



## Theophostic<sup>®1</sup> Ministry: Assessment and Recommendations

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### Assessment

I (Karl) have been studying and practicing medical psychiatry since 1986, we have both been studying, receiving, and ministering with other approaches to prayer for emotional healing for 20+ years, and we have both been studying and using Theophostic<sup>®</sup> principles and process in our professional work since May 1998. After tens of thousands of hours of psychiatric clinical experience and thousands of hours of reviewing psychiatric literature, after thousands of hours of studying, receiving, and ministering with other approaches to prayer for emotional healing, and after 7,500+ hours of using Theophostic<sup>®</sup> ministry, 5,000+ hours of reading and writing about Theophostic<sup>®</sup> ministry, and hundreds of hours of receiving our own healing with Theophostic<sup>®</sup> ministry, our assessment is that Theophostic<sup>®</sup>-based therapy/ministry<sup>2</sup> is more effective than any other tools, techniques, principles, or approaches of which we are aware.

Comparison between Theophostic<sup>®</sup> ministry and secular treatment modalities:

Extensive research demonstrates the efficacy of secular treatment modalities: As of April 2002, extensive medical and psychological research shows that psychiatric medication, EMDR<sup>®</sup> (Eye Movement Desensitization and Reprocessing), exposure therapy, and cognitive-behavioral therapy significantly reduce the signs and symptoms of a number of mental illnesses, including Post Traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD), and panic disorder. See, for example, Sherman, C. “Two Modalities Rival Prolonged Exposure for PTSD.” *Clinical Psychiatry News* April 2002, p. 40; Foa EB, Keane TM, Friedman MJ eds. *Effective Treatments for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies*. (Guilford Press: New York, NY, 2000); Ballenger, J. “Current treatments of the anxiety disorders in adults” *Biol-Psychiatry*. 1999 Dec 1; 46(11): 1579-94. See also “Theophostic<sup>®</sup> & EMDR<sup>®</sup>: F.A.Q.’s and Common Misunderstandings” on the Articles and FAQs page of our web site, p.7-8 for careful discussion of the research regarding EMDR<sup>®</sup>.

Theophostic<sup>®</sup> ministry is even more effective: *Medication*: I have prescribed medications for hundreds of patients with PTSD, OCD, and panic disorder. My personal clinical experience is that Theophostic<sup>®</sup> ministry is more effective than psychiatric medications. Medications reduce

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<sup>1</sup> <sup>®</sup>Theophostic Ministry is a trademark of Dr. Ed Smith and Alathia Ministries, Inc., of Campbells-ville, Kentucky.

<sup>2</sup> While this essay is giving our assessment of the Theophostic<sup>®</sup> principles as taught by developer Ed Smith, we don’t actually use them as a stand-alone model in our practice. We have therefore developed the term “Theophostic<sup>®</sup>-based” therapy/ministry to more accurately describe what we do, and how we use Dr. Smith’s principles: We use the term “Theophostic<sup>®</sup>-based” to refer to therapies/ministries that are built around a core of Theophostic<sup>®</sup> principles and techniques, but that are not exactly identical to Theophostic<sup>®</sup> Prayer Ministry as taught by Dr. Ed Smith. Our own therapy/ministry would be a good example of “Theophostic<sup>®</sup>-based” therapy/ministry – it is built around a core of Theophostic<sup>®</sup> principles and techniques, but it sometimes also includes material that is not a part of what we understand Dr. Smith to define as Theophostic<sup>®</sup> 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).

the symptoms but usually do not resolve them completely, and medications never resolve the underlying traumatic memories that fuel the symptoms. The symptoms usually return to previous levels of intensity if the medication is stopped. With Theophostic® ministry, the traumatic memory roots of the PTSD, OCD, and panic disorder are permanently and completely resolved. Patients are able to reduce, and eventually stop their medications without return of symptoms.<sup>3</sup>

*Cognitive therapy:* Before I learned about EMDR® and Theophostic® ministry, cognitive therapy was the primary psychotherapy tool in my psychiatric practice, and also the primary tool I used to manage my own negative emotions. My assessment is that Theophostic® ministry is more effective than cognitive therapy. First, Theophostic® ministry usually accomplishes more clinical improvement in less time. Second, cognitive therapy usually provides only partial resolution (some symptoms usually linger), whereas Theophostic® ministry provides complete resolution of symptoms. Third, with cognitive therapy the client must continue maintenance exercises but with Theophostic® ministry no maintenance work is required.

