



## Theophostic<sup>®1</sup>, What Is Unique?

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“Theophostic<sup>®</sup>” principles and tools for emotional healing are fairly new (developed by Ed Smith, D.Min., since 1996). Charlotte and I came across Theophostic<sup>®</sup> in May of 1998 and have been reading, studying, learning, using, and integrating the Theophostic<sup>®</sup> principles into our psychiatric and pastoral counseling practices since then.

People who are already familiar with prayer for emotional healing often comment “We already do that” when we tell them about Theophostic<sup>®</sup>. To our assessment, Rita and Dennis Bennett, InterVarsity, Charles Kraft, Dennis and Matthew Linn, Francis and Judith MacNutt, Leanne Payne, Agnes Sanford, John and Paula Sandford, Barbara Schlemmon, David Seamands, TACF (Toronto Airport Christian Fellowship), Vineyard, and others do include many Theophostic<sup>®</sup> principles and tools in their prayer ministries<sup>2</sup>. They understand that unresolved past traumas are the true source of many current problems and reactions, they ask the Lord to guide them from current symptoms to the underlying old traumas, they pray for the Lord’s healing presence to come to the unresolved old traumas, and they understand that demonic interference, bitterness, unconfessed sin, and other problems can hinder the healing process. All of these people/ministries also describe profound, immediate, and permanent healing of a given wound when the living Lord Jesus comes to the corresponding traumatic memory. However, we perceive that the Lord has given Dr. Smith some new insights which have dramatically improved the bottom line effectiveness of healing prayer in our own lives and in our ministry.

Our experience with healing prayer in other ministry settings is that almost everyone experiences some benefit, but that the really dramatic, profound, and rapid healing (e.g., when Jesus comes into the memory in a very powerful way) is rare. If we were painfully honest, our own experience has been that this kind of dramatic healing occurs in 5 to 25 percent or less. Charlotte and I have observed 30+ hours of Dr. Smith working with clients and have also received Theophostic<sup>®</sup> ministry from Dr. Smith and Sharon Smith, his wife. Our assessment of Theophostic<sup>®</sup> in Dr. Smith’s hands is that the rate of the Lord bringing profound, immediate, and lasting healing to core trauma is 95+%. I realize this is hard to believe. We are not yet seeing this rate of success, but we are getting better results than we have ever seen before. The efficacy (observable clinical changes, ability to get off medication) of our Theophostic<sup>®</sup> work is increasing as we gain experience and as we deal with trauma and lies/negative cognitions in our own lives that hinder our work. As mentioned above, we perceive that using what we have

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<sup>1</sup>Theophostic Ministry is a trademark of Dr. Ed Smith and Alathia Ministries, Inc., of Campbells ville, Kentucky. The Lehmans do not claim any endorsement by the trademark holder for their ministry, or this article in particular.

<sup>2</sup> See Rita Bennett: *You Can Be Emotionally Free*, (1982); Flynn & Gregg: *Inner Healing*, (1999); Charles Kraft: *Deep Wounds, Deep Healing*, (1993); Dennis and Matthew Linn: *Healing of Memories*, (1974); Francis MacNutt: *Healing*, chapter 13 “The Inner Healing of Our Emotional Problems” (1974); Leanne Payne, *Restoring The Christian Soul*, chapters 6 -10 (1991); John & Paula Sandford: *The Transformation of the Inner Man* (1982); Agnes Sanford: *The Healing Gifts of the Spirit*, chapter 7 “The Healing of the Memories” (1966); Barbara Shlemmon: *Healing the Hidden Self* (1982); Wimber & Springer: *Power Healing*, chapter 5 “Overcoming the Effects of Past Hurts” (1987). Most of these authors also have other resources (books, tapes, videos, etc) on prayer for emotional healing.

learned from Dr. Smith has significantly increased the effectiveness of our healing prayer and therapy work.

With respect to my own healing, Theophostic<sup>®</sup> has been significantly more effective than any other therapy or healing ministry I have received. I have been to healing conferences and healing prayer meetings since the mid 1970's, and have received prayer for healing of memories in many different settings. I have often felt encouraged during these times of prayer and have perceived increased blessing in my personal spiritual life after some of these conferences. However, I never personally experienced profound, immediate, and permanent healing of old emotional wounds. This has been a regular occurrence when receiving Theophostic<sup>®</sup> ministry.

This essay began as a response to the question "What is unique about Theophostic<sup>®</sup>?" Over time it has also become part of our personal search for the active ingredients that contribute to Dr. Smith's unusual efficacy.

In our experience, the following insights, phenomena, and techniques contribute to increased observable healing results. Some are new, and unique to Theophostic<sup>®</sup>. Others are included in other teaching about prayer for emotional healing, but not as clearly or effectively as in Dr. Smith's material.

1. *The lies/negative cognitions are the primary source of toxic power in traumatic memories; removing the lies/negative cognitions "heals" the wound:* Along with EMDR<sup>®3</sup>, and cognitive therapy, Theophostic<sup>®</sup> recognizes the importance of identifying and intentionally targeting the core lies/negative cognitions associated with traumatic memories. A new teaching with Theophostic<sup>®</sup> is that the core lies/negative cognitions are the primary "active ingredients" that give the traumatic memory continuing toxic power in the present, and that an important part of what Jesus does in healing old wounds is to replace the lies/negative cognitions with truth<sup>4</sup>.

