside information* for *another source of outside information* (as in the example just described). See the research described below for an example of suggestibility.

**Research regarding misattribution and suggestibility:** There is substantial research data supporting the reality and importance of misattribution and suggestibility.<sup>7</sup> For example, ten

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<sup>6</sup> Blue, Ken. *Authority to Heal*. (Intervarsity: Downers Grove, IL) 1987, pg 127.

<sup>7</sup> Schacter, D.L. *The Seven Sins of Memory* (New York: Houghton Mifflin) 2001, pp 88-137 provides a “written for lay people” review of this research. Note: Dr. Schacter doesn't adequately acknowledge the

months after an El Al cargo flight crashed into an apartment building outside of Amsterdam, Dutch psychologists questioned colleagues about their memories of television footage of the crash. The researchers asked the simple question: “Did you see the television film of the moment the plane hit the apartment building?” 55% of the respondents said “yes,” and many claimed to have clear memories, including details such as the speed and angle of the plane as it hit the building, whether the plane was on fire before it hit the building, and where the plane fell after impact. We know that these people constructed visual images in their imaginations on the basis of newspaper reports and other information, and then misattributed these images to non-existent video footage, *because there was no television footage of the accident*.<sup>8</sup> Research studying suggestibility indicates that an imaginary, fictitious scenario will begin to feel subjectively more and more “real” and “true” if a person repeatedly imagines the fictitious scenario in a setting where the scenario is presented as a possible/probable real scenario. For example, if a person is repeatedly asked if he remembers a specific scenario, he will usually imagine the scenario in his mind’s eye each time it is described. Even if the scenario is fictitious, the images will become familiar because he has been repeatedly revisiting the mental images. If the person repeatedly imagines the fictitious scenario in a setting where it is presented as a possible/probable real scenario, he can begin to misattribute the source of the images that feel familiar, and begin to believe that he is remembering an actual event as opposed to remembering imagined images<sup>9</sup>. Recent PET scan studies demonstrate that the visual images associated with imagined events are generated by some of the same neurological circuits that contribute to the visual perception of actual events.<sup>10</sup> This neurological “data point” is certainly consistent with the clinical observation that incidents that people frequently imagine can come to feel like events that actually occurred. Research studies also show that people can distort the details of a true memory if erroneous information is suggested in certain ways (such as asking leading questions)<sup>11</sup>.

**Implicit memory “source” misattribution:** a HUGE, frequent misattribution error occurs with implicit memories. By *definition*, implicit memory does not include source information.

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importance of repressed or dissociated memory, and his logic is faulty in his argument dismissing ritual abuse, but excepting these important blind-spots in his presentation, he provides an excellent review of the research regarding misattribution and suggestibility.

<sup>8</sup> Crombag, H.F.M., Wagenaar, W.A., and Van Koppen, P.J. “Crashing memories and the problem of ‘source monitoring.’” *Applied Cognitive Psychology*, 10, 1996. pp 95-104.

<sup>9</sup> See, for example, Bruck, M., Ceci, S.J., and Hembrooke, H. “Children’s reports of pleasant and unpleasant events. In D. Read and S. Lindsay (eds.), *Recollections of Trauma: Scientific Research and Clinical Practice*, (New York: Plenum Press) 1997. pp 119-219; Hyman, I.E., Husband, T.H., and Billings, F.J. “False memories of childhood experiences.” *Applied Cognitive Psychology*, Vol 9, 1995. pp 181-97; Porter-S; Yuille-JC; Lehman-DR, “The nature of real, implanted, and fabricated memories for emotional childhood events: implications for the recovered memory debate.” *Law-Hum-Behav.* 1999 Oct; 23(5): 517-37 and Zaragoza-MS; Lane-SM, “Source misattributions and the suggestibility of eyewitness memory.” *J-Exp-Psychol-Learn-Mem-Cogn.* 1994 Jul; 20(4): 934-45.

<sup>10</sup> Kosslyn, S.M. (1994). *Image and Brain*. (Cambridge: MIT Press) 1994.

<sup>11</sup> See, for example, Miller-MB; Gazzaniga-MS, “Creating false memories for visual scenes.” *Neuropsychologia*. 1998 Jun; 36(6): 513-20, Bruck-M; Ceci-SJ; Francoeur-E; Barr-R, “I hardly cried when I got my shot!” Influencing children’s reports about a visit to their pediatrician. *Child-Dev.* 1995 Feb; 66(1): 193-208, and Weingardt-KR; Loftus-EF; Lindsay-DS, “Misinformation revisited: new evidence on the suggestibility of memory.” *Mem-Cognit.* 1995 Jan; 23(1): 72-82.



