



Theophostic®-based¹ Ministry and Sexual Dysfunction

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We have received a number of questions about sexuality and Theophostic®-based Ministry, and have written this essay to briefly summarize our thoughts regarding addictive sexual behavior, compulsive sexual behavior, sexual abuse triggers hindering appropriate sexual intimacy, and sexual identity disorders (homosexuality and transsexualism).

I. Addictive sexual behavior (sexual behavior as addictive self medication): Any form of sexual behavior that includes orgasm inherently releases endorphins (the brain's own narcotics), and therefore can be used as a form of self-medication to avoid and/or manage any kind of pain. In fact, most (if not all) pleasurable experiences appear to activate the "reward pathways" of the brain by releasing endorphins.² My perception is that we all "self medicate" with the endorphins of pleasurable experiences to keep a balance between pain and pleasure in our lives. For example, after a hard day in the office I can feel that I need some kind of pleasurable experience to restore my tired brain chemistry to a more balanced place, and I will take time to listen to worship music or have a bowl of ice cream and watch a fun video. Endorphin self medication becomes a problem when we use it in an addictive pattern (unbalanced, out of control, and destructive).³ Masturbation, by itself or associated with fantasy and pornography, is probably the sexual behavior most commonly used in an addictive self medication pattern. When sexual behavior is being used in an addictive pattern, the same principles and treatment strategies apply as for any other addictive behavior. In our assessment, the core role of Theophostic® Ministry in the treatment of addictive behavior is to remove the "engine" by finding and removing the various sources of pain that the person is trying to avoid/manage with his or her self medicating behavior.

II. Compulsive sexual behavior: Many forms of sexual behavior can be compulsive as opposed

¹ Theophostic® Prayer Ministry is a trademark of Dr. Ed Smith and Alathia, Inc. We claim no endorsement by the trademark-holder. We use the term "Theophostic®-based" to refer to emotional healing ministries that are built around a core of Theophostic® principles and techniques, but that are not identical to Theophostic® Prayer Ministry as taught by Dr. Ed Smith. Our own ministry would be a good example of a "Theophostic®-based" emotional healing ministry – it is built around a core of Theophostic® principles and techniques, but it sometimes also includes material that is not a part of what we understand Dr. Smith to define as Theophostic® Prayer Ministry (such as our material on dealing with curses, spiritual strongholds, generational problems, and suicide-related phenomena, and our material on journaling, spiritual disciplines, and medical psychiatry).

² Review of 150 research studies published in the past 10 years (Psychiatric medline, search under "endorphins") indicates that alcohol, nicotine, other addictive drugs, sex, "Thrill" experiences such as bungee jumping, intense exercise "high," eating especially tasty food, eating when hungry, drinking when thirsty, babies nursing, humor and laughter, listening to music, and direct stimulation of the reward center all release endorphins.

³ See "Addictions and Theophostic®-based Ministry: General Comments and Frequently Asked Questions," (forthcoming) on the Articles and FAQs page for additional discussion of Theophostic®-based Ministry and addictive behavior patterns.

to addictive. In compulsive behavior, the behavior is not pursued because it is pleasurable, but rather because it relieves a very specific psychological pressure/dysphoria. The person struggling with compulsive behavior experiences steadily building pressure and dysphoria, which is relieved immediately when he gives in and engages in the compulsive behavior. Unfortunately, the relief is temporary. The pressure/dysphoria eventually begins building again, and the person is trapped in a never-ending cycle of building pressure, compulsive behavior, and temporary relief. A given compulsive behavior does not produce endorphin pleasure which can be used to medicate any kind of pain, but rather provides very specific relief for a very specific psychological pressure/dysphoria. The compulsive psychological pressure/dysphoria comes from specific lies, judgments, vows, etc. that are associated with specific traumatic memories. As would be expected, anything that triggers these underlying traumatic memories will trigger the compulsive psychological pressure/dysphoria.⁴ For example, a woman who was generally neglected, but received attention and affection from her father when she was being sexually abused, might have a pair of lies “I am worthless – nobody wants me,” and “I am worthwhile and loved only when I am giving a man sexual pleasure.” Whenever her “I am worthless” lie gets triggered, she will experience intense compulsive pressure to engage in sexual activity in order to obtain the temporary relief of feeling worthwhile and loved. When sexual behavior is being used in a compulsive pattern, the same principles and treatment strategies apply as for any other compulsive behavior. In our assessment, the core role of Theophostic[®]-based Ministry in the treatment of compulsive behavior is to find and resolve the specific underlying issues that are driving the compulsive behavior.