The Lord helped Dr. Smith to see that what tormented his clients most in their present lives was not the fact that an abusive incident had happened, but the interpretations their minds had made during the traumatic events – the core lies/negative cognitions anchored in the traumatic memories. The woman who had been molested by her father had internalized lies such as "I wanted it because it felt good," "I am dirty," "It's all my fault," "I can't say 'no'." It was these erroneous negative beliefs associated with the memory, not the memory itself,

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<sup>3</sup> EMDR<sup>®</sup> stands for Eye Movement Desensitization and Reprocessing, and is a form of psychotherapy that combines neurological stimulation 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<sup>®</sup>, appears to dramatically facilitate the healing of psychological trauma. EMDR<sup>®</sup> was discovered in 1987 by Dr. Francine Shapiro, and has been developed primarily in secular mental health settings. See <http://www.emdr.com/> and/or <http://www.emdria.org/> for more information. See also "Theophostic<sup>®</sup> & EMDR<sup>®</sup>: F.A.Q.'s and Common Misunderstandings" on [www.kclehman.com](http://www.kclehman.com).

<sup>4</sup> Truth-based grief from real loss and Truth-based guilt from real sin can contribute to painful emotions in the present, even when all lies/negative cognitions have been removed from traumatic memories. Traumatic memories can be infected with bitterness, which contributes toxic power. The lies, grief, guilt, and bitterness carried in traumatic memories can be infected with demonic spirits, who contribute pain and toxic power. Dissociative internal disconnection and fragmentation can also contribute to the negative impact from traumatic memories. The really good news is that Jesus addresses all of these concerns when Theophostic<sup>®</sup> prayer for emotional healing is done carefully and thoroughly. They are either addressed in the process of removing the lies, or can be dealt with easily once the lies are removed.

that continued to oppress the person by giving off painful emotions each time the memory was accessed. It was these erroneous negative beliefs, not the memory itself, that provided an entry point, an anchor, and a “home” for demonic infection.

The Lord then showed Dr. Smith that most, if not all, of the painful emotions would resolve immediately when the Lord replaced the erroneous beliefs with truth. The memory would remain<sup>5</sup>, but it no longer carried any pain, negative emotions, or toxic power in the present<sup>6</sup>.

Identifying and focusing the erroneous beliefs associated with a traumatic memory are therefore central pieces of Theophostic<sup>®</sup> prayer for emotional healing, and Dr. Smith’s material provides practical tools and techniques for identifying and focusing the trauma-associated erroneous beliefs.

Our perception is that these insights are discovery of at least part of the “mechanism” by which old traumas affect one’s present life, and also discovery of at least part of the mechanism by which the Lord heals traumatic memories. As is often the case, understanding the underlying mechanism helps tremendously in the development of practical applications. For example, development of antibiotics before we understood the underlying mechanisms of microbial biology was like groping around in the dark. We bumped into several accidentally. As we understand more about the details of microbial biology, medical researchers can systematically develop antibiotics that interfere with key microbial processes.

2. *Healing needs to take place in the traumatic memory, where painful emotions and the erroneous beliefs are carried:* Dr. Smith had already learned that knowledge in the memory system that carries normal beliefs (e.g., “I was just a little child, therefore it’s not my fault”) provided a helpful coping tool, but did not heal the underlying wound. Despite the fact that the abuse had stopped many years earlier and that the client now “knew” the truth in her normal belief memory system, if something triggered the traumatic memory, the erroneous beliefs still contained in the trauma-associated belief memory system would bypass her normal belief memory system truth and flood her mind with negative emotions. She could use the normal belief memory system truth to help fight her way out of the negative emotions, but the battle had to be fought again every time the lie was triggered.

The Lord showed Dr. Smith that Jesus can go into the memory system where the distorted trauma-associated beliefs are carried, and pull the lies up by the roots. If the woman molested by her father went into the “darkness” – if she connected with the traumatic memories where the lies and negative emotions were carried – Jesus could meet her there and permanently break the power of the lies by replacing them with truth. As mentioned above, these memories could then be visited but were no longer traumatic. That particular battle never had to be fought again.

We realize that a number of other psychotherapy techniques include going to and connecting with the place in the mind where the trauma-associated distorted beliefs are carried (EMDR<sup>®</sup> is the best example). Our assessment is that psychotherapy techniques that include this important component are generally more powerful than techniques that only

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<sup>5</sup> Sometimes even more clearly, since repression, dissociation, and denial are neutralized in the healing process.

<sup>6</sup> Many traumatic memories lose all pain and toxic power when the lie is removed. If other contributors, such as those mentioned in footnote #1 still remain, they must be resolved before the memory is completely free of painful emotions and/or toxic power.

address the problem in the normal belief memory system, but that Theophostic<sup>®</sup> is more effective than any of the alternatives because it systematically and explicitly includes more of the other “active ingredients” (see #11 below).

Most traditional prayer for emotional healing also includes going to the traumatic memories with Jesus. This is a very important point of overlap between Theophostic<sup>®</sup> and traditional prayer for emotional healing. A new piece in what the Lord revealed to Dr. Smith is that “going to the memory” must include fully connecting with the erroneous beliefs and negative emotions carried there – fully connecting with the erroneous beliefs and negative emotions is a necessary ingredient. Theophostic<sup>®</sup> ministry intentionally and systematically helps the client to do this<sup>7</sup>. I have not seen this point presented so clearly in any other teaching about prayer for emotional healing.