*Exposure therapy:* My perception is that Theophostic® ministry is more effective than exposure therapy. I have never used exposure therapy in my own practice, but I have had patients who were treated with exposure therapy in other settings. These patients each experienced marked symptom relief with exposure therapy, but then experienced return of their symptoms if they did not continue maintenance exposure therapy exercises. The literature on exposure therapy also describes the need for maintenance exercises. As with cognitive therapy, exposure therapy usually accomplishes relief but not complete freedom.<sup>4</sup> Theophostic® ministry provides complete and permanent resolution of symptoms.

*EMDR®:* I (Karl) have received the basic and advanced EMDR® training, and have provided 3000+ hours of EMDR® therapy. This has included 1,000+ hours of using EMDR® along side of Theophostic®. As with Theophostic® ministry, EMDR® often provides complete and permanent resolution of symptoms. However, my experience, with my own healing and with our clients, is that Theophostic® ministry is even more effective than EMDR®.

It makes sense that Theophostic® ministry is more effective: It makes sense to me that Theophostic® ministry is more effective than cognitive therapy, exposure therapy, and EMDR®. First, Theophostic® includes the best principles and techniques from each of these other modalities, and then adds important principles and techniques not included in cognitive therapy, exposure therapy, or EMDR®. Second, Theophostic® ministry has been built around Jesus Christ as the center of both the principles and techniques. Finally, there are important contrasting differences that predict Theophostic® ministry will be more effective: While cognitive therapy manages symptoms by addressing only the present patterns of cognitive distortion and false negative cognitions, Theophostic® ministry resolves the cognitive distortions at the traumatic memories where they are rooted; while exposure therapy manages symptoms by experientially desensitizing triggers in the present, Theophostic® ministry resolves the underlying roots of the triggers. These contrasting differences predict the observed clinical results mentioned above (cognitive therapy and exposure therapy produce only partial

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<sup>3</sup> See “Depression and Theophostic®: General Comments and Frequently Asked Questions” for additional discussion of mental illness, medication, and Theophostic® Ministry.

<sup>4</sup> Dr. Lee Baer and Dr. Edna B. Foa, well known authorities on the use of exposure therapy for OCD, both report that exposure therapy usually does not produce 100% resolution, and also both report that patients usually need maintenance exercises to maintain long term benefits. See Baer, Lee. *Getting Control: Overcoming Your Obsessions and Compulsions*, (Penguin Books: New York, NY. 1992), p.128-142 and Foa, Edna B. *Stop Obsessing: How to Overcome Obsessions and Compulsions*, (Bantam Books: New York, NY. 1991), p.194-234.

resolution and require maintenance exercises, while Theophostic® ministry produces complete freedom that does not require maintenance). See “Cognitive Therapy and Theophostic® Ministry,” “Theophostic® & EMDR®: F.A.Q.’s and Common Misunderstandings,” and “Exposure Therapy and Theophostic® ministry” (forthcoming) for careful discussions of both the similarities and differences between Theophostic® ministry and each of these psychotherapies.

Shared principles and techniques with research-supported psychotherapies = indirect research support for TPM: From a logical perspective, it is encouraging that Theophostic® ministry includes important components of the most research-supported psychotherapy techniques. If these other techniques have strong research support for efficacy, and Theophostic® ministry includes the best principles and techniques from these psychotherapies, then the research demonstrating that these other psychotherapies are effective would predict that TPM will *probably* also be effective. The theoretical connections to research-supported psychotherapies provide strong *indirect* research support for the efficacy of Theophostic® ministry. Medical researchers frequently use this logic in developing new treatments. For example, if a certain medication is effective for a certain illness, then similar chemical compounds will *probably* also be effective for this same illness. If medical researchers want to develop treatment alternatives, they start with these similar compounds since they are “good bets.”

In summary: 1) My assessment regarding empirical effectiveness is that TPM is more effective than the most strongly research-supported secular treatment modalities; 2) The theoretical similarities and differences between these secular treatment modalities and Theophostic® ministry predict that Theophostic® will be more effective; 3) The similarities between TPM and these research-supported psychotherapies provide indirect research support for the efficacy of TPM.