III. Sexual abuse triggers hindering appropriate sexual intimacy: If a person has been sexually abused, he or she will have wounds, lies, judgments, vows, other reactive sin, and probably demonic infection associated with the sexual abuse, and these wounds, lies, etc. will be powerfully associated with the details of sexual intimacy. Unfortunately, this means that even appropriate sexual intimacy will unavoidably trigger many of the wounds, lies, etc. associated with the sexual abuse trauma. When appropriate sexual intimacy is being hindered by the triggering of sexual abuse wounds, lies, etc., the core of treatment is to find and resolve the underlying sexual abuse related issues. The good news is that Theophostic[®]-based Ministry is amazingly effective for uncovering and resolving the wounds, lies, judgments, vows, other reactive sin, and demonic infection associated with sexual abuse.

IV. Sexual identity disorders – homosexuality and transsexuality: I did a lot of reading about the biology of sexuality several years ago, but have not had time to look at this material since then. The following comments and discussion are based on my reading of several years ago and also on our own clinical experience.

General comments:

- The research regarding biological sexuality is huge and complex. The lines are not as nice and clean as we would like to believe.
- Part of the complexity is that the material is so emotionally and politically energized. My perception is that the gay community have intense emotional and political agenda, even to the

⁴ See “Compulsive Behaviors and Theophostic Ministry: General Comments and Frequently Asked Questions” (forthcoming) on the Articles and FAQs page for additional discussion of the differences between addictive behavior and compulsive behavior.

point of contaminating scientific research (a Christian psychiatrist colleague that I know well and trust reports being at a research symposia discussing homosexuality and the biology of sexuality. He pointed out to one presenter that he was misinterpreting and misrepresenting the actual data in his research. The researcher –clearly pro-gay– basically said, “Yes, I know, but it’s more important to win this argument in favor of the gay agenda than to present the research honestly.” Sadly, this makes me hesitant to trust even the “hard” scientific research in this field. It is especially sad that a small amount of distorted and/or misrepresented data undermines trust in the careful and valid research. Jeffrey Satinover, M.D. addresses this issue at length in *Homosexuality and the Politics of Truth*, a well written and carefully documented book that is an excellent resource for anybody wrestling with these questions.⁵ Sadly, many Christians also have intense emotional and political agenda, and battle pro-gay groups with anger and fear instead of engaging in careful debate with clear thinking and non-judgmental compassion. I think it is especially sad that wounds inflicted by angry, shaming, judgmental Christians contribute to the fearful, angry reactivity of many pro-gay activists.

- Web sites discussing scientific research regarding homosexuality and transsexuality: As mentioned above, I sadly do not trust the “scientific evidence” presented by pro-gay and pro-transsexual parties. I also perceive logical errors in the way pro-gay parties interpret the biological data. One example are the statements that homosexuality is “genetic” – that homosexuality is a predetermined genetic condition, just like some medical illnesses. The actual research does *not* support this conclusion. If homosexuality were completely determined by genetic factors (as is the case with eye color, for example), identical twins would demonstrate 100% concordance (that is, they would always both be either homosexual or heterosexual). The actual research with identical twins shows concordance *less than 50%*, and this is with twins reared in the same home. The one, small study of identical twins reared apart showed a *ZERO percent concordance*. These studies *prove* that homosexuality is not completely determined by genetic factors.⁶ In addition to discussing bias and error in the press, *Homosexuality and the Politics of Truth* mentioned above also provides an excellent discussion of the actual research. *The Crisis of Homosexuality*, (Wheaton, IL: Victor Books, 1990) edited by J Isamu Yamamoto also has two chapters that offer a careful discussion of the scientific evidence.