3. *The living Jesus Christ is uniquely effective in providing the healing truth.* Note: we want to be careful to distinguish “going to the memory where the lie is anchored and connecting with the negative emotions carried there” (see point #2) from “Jesus speaking/bringing the truth” as two separate “active ingredients.” One is an issue of *where* the healing occurs, and the other refers to *who* speaks or effects the healing.

Our belief is that one of the most important reasons Theophostic<sup>®</sup> is more effective than other therapies that include going to and connecting with the place in the mind where the wound, lie, and negative emotions are carried is that in Theophostic<sup>®</sup> the living Jesus Christ speaks/brings the healing truth to the place where the lie is anchored. Jesus seems to be uniquely effective<sup>8</sup> in replacing the core lie with truth.

- 3a. *Jesus seems to be a uniquely authoritative source of truth (the authority that raised the dead and calmed the storm seems to help when He speaks the truth):* Many of those receiving Theophostic<sup>®</sup> ministry comment on the Lord’s profound ability to bring truth into places that have been stuck for many years. When the Lord brings truth, the subjective experience is “I just know it’s true. It feels true.” Jesus’ addressing the guardian lie that was blocking Mary’s healing (see example described below) is a good illustration of the comparative efficacy between Jesus and human therapists. We worked for months with minimal effect. Jesus spoke with authority that settled the question in a moment. Note that there wasn’t even a traumatic memory associated with the guardian lie, which eliminates the possibility that we were ineffective because we weren’t “in” the traumatic memory where the lie was anchored. Jesus was just more convincing than we were.

It also seems that Jesus has “earned” unique authority to speak to certain extremely difficult questions: “Why do you allow children to be molested?,” “Why did God allow

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<sup>7</sup> This would be ethically abhorrent if it did not result in permanent healing.

<sup>8</sup> We used to say “Only Jesus can replace the core lie with truth,” but then realized that secular EMDR<sup>®</sup> provides important data. It appears that EMDR<sup>®</sup> helps the client connect to the memory system where the trauma-associated erroneous belief is carried, and that it also helps connect this place with the normal belief memory system so that the truth carried in the normal belief memory system can replace the erroneous trauma-associated beliefs. When it works, the end result looks just like successful Theophostic<sup>®</sup>. Is this 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? Is Jesus still providing the healing with both modern medicine and EMDR<sup>®</sup>, but in ways that are usually not recognized and/or acknowledged? As noted above, our experience is that Jesus at the center of Theophostic<sup>®</sup> brings truth more effectively than EMDR<sup>®</sup> or any other alternative.

my father to abandon us?,” “Where were you, Jesus, when I was being raped?” Human attempts to answer these questions seem minimally effective, or even counter productive in some situations. Yet, we have observed the Lord come to these questions over and over again. The person will see Him on the cross – paying the price for her healing even as she was being violated. The person will see Jesus holding her and weeping as she was being abandoned. The person will see Jesus preparing the way for her healing even as she was being assaulted. I can explain these same theological principles, and even describe what the Lord said and/or did for other clients, with minimal benefit or even making the person angry: “No one can understand the pain I went through!” “There is no excuse for what happened to me!” “Nothing can possibly justify the Lord allowing this to happen!” But when Jesus comes personally and brings the exact same truth, the subjective experience of the client is that Jesus has earned the right and has the authority to say what He says. People are sobbing and overwhelmed with emotion when Jesus shows them in some supernatural way what it meant to take the sins of the world on Himself as He died on the cross. When people finish an experience like this, they usually make some very humble and grateful comment: “He was there, with me, on the cross,” “He understands.” They accept whatever He shows them, and experience healing, closure, and peace.

- 3b. *Jesus brings truth that nobody else has:* As just mentioned in footnote #5, EMDR<sup>®</sup> can help truth carried in the person’s normal belief memory system connect with the place where it is needed. With advanced techniques, EMDR<sup>®</sup> can even allow the therapist to provide truth to replace the erroneous beliefs associated with the client’s unresolved traumatic memory.<sup>9</sup> However, EMDR<sup>®</sup> is not able to provide truth beyond that which is available to the client and/or the therapist. *Jesus* has all truth, and *can* reveal important details as they are needed for a person’s healing. For example, “There were angels with me in the room – I wasn’t alone.”

We realize that “Jesus comes into the traumatic memory with healing” is the core of most “traditional” prayer for emotional healing. Some of the “traditional” teaching about prayer for emotional healing presents this principle much as it is presented in Theophostic<sup>®</sup>. Many examples and case studies in the traditional literature about prayer for emotional healing clearly illustrate this principle (immediate, profound, and lasting healing occurring when the living Jesus Christ comes into the memory with His truth and healing). I think this is another very important point of overlap between traditional prayer for emotional healing and Theophostic<sup>®</sup>. My perception is that Theophostic<sup>®</sup> is especially clear regarding truth being a centrally important part of the healing that Jesus brings.