The implicit memory content comes forward in response to a trigger, the person has no insight into the true source of the thoughts and feelings, the left brain tries to “fill in” with an explanation, and identifies some “cause” in the present. The person then mis-attributes the cause of the implicit memory thoughts and feelings to the present situation.

**Hypnosis “why did you open the window?”:** A classic hypnosis demonstration provides a similar sobering example of the brain’s ability to misattribute source/cause by way of “filling in” with confabulated explanations: While the subject is hypnotized, the hypnotist makes the post hypnotic suggestion, “When I tap three times on the table with my pencil, you will get up and open the window, and you will not remember that I gave you these instructions until I give you permission to do so.” The subject is brought out of hypnotic trance, and then several minutes later, after the demonstration appears to have been completed, the hypnotist “absent mindedly” taps his pencil on the table. The subject gets up and opens the window, and as he is returning to his seat, the hypnotist asks “why did you open the window?” The subject might look slightly confused for just a moment – as if he is aware that something odd just happened – and then will come up with a plausible “explanation,” such as “I thought it was getting stuffy in here.”

**Isolated left hemisphere “Split brain” research:** The clearest, most dramatic demonstration of misattribution by way of confabulated explanation is provided by “split brain” research where the left hemisphere of a person’s brain is isolated from the right hemisphere, and then given ambiguous information to “explain.” Instead of acknowledging “I don’t know,” or even “I’m not sure,” the usual response is for the left brain to quickly come up with a confabulated explanation. The left hemisphere also seems to have *minimal apparent self awareness*.<sup>12</sup>

Note: I think we can learn to recognize this phenomena. If you learn to recognize this phenomena, stop the left brain “explanation when you really don’t know,” and stay with the uncertainty, “not knowing,” your left brain can learn to listen to your right brain and include right brain input. The end result is an explanation that incorporates the valuable input from both sides, and also more awareness regarding the confidence level. MUCH more valuable over all.

**An important and common logical error – “If it causes pain, it must be true”:** I used to think “A thought/image that isn’t associated with a true historical event can’t produce negative emotions, so if the person has intense negative emotions, then the thought/image associated with the negative emotions must be a memory of a true historical event.” However, as I have thought more carefully about this, I have realized that there are many “real life experience” data points that show this to be erroneous thinking. For example:

Bone cancer scare: A number of years ago, I experienced persistent pain in my right leg, and eventually went in for x-rays to figure out what was the matter. Being a physician, I asked the technician to let me look at the films before she took them to the radiology department. Unfortunately, I was able to read the x-rays just well enough to make myself miserable. I could see that there was a lump towards the top of my right femur. Several days later, the

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<sup>12</sup> Springer, Sally P., and Deutsch, Georg. *Left Brain Right Brain: Perspectives from Cognitive Neuroscience*, fifth edition. (Worth Publishers) 1998, see especially comments on p. 39: “It is very common for the verbal left hemisphere to try to make sense of what has occurred in testing situations where information is presented to the right hemisphere. As a result, the left brain sometimes comes out with erroneous and often elaborate rationalizations based on partial cues.”

radiologist gave me the good news that the lump indicated a painful but harmless condition – myositis ossificans – as opposed to bone cancer, which is often hard to treat, rapidly progressing, and eventually fatal. However, during the several days between the x-ray and the radiology report, I thought I probably had bone cancer. During these miserable several days, horrible scenarios, and associated thoughts and emotions, flooded into my mind. I imagined painful medical procedures, toxic chemotherapy, tremendous medical bills, and then dying prematurely. “What will happen to Charlotte? Have I provided for her adequately?...etc.” I was sad and frightened, with intense negative emotions and also physical manifestations associated with adrenaline release (sweating, increased heart rate, increased respiration rate). Just *believing* that I had bone cancer caused me to experience intense negative emotions, even though it wasn’t true.

Classic hypnosis demonstration: A classic hypnosis demonstration, which has been repeated by a number of different practitioners, provides a dramatic data point. While the demonstration subject is in hypnotic trance, the hypnotist takes a pencil and tells him that the eraser is the red hot end of a probe used for some kind of medical procedure. The hypnotist informs the subject that she needs to test something, and therefore needs to touch them with the hot probe for one moment. As the hypnotist touches him/tries to touch him, he will express and demonstrate intense fear, and if she does actually touch him with the pencil eraser, he reports intense, burning pain. The demonstration subject experiences intense negative emotions, and subjective physical pain, even though the traumatic event is entirely illusory.