“No effective treatment” – NOT: One of the websites regarding transsexuality states “After decades of trying, psychiatrists have had to admit defeat in conquering this dilemma. In all the years that psychiatry has tried to “cure” transsexualism, not one case has responded positively and permanently.”⁷ Another website regarding transsexuality states “no effective psychotherapeutic treatment for transsexualism exists.” Under the heading “Can homosexuality be cured?” a web site about homosexuality states: “Since homosexuality is not a disease or disorder, there is nothing to cure. A few therapists claim that they can rid gay people of their homosexual desires, but their methods remain extremely questionable and rarely, if ever, have resulted in permanently

⁵ Satinover, Jeffrey, M.D., *Homosexuality and the Politics of Truth*. (Grand Rapids, MI: Baker Books, 1996).

⁶ See Satinover, Jeffrey M.D., *Homosexuality and the Politics of Truth* (Grand Rapids, MI: Baker Books, 1996), p. 82-92 for a thorough discussion of the research data regarding the genetics of homosexuality.

⁷ Quotation obtained 3/29/2002 from “Background paper 7.0 October 1990” pg 1, web site: http://www.breedersareeverywhere.com/tgif/Understanding_TSism.html

changing anybody's sexual orientation.”⁸ Several thoughts:

A very encouraging pattern is that Theophostic[®]-based ministry is consistently completely resolving a number of mental health conditions that western medical psychiatry has deemed “un-curable” after much research. Panic disorder with agoraphobia and obsessive compulsive disorder are two examples. Medical psychiatry reports that the symptoms are treatable, but there is no treatment that can effect permanent and complete freedom. It is true that medical psychiatry has no effective cure. On the other hand, Dr. Smith has video tape documentation of multiple cases where Theophostic[®] ministry has provided complete cure.

It is important to be careful with our thinking regarding a subject that is so emotionally loaded. As discussed below, there are cases of homosexuality and transsexuality where the cause was clearly discovered to be wounds and lies and/or demonic oppression, as opposed to some inherently biological/genetic root. This *proves* that not all homosexuality or transsexuality is caused by a biological/genetic root. However, it does *not prove* that there are *no* homosexuals or transsexuals who are somehow inherently, biologically/genetically homosexual or transsexual. The only way to *prove* that there are no biological/genetic homosexuals or transsexuals would be to document cure for every single homosexual and transsexual.

Homosexuality: There are clearly some who struggle with homosexuality where the problem comes from a handful of source/root wounds and lies, and resolves when these are addressed. I am not sure whether this is the case for all homosexuals, but it is certainly true for some. Dr. Smith has had a number of striking successes with healing for homosexuality⁹. Francis MacNutt has recently published a small book on healing prayer for homosexuality. It is well written, with a compassionate, non-judgmental, but Biblical discussion of how Christians should address homosexuality. Francis’ experience has been with prayer for emotional healing other than Theophostic[®]-based ministry, and in this context his observation is that the healing process is usually slow and difficult, but he still reports a very high rate of success with prayer for healing of homosexuality.¹⁰ Jerry Mungadze Ph.D., a clinical psychologist who works especially with survivors of severe trauma, reports working with patients who have experienced complete resolution of homosexuality when underlying issues were resolved.¹¹ Tom Cole, executive director of Living Hope Ministries, has experienced healing from homosexuality in his own life, and reports that he has seen many men and women struggling with homosexuality receive dramatic healing and freedom through Theophostic[®]-based emotional healing ministry.¹² Jerry Leach, M. Div., Ph.D., co-director of Reality Resources, reports that their

⁸ Quotation obtained 3/29/2002, “The Origins of Sexual Orientation” pg1, web site: <http://hcqsa.virtualave.net>

⁹ Smith, Ed. *Beyond Tolerable Recovery*. (Campbellsville, KY: Alathia Publishing, 2000), p. 16-17, 76, 226-7.

¹⁰ MacNutt, Francis. *Homosexuality, Can It Be Healed?* (Jacksonville, FL: Christian Healing Ministries, 2001). See especially p.19,20, 35-40, 48-53, 79. To obtain this book, call Christian Healing Ministries at 904-765-3332.

¹¹ Jerry Mungadze, Ph.D., panel discussion and later personal comments to me, *Annual Conference for the International Society for Deliverance Ministers*, Colorado Springs, CO, September 16&17, 2004.