4. *Human attempts to provide the truth can get in the way. Theophostic<sup>®</sup> avoids these problems:* Much Christian psychotherapy, and some of the “traditional” teaching on prayer for emotional healing, includes a lot of input from the counselor/therapist/minister regarding the truth. For example: the minister may instruct the person receiving prayer to “Repeat these truths to yourself/review these scriptures every time you feel anxious;” the minister may pray in ways that suggest what the Lord should say, such as “Jesus, please show \_\_\_\_ that it is not her fault;” or the minister may supply the truth through the use of guided imagery, such as “Picture Jesus standing beside you as your father leaves. Let yourself feel His reassuring

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<sup>9</sup>We perceive that there are risks with the therapist providing truth in this way. Another advantage with Theophostic<sup>®</sup> is that Jesus, not the therapist, is the primary source of truth. The therapist contributes by preparing the way for the Lord to speak and by working with the client to discern whether any particular “word” is truly from the Lord.

presence as you realize that you are not alone.” Our perception is that when these techniques truly resolve the underlying wound and lie it is because the living Jesus Christ comes to the client, bringing the truth the therapist/minister is suggesting and/or requesting. We have also observed that these techniques can help manage symptoms and/or provide temporary symptomatic relief even when the underlying wound and lie has not been resolved.<sup>10</sup> Our concern is that when there is something else that still needs to be done before all is ready for the Lord to come with healing and truth<sup>11</sup>, techniques with human involvement in bringing truth can obscure the reality that Jesus has not yet come with true healing for the underlying wounds and lies.<sup>12</sup>

One concern is that this can set the client up for confusion, discouragement, and self condemnation. Techniques where the minister/therapist provides truth can look very much like successful Theophostic<sup>®</sup> even when the Lord has not yet come with healing and truth to resolve the underlying wounds and lies. The client is left thinking something should be different, even though the erroneous beliefs are still anchored in the unresolved traumatic memory. Clients are sometimes told that they were healed, but that they need to “claim” and/or hold onto their healings by faith. The client often feels that she needs to “make” something be different, perhaps to avoid disappointment or to save the Lord from embarrassment. Clients eventually become confused, discouraged, and/or feel like they are failures in some way because the core lies are still there, and the negative thoughts and emotions come back again the next time the lies are triggered.

With Theophostic<sup>®</sup>, the facilitator asks the Lord to come with His truth in whatever way He chooses. The facilitator doesn’t make suggestions, guide the client’s imagery, or even ask Jesus to reveal certain truths. When the living Jesus Christ comes with healing truth, the client experiences tangible change. The trauma-associated distorted belief is gone and cannot be triggered any more. They don’t need to “maintain” the new truth by posting it on their mirror or any other technique. If the Lord does not come with healing truth, then you know there is something else that needs to happen. If the session ends and the Lord has still not come with healing truth the client is not told that they were healed, and they do not leave the session trying to “make” something different even though the underlying root has not yet been resolved. They are not “set up” for confusion, discouragement, and self condemnation the next time the lie is triggered.

Our second concern is that these techniques can miss the benefit of the Lord not coming with healing truth. It is valuable information if Jesus *isn’t* coming with healing truth. If Jesus is not coming with healing truth, it is because He is choosing not to. If Jesus is choosing not to speak truth into the situation, there is a reason – there is something else that still needs to

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<sup>10</sup> Extensive research regarding cognitive therapy techniques indicates that helping the person focus on truth in his normal belief memory system *will* help manage symptoms and/or provide temporary symptomatic relief, even if the underlying wounds and lies have not been resolved.

<sup>11</sup> Earlier or linked memories need to be brought forward, emotions need to be more fully connected, clutter of some kind is in the way.

<sup>12</sup> NOTE: We do not want to criticize or judge Christian therapists/ministers who have used these techniques. These techniques were the best we had, and godly therapists/ministers have used these tools to release healing for many. Some argue that God may sometimes deliberately want to use the active involvement of therapist/minister, for reasons that go beyond the healing of traumas – for instance, for the nurturing of community among those praying and receiving prayer. However, having now worked extensively using the Theophostic<sup>®</sup> approach of waiting for the Lord to speak, we believe that if a client can receive that way, he or she receives the most benefit from that direct connection with the Lord.

happen before the healing truth is spoken. In this case, the best plan is to ask the Lord to help us identify and accomplish anything else that needs to be done to prepare the way for Him to come with His healing truth. I used to interpret “Jesus isn’t coming with healing truth” to mean “It’s not working.” We have found it useful to reframe this. Instead of “Oh no! Theophostic<sup>®</sup> doesn’t work after all. I must be doing something wrong? Lord, don’t you care enough to heal your children?...etc.” try “Thank you, Lord, for letting us know that there is still something in the way and/or something else that needs to be done. If it had been left up to me, I would have missed it. I would have gone ahead and spoken the truth, missing your plan for even deeper, more complete healing.” As just mentioned, techniques where the therapist minister provides truth can make it more difficult to see when the Lord has not come with true healing for the underlying wound and lie. With Theophostic<sup>®</sup>, it is impossible to miss – “nothing happens.”<sup>13</sup>