Vicarious “Ouch!”: When I was in Jr. High school, we would play various running games during our lunch break. For reasons I don’t understand, there was a pipe sticking up in the middle of one of the fields we would run in. The pipe was just the right height so that the top would hit an average Jr. High kid squarely in the crotch. One unfortunate day, one of my friends hit the pipe at full running speed. Mike crawled all the way from the playing field to the nurses office, and the rest of us boys were crossing our legs, wincing, and groaning in sympathetic pain just from watching him. Just thinking about this story still makes me cringe, and often when I tell the story, all the guys in the room cringe in the same way. We experience negative emotions from thinking about and visualizing this scenario, even though we are *not* remembering an event that actually happened to us.

Simple experiment: There is a simple experiment you can do right now – imagine, vividly, something scary and painful, such as somebody holding you down and chopping off one of your fingers. Most people will experience some negative emotions just by imagining this scenario, even though it has never happened to most of us (look at your hands – how many fingers do you have?).

**“Downgrade” memory errors:** In our experience, memory errors such as misattribution usually *downgrade* the painful implications of traumatic memories. It is especially important to understand how this can affect the perceived identity of a perpetrator. For example, a person who was sexually abused by her father might “remember” her first grade teacher as the perpetrator because the implications of this false perpetrator identity would be much less painful than the truth. We are familiar with more than one situation in which there are clear clinical indicators that the person reporting abuse memories was indeed sexually abused, but also clear corroborating evidence indicating that the specific person accused of the abuse was not the true

perpetrator.<sup>13</sup>

**Hypothetical example, psychotherapy:** In light of the above discussion, consider what could happen in a psychotherapy group where the leader and participants don’t understand these principles and are not careful regarding suggestibility: a new member is brought into the group because her therapist thinks she has thoughts and emotions consistent with sexual abuse. As she listens to others talk about sexual abuse memories week after week, she often has images in her own mind corresponding to the stories others are telling – just like images of imagined scenes come into your mind when you read a story. If the new member’s father was alcoholic, the group leader might say “Your symptoms sure look like sexual abuse, and your father is alcoholic. Alcoholics often molest their children. I’m guessing that your father probably molested you. I think you just need to let go of your denial.” Eventually, the therapist might suggest “I want you to imagine your father molesting you. That might help you connect with the memories.” If the person does imagine her father molesting her, she will probably have negative thoughts and emotions associated with the imagined scenario (even if the imagined events never occurred – just as you experienced negative emotions as you imagined somebody cutting off your finger). The therapist and group members could then respond: “Why are you upset? If it didn’t really happen, it wouldn’t be upsetting, I think you just need to let go of your denial.” If they succeed in convincing the new group member that her father did, indeed, molest her, she could be flooded with negative emotions just from thinking about family systems consequences: “Oh my Gosh – this is so horrible. I have worked so hard to build a good relationship with my father since he stopped drinking. How could he have betrayed me like this? How can I go home for Christmas? How will I explain to Mom that I don’t want to come home for Christmas? I wonder if he has molested my kids?...etc.” If you come to *believe* that your father molested you, you will predictably have intense negative emotions, even if it didn’t actually happen.

Unfortunately, this kind of scenario has actually occurred in many therapy settings, especially in the 1990's (see footnote #5, above).

The memory phenomena and psychotherapy practices just discussed are the basis for legitimate concerns about the possibility that memory errors might occur in the context of psychotherapy or emotional healing ministry.

**Prophetic words of knowledge<sup>14</sup>:** Toughest discernment question regarding charismatic gifts and words of knowledge in emotional healing ministry: what to do with words of knowledge that include detailed imagery of some kind of abuse situation. For example, consider the following hypothetical scenario of the ministry facilitator getting a true prophetic word of knowledge, with lots of details:

The facilitator sees an image of the person receiving ministry at the age of 8, in pink pajamas, in a small bedroom with bunk beds. She is on the top bunk, it’s dark, the lights are out except a small night light to the left of the bottom bunk. There is a green rug on the floor in the shape of

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<sup>13</sup> In one of these situations, other individuals (that we personally know and trust) were present with the person being accused and the person reporting the abuse at the exact time and place that the abuse supposedly occurred.

<sup>14</sup> Note that Dr. Fernando Garzon’s research shows that ~80% of those using Theophostic® are charismatic (speak in tongues). This indicates that the Theophostic® community needs to think carefully about how to responsibly use prophetic “words of knowledge” as memory prompts.

a teddy bear, and there is a window across from the bunk bed that is open. It’s summer, there is a breeze blowing in the window, and the green curtains are blowing towards her. Her father comes into this scene and walks up to the bunk bed. She experiences fear and dread as this happens, and pretends to be asleep. He begins to fondle her.

If this is truly from the Lord, it can provide very valuable guidance for the facilitator as he makes judgment calls about direction for the session. If he shares this word of knowledge, it could provide an exceptionally powerful memory prompt, helping to clarify her choices, and helping to overcome psychological defense habits, brain biology ruts, and fallible filing systems.