¹² Cole, Tom. “Hope for the Homosexual,” *Journal of the International Association for Theophostic[®] Ministry*. Winter edition, 2004, pages 32-33.

ministry is seeing healing breakthroughs for homosexuality through Theophostic®-based emotional healing ministry.¹³

Even secular psychotherapy has some documented success in treating homosexuality. Dr. Satinover discusses a number of case studies and research studies that show homosexuality *can* be treated successfully, and summarizes: “The record of purely secular ‘treatments’ for homosexuality is far better than activists and the popular press would lead us to believe... The fact that not all methods are successful, and that no method is successful for everyone, has been distorted by activists into the claim that no method is helpful for anyone... The treatment of homosexuality has evolved out of eighty years of clinical experience, demonstrating approximately the same degree of success as, for example, the psychotherapy of depression.”¹⁴

Transsexuality: Transsexuality is rare, and I have never worked with a transsexual in my own case load, but I do know that the source of transsexuality can be found and completely resolved in some cases. I am aware of cases of longstanding, research criteria transsexuality that has been completely resolved. In one case, a VERY rigorously diagnosed transsexual who was in the last stage of testing and preparation before receiving his sex change operation received prayer for healing. It was determined that demonic spirits were at the root of his condition, and they were removed through prayer in the name of Jesus. Carefully documented follow-up and testing for 2.5 years following the healing revealed that the man was a normal heterosexual male after the prayer – his longstanding and rigorously documented transsexuality was completely resolved. This case study was thoroughly and carefully documented by an M.D. and a Ph.D., and published in a mainstream professional journal (the transsexualism web site quoted above apparently didn’t find this case study).¹⁵ Another case study is of a longstanding transsexual who was dramatically released after prayer for emotional healing. The Lord took him back to a series of traumatic memories that were clearly the root of his transsexual experience, and he experienced freedom after these memories were healed.¹⁶ A third case study is of a gentleman who contacted us in response to the first printing of this essay and who reports being freed from transsexuality through Theophostic®-based ministry. I am currently in the process of working with him, his pastor, his Theophostic facilitator, and his church small group leader to adapt his testimony¹⁷ into a case study for our web site. Dr. Jerry Mungadze (mentioned above) also reports working with patients who have experienced resolution of transsexuality

¹³ Leach, Jerry, M.Div., Ph.D., personal e-mail to Karl Lehman, M.D., 9/17/2004.

¹⁴ Satinover, Jeffrey, M.D., *Homosexuality and the Politics of Truth*. (Grand Rapids, MI: Baker books, 1996), p.179-195.

¹⁵ Abel, Gene, M.D., Barlow, David, Ph.D., and Blanchard, Edward “Gender Identity Change in a Transsexual,” *Archives of Sexual Behavior*, Vol. 6, No. 5, 1977. This case study is reproduced in *Deliverance Prayer* by Matthew and Dennis Linn (Paulist Press, 1981), Appendix B p.252-264.

¹⁶ This case study is described in Rita Bennett’s newsletter, *In Touch and Emotionally Free*, Fall 1993; Christian Renewal Association, P.O. Box 576, Edmonds, WA 98020-0576.

¹⁷ See <http://www.gordonbabcock.homestead.com> for the testimony he currently has posted on his web site. He does not mention Theophostic ministry in his web site testimony, but in his e-mail to me he specifically stated that the healing described in his testimony was through Theophostic.

when underlying issues were resolved.¹⁸ Dr. Jerry Leach (mentioned above) has experienced progressive healing and freedom from transsexuality in his own life,¹⁹ and also reports that their ministry is now seeing healing breakthroughs for transsexuality through Theophostic[®]-based emotional healing ministry.²⁰

I have never heard Dr. Smith discuss treatment of a transsexual with Theophostic[®], but he has described consistent success using Theophostic[®] with longstanding patterns of sexual dysfunction. I recently worked with a man who reported a pathological pattern of sexual arousal “for as long as I can remember,” in spite of many years of prayer and agony. He had also reviewed the secular research, which concluded that there was no effective treatment for his particular sexual dysfunction, and that the best course of action was acceptance. The Lord took him to memories (which had previously been totally dissociated/repressed) that seemed clearly to be the source of his pathological pattern. My perception is that these memories were resolved, but I have not had the opportunity to follow up with this person with respect to changes in his arousal and behavior following the emotional healing session.