5. *“Make up a better ending” guided imagery can get in the way. Theophostic<sup>®</sup> avoids this problem:* Some methods of prayer for emotional healing and also certain therapy techniques use guided imagery that provides a positive but imaginary ending to the original traumatic memory. For example, the client may be encouraged to visualize themselves as an adult coming into the traumatic memory and stopping the abuse. Our perception is that this provides immediate pain relief, but that it actually short circuits the permanent healing process. We have seen people use this defense spontaneously, even during Theophostic<sup>®</sup> work.<sup>14</sup> A session I (Charlotte) recently facilitated provides an excellent example. I was ministering to a woman who was immersed in a painful memory and then suddenly said that the picture changed. The parent that was being beaten by the other parent suddenly disappeared from the picture. The aggressor looked, but the spouse being beaten was gone. The woman receiving ministry felt better and asked what I thought had happened, and whether this was a Theophostic<sup>®</sup> healing moment. I asked how she felt, and got the sense that the process had been aborted rather than completed. I explained that I thought it was possible that some part of her own mind was trying to rescue the injured parent and also herself from the situation by “removing” part of the scene. Basically, it was a visualization of denial – “Nope, that didn’t happen! I’m not going to see it that way!” As we discussed this possibility, the woman confirmed that although she felt somewhat better, it wasn’t a true peace and calm. In other words, I *do not* think that this was the Lord’s way of providing healing truth. Our expectation is that in a future session she will go back to this memory, find that the lies and painful emotions are still present, be able to go through the whole memory – seeing and feeling the worst parts of this traumatic event, and then receive truth-based, complete, and permanent healing from the Lord.

In Theophostic<sup>®</sup>, Jesus always presents truth-based healing. In fact, this is one of the ways to test whether a “Theophostic<sup>®</sup> word” is really from Jesus. If it is not completely truth-based, it is not from Jesus. Further investigation will always reveal the person’s own defenses, an internal dissociated part, or a deceiving spirit as the source of any “word” that is not completely truth-based. The Lord may bring the truth in the form of an image or symbolic picture of something that did not actually happen historically, but the net effect of that image

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<sup>13</sup> Caveat: Internal dissociated parts, the person’s own mind, or deceiving spirits can try to play Jesus, but Theophostic<sup>®</sup> openly acknowledges these possibilities and watches for them. Testing the fruit is the final safety net, in that none of these alternatives produce fruit that lasts. As soon as a counterfeit is identified, we immediately go back to “Jesus hasn’t come with healing and truth. Something else needs to happen – what is it, Lord?”

<sup>14</sup> This seems to be especially common with people who have previously used this kind of non-truth based guided imagery in other ministry and/or therapy settings.

or picture will be to change the interpretation of the event rather than to deny the facts of the traumatic event.

6. *Trouble shooting*/"If it doesn't work, there is always a reason": "Trouble shooting" is not unique to Theophostic<sup>®</sup> (Dr. Shapiro does this well in her EMDR<sup>®</sup> training), but this is one of Dr. Smith's most important contributions to prayer for emotional healing. He is convinced that if complete healing does not come, there is always a reason. Jesus will always bring complete emotional healing when all problems and barriers are removed. The Theophostic<sup>®</sup> manual and Dr. Smith's training teach much more systematic and persistent trouble shooting than I have encountered in any other teaching about prayer for emotional healing.

More important than the teaching and conviction is the demonstration. It appears to be working. I became convinced of this principle (for the first time in my life) after watching Dr. Smith demonstrate "If it doesn't work, there is always a reason" for 30 hours of actual patient session work, with success in every case.

7. *Specific trouble-shooting insights and tools*: Dr. Smith also provides a number of specific insights and tools that are very helpful for trouble shooting, and that we have not found presented so clearly in any other teaching about prayer for emotional healing:

Check the darkest corners: It is important to intentionally and systematically check the darkest corners of the traumatic memories. Important lies, clues, emotions, and demonic strongholds are often hidden in the darkest corners, and frequently go undetected because our defenses guard these corners most intensely. We have resolved a number of "stuck" situations by carefully checking the darkest corners. Dr. Smith's teaching and demonstration about trouble shooting has been very helpful regarding how to find and look into the worst parts of traumatic memories. He does this more intentionally and systematically (and effectively) than any other therapy technique or approach to prayer of which we are aware.

Adjust the core lie: Dr. Smith's teaching and demonstration gave us additional insight regarding the importance of precisely focusing the core lie. Sometimes the process works even when the core lie is poorly focused, but at other times it is necessary to focus the core lie precisely. A series of sessions with one of our clients provides a good example. The primary target in our work was a certain relationship conflict, and every time we started with this target he would go back to the same memories in which he felt rejected by his father. We spent six hours working with these memories, and what we thought was the core lie: "I am not wanted." We got a lot of "Thanks-for-the-encouragement" and "It-helps-to-talk-about-it" therapy, but no deep healing. Several pieces of the picture didn't quite fit together, and this eventually helped us figure out that the heart of the wound was "He doesn't come home and say 'Where's my little boy?' – I am not cherished" as opposed to "I am not wanted." The moment he focused the true core lie he went from "It feels bad" to sobbing. Within 20 minutes of this clarification he had experienced profound and lasting healing.