If this is not from the Lord, and the facilitator shares the details, this could present very real risk of suggestion, misattribution, and memory error that could deeply wound the person receiving ministry and her family.

The thoughts, principles, and practical guidelines below will hopefully provide some tools with which to sort out how to use prophetic guidance and words of knowledge in emotional healing ministry settings.

#### **IV. Discernment regarding direction, suggestion, memory access tools, prophetic gifts:**

**A. Four phenomena that especially impair discernment:** triggered positive thoughts and emotions, triggered negative thoughts and emotions, resonance triggering, and internal parts are important specific memory phenomena to be aware of when evaluating the use of prophetic gifts in emotional healing ministry. The key point is that good discernment is needed when using any memory access tool, and especially when using prophetic gifts in emotional healing ministry, and these phenomena interfere with discernment.

##### **1 & 2. Triggered negative thoughts and emotions & triggered positive thoughts and emotions:**

Triggered negative thoughts and emotions: “Triggered” negative thoughts and emotions will be produced by anything in the present that activates unresolved emotional and/or spiritual issues. The simplest, most common situation occurs when a “trigger” in the present activates lies anchored in a traumatic memory. For example: Let’s say I have memories of being frightened by bullies on the playground, and now I am facilitating a ministry session, I bring up an issue that makes the person angry, and he glares at me with the same expression I saw on the bullies faces. The thought (metamorphic lie) “I had better do what he wants or he will hurt me” barely touches my conscious mind, and I suddenly feel anxious and a little confused. The most helpful response, possibly opening the way to important healing for the person receiving ministry, would be to calmly respond with something like: “I notice you’re angry. Can you let yourself feel the anger, and then try to identify what thoughts feel true when you think about the question I just asked?” Instead, I quickly change the subject to something that doesn’t make him angry. Unfortunately, this subtle triggering just impaired my discernment regarding the best leadership for this ministry session, and similar scenarios will continue to occur until I identify and resolve the memories and lies that are getting triggered.

Triggered positive thoughts and emotions: “Triggered” positive thoughts and emotions will be produced by anything in the *present* that comforts, covers, compensates, or counter-acts unresolved emotional and/or spiritual issues. The triggered positive thoughts will be the opposite of the underlying lies, and the triggered positive emotions will be the opposite of the

emotions usually associated with the lies. For example, various experiences in Charlotte’s childhood led to her taking in lies along the lines of “I’m not acceptable/I’m not good enough.” She also learned that she temporarily felt better when she performed well and people affirmed her performance. Temporarily “I *am* good enough, I *am* acceptable” would feel true, and she would feel confidence and security instead of the anxiety and insecurity usually associated with her “I’m not acceptable/I’m not good enough” lies.

Impaired discernment and balance: The perceived importance of the triggering event/situation/behavior, the perceived validity of the triggered positive thoughts, and the subjective intensity of the triggered positive emotions will all be exaggerated because they will match the importance of the underlying wounds and lies (as opposed to being appropriate for the current situation). This inflated perceived importance, perceived validity, and subjective emotional intensity will impair our discernment and interfere with appropriate balance, drawing us into making poor decisions and causing us to neglect/harm ourselves and others as we pursue the temporary relief of the triggered positive thoughts and emotions. Continuing on the example above: one time Charlotte made herself late for a trip we had planned because she was talking to some people who were highly interested and impressed with a program she designed. Pursuing the triggered positive emotions associated with their attention and affirmation made her feel like somehow she simply *had* to answer every question and tell them about *all* of it *in detail, right then*, even though doing so made her late for the previous commitment. She could easily have said: “I felt the Lord leading me to stay longer and share more with these sisters.”

Triggering mistaken for guidance from the Holy Spirit: Triggered negative emotions often result in the subjective experience of a vague, intuitive reluctance to do something – “I just get the feeling that I shouldn’t do this,” and this intuitive reluctance – subjective experience of “I feel like I shouldn’t do this” is easily mistaken for a “check in the Spirit.” In mirror image, triggered positive emotions often result in the subjective experience of vague, intuitive energy or pressure to do something – “I just get the feeling that I should do this,” and this subjective experience is easily mistaken for a “prompting from the Spirit.”

This makes a lot of sense when you think about it for a minute. A true *check* from the Holy Spirit often feels subjectively like an emotional/intuitive nudge/pressure *away* from doing a certain thing, and a true *prompting* from the Holy Spirit often feels subjectively like an emotional/intuitive nudge/pressure *towards* doing a certain thing. This nudge/pressure inherently feels like more than the ordinary “I don’t want to do such and such” or “I do want to do such and such” (if it didn’t, we wouldn’t think it was a check or prompting from the Spirit). It also inherently feels somewhat mysterious – we can’t identify an adequate, logical explanation (if we could see an adequate explanation we wouldn’t think it was a check or prompting from the Spirit<sup>15</sup>).