Comparison between Theophostic® ministry and other approaches to prayer for emotional healing:

To our assessment, Rita and Dennis Bennett, Mike Flynn & Doug Gregg, Charles Kraft, Dennis and Matthew Linn, Francis and Judith MacNutt, Leanne Payne, Agnes Sanford, John and Paula Sandford, Barbara Schlemon, David Seamands, Toronto Airport Christian Fellowship (John Arnott and others), Vineyard Christian Fellowship (John Wimber and others), and others include many of the principles of Theophostic® in their prayer ministries<sup>5</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

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<sup>5</sup> See Bennett, Rita. *You Can Be Emotionally Free*. (Old Tappan, NJ: Fleming H. Revell) 1982; Flynn M. & Gregg D. *Inner Healing*, (Downers Grove, IL: InterVarsity Press), 1999; Kraft, Charles. *Deep Wounds, Deep Healing*, (Ann Arbor, MI: Servant Publications), 1993; Linn Dennis & Linn Matthew. *Healing of Memories*, (New York, NY: Paulist Press), 1974; MacNutt Francis. “The Inner Healing of Our Emotional Problems,” chapter 13 in *Healing* (Notre Dame, IN: Ave Maria Press) 1974; Payne Leanne. Chapters 6-10 in *Restoring The Christian Soul*, (Grand Rapids, MI: Baker Books) 1991; Sandford John & Sanford Paula. *The Transformation of the Inner Man* (Tulsa, OK: Victory House Inc.) 1982; Sanford Agnes. “The Healing of the Memories,” chapter 7 in *The Healing Gifts of the Spirit*, (New York, NY: Trumpet Books) 1966; Shlemon Barbara. *Healing the Hidden Self* (Notre Dame, IN: Ave Maria Press) 1982; Wimber & Springer. “Overcoming the Effects of Past Hurts,” chapter 5 in *Power Healing*, (San Francisco: Harper & Row) 1987.

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 (the person who has developed Theophostic®) some new insights which have dramatically improved the bottom line effectiveness of healing prayer in our own lives and in our ministry.<sup>6</sup>

Our experience with prayer for emotional healing 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® ministry from Dr. Smith and Sharon Smith, his wife. Our assessment of Theophostic® 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 in our own practice, 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® work is increasing as we gain experience and as we deal with unresolved issues in our own lives.

With respect to my own healing, Theophostic® Ministry has been significantly more effective than any other 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® Ministry.

Of course there is no way that such a large movement – there are now ~50,000 people who have studied Theophostic® at some level – can be consistent across the board. Some people using Theophostic® Ministry experience poor results because they do not adequately understand the principles and process. Others experience poor results because their own wounds and lies hinder their ability to facilitate effectively. Some people have studied Theophostic® Ministry and use the name, but have distorted the principles and/or process in one way or another. We have also noticed that the arguments of some who are criticizing Theophostic® ministry reveal that the critics have fundamental misunderstandings of the basic Theophostic® principles and process.<sup>7</sup>

In summary, our assessment is that the Theophostic® approach to prayer for emotional healing is an important breakthrough, which will result in widespread healing for individual Christians and increased overall ministry effectiveness of the Church.

### **Recommendations:**

We perceive the Theophostic® principles and process to be so effective and important that we recommend every Christian mental health professional and every Christian pastor go through Dr.

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<sup>6</sup> See “Theophostic®: What is Unique?” on the Articles and FAQs page for an extensive discussion of what we perceive to be the new pieces that contribute to Theophostic® Ministry's unique efficacy.

<sup>7</sup> See “Misunderstandings We Have Seen” on the Articles and FAQs page of our web site for discussion of specific examples.

Smith's Theophostic® training – at least the Basic level. We encourage mental health professionals to attend the Advanced as well, and as many Apprenticeships or other live demonstration opportunities as possible, especially those done by Dr. Smith himself.

We actually believe that it would be helpful for every Christian to go through the basic training. We don't believe that every Christian should be able to facilitate Theophostic® Ministry, but we do believe that the principles are so important that the church would benefit from every Christian integrating the basic Theophostic® principles into their daily lives.

We also believe that all Christians are hindered by wounds and lies, and that all Christians would therefore benefit from healing that would address their wounds and lies.

Even if you ultimately feel that you do not agree with all that Dr. Smith teaches in the psychological or theological realms, don't let anything stop you from looking into what Dr. Smith has discovered, and asking the Lord what He wants to do with it in your own life, and what He might want to do with it in your ministry.

The more prayerful, thoughtful, and biblically-, theologically- and psychologically-informed dialogue there is, the better.

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