Identify and address guardian lies/blocking beliefs: "Guardian lies" are false negative beliefs/lies that block the healing work in some way. Our experience is that guardian lies are very common, and that they can block the healing process at many different points. For example, we often find guardian lies quietly blocking the efficacy of prayer to release bitterness. I go through a prayer to release bitterness, out of obedience and desire for healing, but nothing happens. The bitterness remains and the healing remains stuck. If I listen carefully to my thoughts and feelings while I am praying to release the bitterness, I discover fears/objections/guardian lies regarding why it is not okay to release my bitterness: "The bitterness makes me strong," "I won't be able to protect myself without the bitterness," "He



will hurt me again.” Another common example is blocking access to the most important traumatic memories. I work and work, but just can’t seem to connect with the memory. If I listen carefully to my thoughts and feelings, I discover fears/objections/guardian lies regarding why it is not safe to move forward: “I can’t go there because it will be too painful,” “I will die,” “I will get stuck,” “I will go crazy,” “How do I know if it’s true? If I follow these images I will be misled,” “What if I destroy my family because of a false memory?” We have spent hours, weeks, months, and even years fighting with guardian lies hindering our own healing work and the healing work of our clients. They are especially deadly when you don’t even realize they are there, but even after you identify the fear/objection/blocking belief/guardian lie, it can be very hard to remove. As with core lies in the traumatic memories, human attempts at speaking the truth are slow and marginally effective.

Approaching this problem with Theophostic<sup>®</sup>, we identify the guardian lies much more quickly because we are looking for them. Once the guardian lies have been identified, focusing the lies, finding and going to any specific memories that anchor the lies, and then asking Jesus to address the guardian lies often takes minutes or hours (instead of weeks, months, years). Although it is not always this easy, the following example illustrates how this process can work: Mary<sup>15</sup> was working hard in therapy, but with very little observable healing. She frequently expressed concerns that she “would make something up,” and eventually shared that she would often see images, but was afraid to “let them come” or “follow” them. Thoughts/fears such as “I’m afraid I’m making this up,” “I’m afraid these images are just my imagination,” and “I will deceive myself if I let these images come” seemed to be blocking the process. We talked and talked and talked about traumatic memory research, how all the pieces fit together, how we could work as a team to discern the validity of anything she “saw,” how she would be in control – she could choose what to do with the material she saw, etc. In spite of all our hard work, we observed minimal progress with months of weekly sessions. Our understanding and confidence increased dramatically with the advanced Theophostic<sup>®</sup> training we received in October of 1998, and on returning we immediately applied what we had just learned. The next time images started coming and Mary experienced the guardian lies blocking the process, we asked Jesus to come with His truth about the images. Mary paused, with her eyes closed: “I see a big sign...bold black letters on a white background...wait a minute...I’m reading it (her eyes, beneath their lids, moved slowly from left to right)...It says ‘this...is...true’.” Charlotte asked: “What do you think it means?” and Mary replied: “I think it’s true. This is Jesus. He is telling me that these images are real, that we need to go there. I’m scared, but that’s what we need to do.” She began sobbing intensely, but then was able to move forward, followed the images, got an increasingly clear memory, and resolved it by the end of the session. Certain long-standing symptoms have been gone since that session. We had been fighting with the blocking belief/guardian lie for months. Jesus addressed it in five minutes.

The concept of certain negative cognitions blocking the healing process is not unique to Theophostic<sup>®</sup> (Dr. Shapiro teaches very similar principles in her material about “blocking beliefs”), but I have never seen this aspect of trouble shooting taught so clearly in any of the material on prayer for emotional healing.

Exposure prayer: Dr. Smith’s training and manual<sup>16</sup> taught us an approach to exposing and

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<sup>15</sup> Not her real name.

<sup>16</sup> This teaching was in Dr. Smith’s material prior to the release of the 2005 edition of the Theophostic Prayer Ministry Basic Seminar Manual; as Dr. Smith has revised his approach to dealing with the demonic in more recent teaching, he himself may not be using the “exposure prayer” any longer.

binding spiritual opposition that included a step that was new to us. This specific technique is not inherently a part of Theophostic<sup>®</sup>, but it has been very helpful. Using this additional step has significantly increased our effectiveness in detecting and neutralizing spiritual opposition to healing. See the essay “Dealing with Demonic Opposition/Interference During the Session” for additional comments.

Direct eye contact technique: Dr. Smith taught us a simple technique using direct eye contact that has been very valuable in our work with dissociative phenomena. See the essay “Direct Eye Contact (Technique for Making Contact with Internal Parts)” for additional comments.

Dissociative parts vs. demonic spirits: Dr. Smith taught us a simple technique for differentiating between dissociative parts and demonic spirits. This has also been very valuable in our work with dissociative phenomena. See the essay “Distinguishing Between Demonic Spirits and Internal Parts” for additional comments.

Addressing therapist/minister’s wounds and lies as sources of “clutter” that can hinder/block the process coupled with observing Dr. Smith getting 95%+ results: At several points in personal correspondence and during advanced training Dr. Smith has commented that lies in the therapist can be the source of clutter/blocking. This is a good and important point, but not original. Others have identified the need for therapists and people in ministry to get their own healing. Others have identified that wounds in the therapist/minister can impair their efficacy. However, the others who were saying this were getting results similar to or less than my own. I would look at their work, hear their comments about the need for the therapist to get his or her own healing, and think “I must be okay, since I am getting good results.” This is why identifying that the therapist/minister’s wounds and lies can block the process is especially relevant and significant in the context of observable 95%+ results with Theophostic<sup>®</sup> in Dr. Smith’s hands. I saw Dr. Smith getting MUCH better results than myself. I understood and was using the theory he taught. I was working with clients very similar to those with whom I observed him working. There weren’t a lot of variables left. The pieces fit together so that I went back to “wounds and lies in the therapist can hinder the process” with a whole new level of conviction and motivation. That this is an important active ingredient has been confirmed and reinforced each time the Lord has resolved a wound-lie in my own life and my efficacy in facilitating Theophostic<sup>®</sup> immediately increased correspondingly. See “Unresolved Issues in the Facilitator: One of the Most Important Hindrances to Theophostic<sup>®</sup>-based Therapy/Ministry,” on [www.kclehman.com](http://www.kclehman.com), for more of our thoughts on this issue.