Similarly, triggered negative emotions will often feel subjectively like an emotional/intuitive nudge/pressure away from doing certain things and triggered positive emotions will often feel subjectively like an emotional/intuitive nudge/pressure towards doing certain things. The inflated perceived importance and exaggerated emotional intensity contribute a subjective *more than the ordinary* component, and we usually can’t identify an adequate, logical explanation for

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<sup>15</sup> We sometimes feel a “check” before we have a logical explanation, but as we consider the matter more we think of the/a logical explanation. Our perception is that the initial feeling could be a true “check” from the Holy Spirit, and that this prompts us to think about the situation more carefully.



our triggered emotions because our psychological defenses usually hide the connection to the underlying wounds and lies. Furthermore, the subjective feeling that our triggered emotions are valid – that they are real, that they come from somewhere (all true) – can add conviction to triggered “guidance” we mistake as a check or prompting from the Holy Spirit. Our perception is that many people, including ourselves, have mistaken triggered emotions for guidance from the Holy Spirit. The good news is that it is reasonably easy to tell the difference once you learn to recognize both triggered negative emotions and triggered positive emotions.

Interesting personal hypothesis: I think one of the most common examples of triggered positive emotions being mistaken for “leading of the spirit” is people going over their time slot, disrupting the overall plan for events, because they mistake positive triggering (what they are doing is making them feel good, and they feel internal pressure and desire to keep going) for leading of the Spirit.

**3. Resonance triggering:** The phenomena of physical resonance provides a very helpful analogy for an important but often subtle way in which unresolved memories/issues in the therapist/facilitator can be stirred up. In physics, resonance occurs when the timing of a power source matches the timing of the receiving physical system. Pushing a child on a swing set is an example we are all familiar with. Your push will do the most good if you push them at just the right time (when they have come to a stop right in front of you, and are about to start swinging away from you). If you push them at any other time, your pushing will not be as effective, or will even slow them down. Another way to understand resonance at an experiential level is to do a simple experiment with two guitars. If you pluck a given string on one guitar, the corresponding string on the second guitar will start to vibrate (assuming they are both in tune). This is because it is *resonating* with the “same note” sound energy from the first guitar.

We have observed a similar pattern with respect to unresolved wounds. If one person is describing details from, and expressing emotions associated with, certain unresolved wounds, anybody else in the room with similar unresolved wounds will start to “resonate” – the words and emotions from the first person will stir up similar thoughts and emotions in anybody else who has similar unresolved wounds. We have often seen this in our group training settings, where everyone in the audience with unresolved wounds similar to those being addressed in the demonstration will be crying by the end of the session. People facilitating Theophostic ministry are no exception. If the therapist/facilitator has unresolved wounds similar to those being addressed in the ministry session, they will start to resonate with the person receiving ministry – the words and emotions of the person receiving ministry will stir up the therapist’s similar unresolved wounds.

The facilitator can resonate with the person receiving ministry, and thereby be unconsciously “triggered” to his own memories. Thoughts, words, and even images *from the facilitators own memories* might then come forward into his mind. If the resonance triggering is occurring in a subtle, quiet way, and the facilitator’s traumatic memories are not yet accessible to his conscious mind, it is easy to mistake this phenomena for prophetic guidance/ “words of knowledge.” Similar misattribution could also occur with images that are brought forward by resonance triggering, but that are from sources he has forgotten (for example, images from TV/movie content, imagination images associated with reading or stories he has heard, etc).

Subtle example: the facilitator was abused by an older cousin, but has not yet fully resolved these wounds. When the person receiving ministry starts talking about an older cousin, the facilitator “just gets the feeling” that he is a creep, and that he probably abused her.

**4. Internal parts:** Internal parts can provide thoughts/words/images that can feel very distinct, “other,” “from another source.” Internal parts speaking for Jesus/the Holy Spirit has been one of our most important discoveries regarding prophecy, discernment. We have worked with a number of people who had been mistaking communication from internal parts for Jesus/the Holy Spirit for years. On one hand, they were mortified and disappointed to discover this. On the other hand, it was a tremendous relief because it explained much that had been previously baffling and upsetting (such as “how some guidance from the Lord is so ineffective,” “how come the words from the Lord don’t have power,” “how come Jesus says/does things that don’t feel quite right,” etc). Also, it is tremendously good news to discover that an upgrade is available -- moving from internal parts speaking for Jesus/Holy Spirit to letting Jesus/Holy Spirit speak for Himself always results in improved results.