Specific comments regarding transsexuality:

XX versus XY: The person receiving ministry can get lab tests to clarify whether he is actually XX (genetically female) or XY (genetically male). It would merit careful thought if the person receiving ministry turns out to have one of the rare genetic/endocrine disorders where he is genetically female, but male in physical appearance.²¹ If he is normal XY genetic male, my assumption would be that his trans-sexual struggle comes from wounds and lies (and also possibly demonic infection of these wounds and lies), and that this could be resolved with Theophostic[®]-based emotional healing ministry.

Specific comments regarding homosexuality:

Sometimes the homosexual behavior has a prominent compulsive and/or addictive component, in which case the same principles apply as to those patterns for other behaviors. A study in 1978 found that 43% of male homosexuals had sexual relations with 500 or more different partners, and that 28% had sexual relations with 1,000 or more different partners. 79% said that over half of their partners were strangers. This level of high risk behavior indicates an addictive and/or compulsive component.²²

¹⁸ Jerry Mungadze, Ph.D., panel discussion and later personal comments to me, *Annual Conference for the International Society for Deliverance Ministers*, Colorado Springs, CO, September 16&17, 2004.

¹⁹ For the story of Jerry’s personal journey (as of 12/2004), see Leach, Jerry. “Jerry or Jennifer: Jerry’s Personal Testimony,” *Reality Resources*, <http://www.realityresources.com/jerryjennifer.htm>.

²⁰ Leach, Jerry, M. Div., Ph.D., personal e-mail to Karl Lehman, M.D., 9/17/2004.

²¹ At this time (3/21/02), I am not aware of any cases where a person with transsexuality was discovered to have one of these rare conditions where they appear to be male but are actually genetically female (XX). The cases of these conditions discussed in the articles and textbooks I have reviewed were individuals that had been raised as females, were comfortable in their female identity, and were shocked to discover that they were genetically XY.

²² Bell, A.P., and Weinberg, M.S. *Homosexualities: A Study of Diversity Among Men and Women*, New York: Simon and Schuster, 1978, p. 308-9.

Additional resources: While we don't agree with everything presented by these authors/ministries, we have found them to be good resources for additional information on sexuality related issues.

Books (as mentioned above):

MacNutt, Francis, Ph.D. *Homosexuality, Can It Be Healed?* (Jacksonville, FL: Christian Healing Ministries), 2001.

Satinover, Jeffrey, M.D., *Homosexuality and the Politics of Truth*. (Grand Rapids, MI: Baker Books, 1996).

Yamamoto, J. Isamu, *The Crisis of Homosexuality*, (Wheaton, IL: Victor Books), 1990.

Ministries (as mentioned above):

Living Hope Ministries, Arlington, Texas, www.livehope.org. Executive director, Tom Cole, reports that he is seeing Theophostic®-based emotional healing ministry release consistent and dramatic healing for sexuality related issues.

Reality Resources, P.O. Box 12508, Lexington, KY 40583, 859-388-9889, www.reality-resources.com. Co-director, Jerry Leach M.Div., Ph.D., reports that his ministry is now seeing healing breakthroughs for homosexuality and transsexuality through Theophostic®-based emotional healing ministry (note that use of Theophostic® in this ministry is a fairly recent development, and is not yet fully reflected in the material on this website).

V. Summary: I would strongly encourage anyone with sexual dysfunction, including addictive behaviors, compulsive behaviors, dysfunctional arousal patterns, homosexuality, and transsexuality, to pursue Theophostic®-based emotional healing ministry. Until proven otherwise, my assumption is that there are wounds and lies (and possibly demonic infection) at the roots of these different forms of sexual dysfunction. My assessment at this time is that these roots can usually be uncovered and resolved with Theophostic®-based emotional healing ministry.

Regarding our place in the Theophostic® community: We and Dr. Ed Smith, developer of Theophostic® Ministry, are concerned about the increasing number of people who seem to be confused about our place in the Theophostic® 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® 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® 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® ministry. "Theophostic®" is a trademarked name, and Dr. Ed Smith, the founder and developer of Theophostic® ministry, is the only one who has the right to define Theophostic® 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® principles and techniques, but we also include “non-Theophostic®” material. For example, our material on medical psychiatry and the biological brain, our material on EMDR, our material on dealing with curses, our material on dealing with spiritual strongholds, our material on dealing with generational problems, our material on journaling, our material on spiritual disciplines, our material on community, and our material on dealing with suicide-related phenomena are not a part of what we understand Dr. Smith to define as Theophostic® Prayer Ministry.