8. *Identifying the importance of dissociation*: Dr. Smith’s manual, demonstration, and advanced training included new insight (for us) into the frequency and importance of dissociative phenomena<sup>17</sup>. This is also not inherently a part of Theophostic<sup>®</sup>, but is something we learned from Dr. Smith that has been quite valuable. We have been confirming this in our own work as we have been implementing these new insights. One of the most important discoveries for us has been that mild dissociative phenomena is much more common than we had previously realized. Our perception at this time is that dissociative emotional disconnection is one of the most common blocks in prayer for emotional healing. See “Dissociative Phenomena: Case Study and Reflections” for additional comments.
9. *Using the Theophostic<sup>®</sup> approach to prayer often fosters growth in the minister/therapist’s faith in the Lord’s presence, goodness, and power/ability*: Faith is certainly not unique to

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<sup>17</sup> Since learning this from Dr. Smith, we have heard/read from a number of other sources that dissociation is one of the most common “blocks” in therapy/ministry working with emotional trauma.

Theophostic<sup>®</sup>. Most (if not all) ministries that use prayer for emotional healing acknowledge the value of faith. But as with several of the other points discussed here, Theophostic<sup>®</sup> has provided benefit in addition to that which I received from any other source. The teaching that Jesus wants to, is able to, and chooses to heal every emotional wound in the context of Theophostic<sup>®</sup> has encouraged my faith. Seeing this principle demonstrated has blessed my faith like few other experiences in my life – I have seen more healing in the last few years working with Theophostic<sup>®</sup> than in the rest of my life put together. As described in #7, my experience with Theophostic<sup>®</sup> has greatly facilitated addressing my own wounds and lies. Many of my wounds and lies impaired my faith in one way or another, and resolving these wounds and lies has blessed my faith tremendously (this is described at length in several of the case studies about my own experience with Theophostic<sup>®</sup>).

An increase in one's explicit Christian faith is beneficial in several ways: (1) Although the Lord is amazingly gracious and often heals even in the face of minimal faith, it seems that faith does contribute to the efficacy of our prayers in releasing the Lord's will for healing in any given situation. This is certainly Biblical. (2) As with faith in the Theophostic<sup>®</sup> process, faith in the Lord's presence, goodness, and power/ability increases one's ability to persist with troubleshooting. (3) Faith increases our authority in prayer against spiritual opposition.

10. *"Faith"/confidence in the Theophostic<sup>®</sup> process (knowing that it is possible to have profound, immediate, and lasting change in 95+%)*: Dr. Smith's teaching of Theophostic<sup>®</sup> includes not only the conviction that Jesus wants to and is able to heal every emotional wound, but also that He chooses to and actually does heal every emotional wound in the context of Theophostic<sup>®</sup> ministry. Again, more important than the teaching and conviction is the demonstration. It appears to be working. This affects the way we approach and persist in healing prayer. This expectation that Theophostic<sup>®</sup> ministry should always work, and if it doesn't there is a reason, especially encourages persistence in trouble shooting. A helpful analogy would be the effect on surgical teams that read about new techniques with documented 85% success as opposed to the 30% that has previously been the standard in the field. Although they had previously been satisfied with 30%, they will immediately change their expectations and they will persist in learning the new techniques until they are achieving the new level of success.

Note: Even though "faith" in the efficacy of Theophostic<sup>®</sup> ministry is ultimately founded on the faithfulness and power of Jesus, I think it is helpful to identify specific faith in the Theophostic<sup>®</sup> process and general faith in the presence, goodness, and power of Jesus as two separate active ingredients. The Lord's protection provides a helpful analogy. The Lord wants to protect all of His children and has the power to protect all of His children, but for reasons I do not fully understand (even after reading all the books on the subject), He often allows his children to suffer. My specific faith in the Lord's choice to protect me in any given situation is different from my general faith in His presence, goodness, and power. Physical healing, pneumonia, and penicillin provide another analogy. I believe that Jesus wants to heal most (all?) children with pneumonia, and that He is able to heal all children with pneumonia. For reasons I do not fully understand, the Lord chooses not to heal many children who are treated with chicken soup. He chooses to heal almost 100% of children who are treated with penicillin. This results in the emotional reality that I have specific faith in the Lord's choice to work through penicillin that is greater than my faith in the Lord's choice to heal through chicken soup. Neither of these are the same thing as my underlying general faith in the presence, goodness, and power of Jesus. My experience with Theophostic<sup>®</sup> and other approaches to prayer for emotional healing is similar. For reasons I do not fully understand, Jesus has chosen not to heal many of the people I worked with using other techniques. He

chooses to heal a much greater percentage of the people I work with as I am using Theophostic<sup>®</sup> principles and tools. This results in the emotional reality that I have a specific faith in the Lord's choice to work through Theophostic<sup>®</sup> that is greater than my specific faith regarding other approaches to prayer for emotional healing. Neither of these are the same thing as my general faith in the Lord's presence, goodness, and power/ability.