## **B. Protection for the facilitator using prophetic gifts, spiritual discernment in emotional healing ministry:**

Understanding these phenomena (the basic phenomena of misattribution and suggestibility, as well as the four specific phenomena in “A.” above).

Self awareness regarding these phenomena in your own experience. With practice, one can become increasingly good at telling the difference.

Get your own healing: Being misled by positive triggering, negative triggering, resonance triggering, and internal parts can only occur where there are unresolved underlying wounds and lies. Therefore, receiving ministry to find and resolve your own unresolved issues provides protection from all four of these problems. We strongly encourage everybody in emotional healing ministry to find a setting where you can receive ministry on a regular and ongoing basis.

It is REALLY IMPORTANT for emotional healing ministers who use prophetic gifts to be able to tell the difference between true prophetic guidance and these internal phenomena from their own minds. **\*\*Again, my experience is that it is possible to learn to tell the difference – with understanding these principles, getting ones own healing, and being intentional about watching for these phenomena.\*\***

## **C. Opposite, extreme end points (both poor choices):**

**Minimum caution, maximum access:** “It’s all God, it’s all good.” This approach allows maximum access to the tools and gifts, and will probably access some traumatic memories more effectively and/or quickly, but this approach will also result in a lot of “breakage.”

**Maximum caution, minimum access:** “Avoid suggestion/false memory risk at all costs.” Don’t be directive, or even ask questions, in any way that is suggestive, and *especially* don’t share prophetic words of knowledge. This approach will definitely minimize risks of memory distortion. But the baby also gets thrown out with the bath water (lots of good tools are lost).

**D. Risks and benefits:** I would like to propose that we approach memory access tools in emotional healing ministry with the “risk/benefit” approach that we bring to many other situations in life. Many good things have risk (getting pregnant, driving a car, doing any kind of prayer ministry, etc). It is untenable to avoid anything and everything that has risk. The way we

deal with this reality in all other aspects of life is to weigh the risks and benefits in any given situation. For example, there is benefit with using guided imagery as a memory prompt/memory access tool. Guided imagery is probably the most effective memory access tool in certain situations. But our assessment is that the risks of memory distortion from suggestibility and misattribution are greater than the potential benefits. There is risk with asking direct questions, with offering “menu” suggestive questions regarding thoughts and emotions, and with using prophetic words of knowledge. But our assessment is that the potential benefits of increased ministry efficacy are greater than the risks associated with suggestibility and misattribution.

Another important part of thinking clearly is to include consideration of the risks of *not* doing something. One of the clearest examples is from Charlotte’s grandfather who was a doctor on the mission field. In some situations, the risk of death from a certain surgical intervention might be 30 or even 50%. OF COURSE he shouldn’t do the procedure...right? One important fact changes the whole picture: the risk of death if he didn’t perform the procedure was 100%. Sometimes, if an effective ministry tool is not used, the person loses his job/loses his marriage/hurts his child/or even commits suicide. Some of these tools are not risk free, but sometimes *not* using them is even more dangerous.

## **V. Summary practical guidelines regarding direction, memory access tools, prophetic gifts (our assessment of the risk/benefit analysis):**

A. Memory access/ministry tools, techniques where the potential benefits outweigh the risks in all situations (okay for believers who are still very wounded, triggered, reactive, immature, and uninformed regarding scripture and ministry principles):

1. Silent intercession
2. Simple prayer support for ministry teams (“Come Holy Spirit,” “More Lord,” “Lord, we bless what you are doing”)

B. Memory access/ministry tools, techniques where the potential benefits outweigh the risks for ministers/therapists who are not dramatically impaired by triggering during ministry sessions, who have basic maturity, and who have a basic level of understanding regarding scripture and ministry principles:

1. Directive leadership to implement basic Theophostic<sup>®</sup> principles and process (could describe concrete example of how the facilitator is directive to implement different basic TPM principles and process)
2. Directive leadership regarding the flow of the session. The facilitator should “follow” the person whenever possible, but often needs to make discernment calls and direct the flow of the session. Of course you are trying to follow the guidance of the Holy Spirit, but you need to make the final discernment regarding where the Holy Spirit is leading, and then be directive, as the facilitator, in order to implement this guidance. Examples of direction regarding the flow of the session:
  - Redirect whenever the person gets into analysis, especially if there is no emotional intensity and the process seems to stall.
  - When the process seems to stall, redirect to the last place where the person had intense emotions.
  - If the person says “nothing’s happening,” direct them to simply describe whatever thoughts,

emotions, images, or physical sensations they are experiencing.

- If the person reports anger, either direct them to focus on the anger and ask the Lord what He wants them to know about it, OR (yes, you will need to use discernment to make a judgment call here) ask them if they can release/move past the anger to the pain underneath.

3. (Inherently suggestive) “Menu” questions to help the person find the right words for lies and/or emotions. Note: some of Ed’s ministry aids (and also similar material developed by others, such as Francine Shapiro) are exactly this.

4. Direction to focus on specific aspects/details of content (thoughts, emotions, images, memories) that have *already been described by the person receiving ministry*.

5. Pay attention to prophetic guidance, words of knowledge, as information that can inform your thoughts, prayers, and choices as you lead the session.

6. Ask about intentional withholding. “Is there anything you’re not saying?”

7. Share details from “words of knowledge,” including details about traumatic events, but *not* including details that describe/indicate child abuse.

C. Memory access/ministry tools, techniques where the potential benefits outweigh the risks for ministers/therapists who have received more personal healing, are less triggered during ministry sessions, and have more personal maturity, more understanding of scripture, and more understanding of ministry principles (including at least basic understanding of resonance triggering, positive and negative triggering, internal parts phenomena, and memory distortion issues):

1. Open, honest discussion of the possibility of abuse (if there are “clues,” data that are consistent with possible sexual, physical, emotional abuse). But be careful to avoid suggesting specific perpetrators or specific scenarios.

2. Direction for the person to focus his/her mind on specific details/*possible* details of a memory to “test” things when general content is known, and there is no risk of harming others regarding the specifics you are asking them to “test” (for example: “Can you focus on the point where the anesthesiologist put the mask over your face and test if the panic might be anchored there?” Or “your father clearly remembers that you were standing there when your mother’s hair caught on fire. Do you have any images of that?”)

3. Direct questions about conscious memories of specific kinds of abuse: The purpose of asking this kind of direct question would be to focus and present a very clear choice between defenses and healing. However, in our experience, if people have conscious memories of abuse, the Lord *always* brings these memories forward at some point in the emotional healing process. A choice problem comes up if the person chooses to not report the thoughts/images related to these memories that come into his mind. In my own practice, I let the Lord lead regarding when to bring forward conscious memories of abuse (as opposed to my deciding when to bring this up by asking specific questions about abuse), but I focus and present the choice between defenses and healing by periodically asking “Are there *any* thoughts or images that you are choosing to not describe?”

If you do chose to ask this kind of specific question, make sure to ask the questions as general questions, *without specifying perpetrators*. For example, “Did anyone ever force you to engage in sexual activity that you did not want to engage in?” as opposed to “Did your father, or your

brother, or any of the men in your family ever force you to....” Asking specific questions, such as “Did your brother ever touch you inappropriately?” “Did your father ever...?”, “Did your cousin ever...?”, will evoke spontaneous images of the scenarios you ask about. This is a very different suggestibility risk than “Have you had sleep trouble since starting the new medication?”

D. Memory access/ministry tools, techniques where the potential benefits outweigh the risks for ministers/therapists who are minimally triggered during ministry and have a setting where they receive regular, ongoing healing ministry for themselves, are very mature, and who have clear, thorough understanding of resonance triggering, positive and negative triggering, internal parts phenomena, and memory distortion issues:

1. Sharing the details of words of knowledge that include specific abuse events. **Even with all the above criteria, still be very careful with this. Describing detailed scenarios will cause the person to create imagination mental images of what you are describing, even if it never occurred.** Start with details not including abuse, and see whether the person will connect with the rest of the memory on her own. Include details that indicate abuse only if nothing else seems to work and if you have a clear sense that the Lord is leading you to do this. DON'T take this last step if you have trouble mistaking your own thoughts/triggering for the Lord's guidance.

E. Memory access/ministry tools, techniques where the risks outweigh the potential benefits in all situations (in other words, **don't use these**):

1. “Leading,” suggestive comments or questions about content that is not known and that includes risk of harming others. For example, “I think there are a lot of clues that say your father molested you. Do you have any memories, or even vague images of your father molesting you? Are you sure? I want you to think about it very carefully, and see if any images come into your mind.”
2. Guided imagery as a memory prompt/memory access tool/association network activation tool.
3. Confrontational approach, where the person is told that \_\_\_\_\_ (fill in the blank) is certainly true, and she just needs to surrender her denial
4. Hypnosis?: Lots of cautions here, but I leave a question mark because I think it is appropriate to be very humble in judging something that I don't have personal experience with.

Again, the safe/conservative approach, that we especially recommended as the starting place for those who are learning about emotional healing ministry, is to help the person receiving ministry to focus on the lies and emotions, and *follow them* with respect to *memory content*.

**“Special” memory access/ministry tools:** These “special” memory access tools are not available/possible for every person receiving emotional healing ministry, but when they are available, they are especially effective in accessing buried memories and they are *very* safe with respect to risk of memory distortion.