11. *Expectation that complete healing can be accomplished for each wound:* Dr. Smith teaches and demonstrates that it is possible to get complete healing for any given traumatic memory. If there is any negative emotion remaining in a memory, then the Lord wants to, can, and will provide more healing if the person persists with Theophostic<sup>®</sup> ministry. This is not inherently a part of Theophostic<sup>®</sup> and is not unique to Theophostic<sup>®</sup> (Dr. Shapiro teaches this in her EMDR<sup>®</sup> training), but it is another valuable piece we learned from Dr. Smith. I have not seen this taught so clearly or explicitly in any other material on prayer for emotional healing.

The practical result in my practice and in my own healing work is that I leave fewer lingering splinters in wounds where some healing has taken place. Before learning this principle from Dr. Smith, I would be thrilled if any healing occurred in a traumatic memory I was working with. Using the surgical team analogy again: I was happy to close the wound at that point, and seldom went back to see if we had gotten everything. Hearing and witnessing that it is possible for each wound to be completely clean and healed has raised the bar. I have been intensely motivated to pursue growth as a Theophostic<sup>®</sup> facilitator in order to see the same level of success in my own work. I am learning to systematically check for any lingering pain, and to persist with Theophostic<sup>®</sup> ministry until the wound is completely clean and healed.

12. *Explicitly identifying and systematically including all of the active ingredients:* As mentioned at a number of places in this essay, many other therapies, ministries, and techniques identify and systematically include some of these active ingredients. An important contributor to the success of Theophostic<sup>®</sup> as Dr. Smith teaches it is getting all the active ingredients in one place. When all active ingredients are specifically and explicitly identified they can be systematically included in a way that will result in success. When only some of the active ingredients are explicitly identified and systematically included, the procedure will succeed when the remaining active ingredients are accidentally/- randomly included, and will fail when these active ingredients are accidentally/randomly omitted. Chemists and physicists understand this thoroughly. When you have identified and addressed all of the relevant variables ("active ingredients"), you get a procedure/experiment with 100% consistency ("success"). If the procedure/experiment gives you something you do not expect ("fails"), you immediately assume there are variables that you have not yet identified and addressed.<sup>18</sup>

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<sup>18</sup> October 2006 update note: Over the years since 1998 of using the Theophostic<sup>®</sup> principles, we have continued to be impressed with their effectiveness, and the model of emotional wounds and healing that they provide. We have not found another model of healing that better explains the "data" we see in our lives and the lives of those with whom we pray and counsel. We have found, however, that there appear to be additional "active ingredients" or aspects of the big picture of healing and growth not named in Dr. Smith's Theophostic<sup>®</sup> model which influence whether a given individual will be able to experience healing via the Theophostic<sup>®</sup> approach, without first needing other interventions. Examples of these other ingredients include capacity for feeling negative emotion, and aspects of one's emotional maturity, both of which are developed in *The LIFE Model: Living from the Heart Jesus Gave You*, by Drs. Friesen, Wilder, and others of the Shepherd's House ministry. See also our recent DVD set and essay titled "Immanuel, Emotional Healing, & Capacity: Parts I & II." We still advocate the study of the Theophostic<sup>®</sup> principles, as we have not found its uniquely beneficial material to be described better anyplace else. We do, however, advocate using the Theophostic<sup>®</sup> principles in a wider context. We are

**Regarding our place in the Theophostic<sup>®</sup> community:** We respect Dr. Smith tremendously and value our friendship with him, however, we are not in any way officially connected with or endorsed by Dr. Smith and Theophostic<sup>®</sup> Prayer Ministry. We want to share our reflections, experiences, and discoveries regarding the Christian ministry of emotional healing, and many of the thoughts we share have arisen as we have integrated Theophostic<sup>®</sup> principles and process into our professional psychiatric and lay pastoral counseling practices. But we want to be clear that the material on our web site does not *define* Theophostic<sup>®</sup> ministry. “Theophostic<sup>®</sup>” is a trademarked name, and Dr. Ed Smith, the founder and developer of Theophostic<sup>®</sup> ministry, is the only one who has the right to define Theophostic<sup>®</sup> ministry.

We have studied many sources, including medical psychiatry and neurology, psychological research, various secular psychotherapies, and various Christian emotional healing ministries. Our emotional healing ministry includes the core Theophostic<sup>®</sup> principles and techniques, but we also include “non-Theophostic<sup>®</sup>” material. For example, our material on medical psychiatry and the biological brain, EMDR, dealing with curses, dealing with spiritual strongholds, dealing with generational problems, and our material on journaling, spiritual disciplines, community, and on dealing with suicide-related phenomena are not a part of what we understand Dr. Smith to define as Theophostic<sup>®</sup> Prayer Ministry.

The material on our website is not a substitute for the Basic and Advanced Theophostic<sup>®</sup> Ministry Training provided by Dr. Smith. For further information about Theophostic<sup>®</sup> Ministry, its developer Ed Smith, D.Min., or to order training materials, please visit [www.theophostic.com](http://www.theophostic.com).

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now using Theophostic principles and tools in combination with other material, and therefore refer to our work as Theophostic<sup>®</sup>-based therapy/ministry.