A. Talking at more length with people who were a part of the original memories. **Expand on this, refer to my story at the beginning of the seminar.** The ideal situation is to do this in a



setting where you can receive Theophostic® – based emotional healing ministry as thoughts and emotions come forward.

B. Spiritual disciplines of transparency, honesty, vulnerability, and humility, practiced on a regular basis, over time, in relationship with a close friend(s) and/or spouse (“crockpot” Theophostic®). **Expand on this, refer to my story at the beginning of the seminar.** Note that the target mental content is associative, and especially implicit content, as opposed to analytical thoughts. This should result in steadily increasing self awareness, and increasing willingness and ability to talk about the thoughts, images, and emotions that come into one’s mind.

C. Talking directly to an important person who is a trigger in the present: With eye contact, talking directly to the person about thoughts and emotions right now, as I am being triggered. **Expand on this, refer to my story at the beginning of the seminar. Demonstrate with Charlotte.** The ideal situation is to do this in a setting where you can receive Theophostic® –based emotional healing ministry as thoughts and emotions come forward.

**“Don’t try this at home”:** the last two “special” memory access/ministry tools are not restricted to only “trained professionals,” but they are for stable, strong, mature relationships where you can handle difficult and/or emotionally intense content coming forward. Do *not* try this in a marriage or friendship where you already have a lot of triggered conflict, and then difficulty repairing after triggered conflict.

Question & Answer:

Dr. Smith’s teaching regarding “Don’t be directive”: Dr. Smith often makes comments along the lines of “don’t be directive,” “just follow the person receiving ministry,” “let the Holy Spirit guide the process.” This has caused some confusion.

Our perception of the valid core: Dr. Smith is appropriately concerned about memory error, he teaches thousands of lay people. The valid core: “just follow the person receiving ministry *regarding memory content* is a cautious, conservative approach *which is a very safe starting point.*”

What he clearly is not intending: careful thought about the bigger picture clearly reveals that Dr. Smith is *not* teaching “don’t be directive in any way.”

Truly following an injunction to never be directive would be to return to the simplest form of prayer for emotional healing: “come Lord, heal this depression (panic, shame,...etc).” Even most pre-Theophostic® approaches to prayer for emotional healing are more directive than this. For example, most approaches to prayer for emotional healing include a basic structure, which is implemented by directives from the facilitator along the lines of: “focus on the emotions,” “Lord, where does this come from?” “Report whatever is coming to you,” and then “Lord, come and heal this memory.”

Implementing the most basic principles and process of Theophostic® includes even more direction:

Focus on the emotion

Report whatever comes into your mind  
 Find the words that feel true – that fit with the memory and emotion  
 Focus on the memory, emotion, and lie, and ask the Lord “what do you want me to know about this”  
 Report, out loud, whatever comes to you  
 \*A whole bunch more regarding trouble shooting, dealing with clutter.

When you watch Ed work, he is constantly directing the flow of the session, often in smooth, subtle ways that the observer doesn’t notice.

2. How do you respond when somebody asks “do you think I was sexually abused?” and/or “what do you do when you think somebody was sexually abused?”

At one point, I was so concerned about suggestibility that I was afraid to talk honestly with a client about the possibility of sexual abuse. Now, I think it is safe to talk honestly with your clients about the possibility of sexual abuse, *if you do it in the context of this careful understanding of misattribution and suggestibility.*

**\*\*the more I learn about the complexity of memory in the brain and mind, the more humble I become regarding assumptions/conclusions about what actually happened.\*\***

Example of my approach to working with situations where emotions, thoughts, and images indicate possible sexual abuse (**note: many situations don’t require any memory access tools - you can just follow the person with respect to content**):

Take the initial target as the starting point. For example, the person may have an emotion: “I feel shame whenever I am intimate with my husband,” or “I often have the thought ‘I’m dirty, I’m damaged goods,’” or “sometimes the image comes into my head of my father coming into my bedroom and getting into bed with me.”

Direct them to focus on the original target, and to pay attention to anything that comes forward.

If images and/or thoughts come forward as they focus on the emotions, then direct them to focus on the images and/or thoughts along with the emotions.

If the person asks me “do you think I have been sexually abused?” or even a more specific question, such as “do you think my father molested me?” I respond with something like:

“The thoughts/images/emotions you describe could be caused by sexual abuse memories, but they may be caused by some other traumatic event. It’s clear that something happened to cause the symptoms you are experiencing, but we don’t know what it is. Keep focusing on what you do have, keep paying attention to what comes forward, keep asking the Lord for truth, keep giving Him permission to show you the truth, and let’s see what happens.”