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Theophostic Ministry: What Is It? Who Is Using It? What Does the Research Show?

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*7*n the last eight years, a rapidly growing inner healing prayer approach, Theophostic Prayer Ministry (TPM), has swept through the evangelical Christian Church. Theophostic Ministry (or "God's Light" as coined from the Greek by its creator, Ed Smith) has both proponents and opponents in the Christian community.[1] The prayer form has become a hot topic in many churches seeking revival and congregational transformation.

What is Theophostic? Who is using it? What does the research show? In this article I endeavor to answer the above questions, as well as to address some of the common theological questions that arise when discussing Theophostic Ministry. I do this from the perspective of a clinical researcher rather than a proponent or opponent of TPM. Such a stance can be quite challenging at times because of the strong feelings proponents and opponents of the ministry have (the stories I could tell you!). Nevertheless, whenever possible, I'll try to give information to substantiate what I'm saying rather than making non-evidence-based statements. One final caveat, the TPM description offered here is brief and should not be construed as sufficient training to permit the reader to utilize the prayer form. Please see Ed Smith's website (www.theophostic.com) for training materials and requirements.

WHAT IS THEOPHOSTIC MINISTRY?

Theophostic Ministry (TPM) is a form of inner healing prayer (sometimes known as healing of memory prayer). These prayer approaches are intended to facilitate the client's ability to process emotionally painful memories that appear to harm the client's present emotional and spiritual condition. In TPM's case, a detailed basic treatment manual, an audio/video course for practitioners, an advanced training seminar, a manual written to prepare clients to receive Theophostic Ministry, and an apprenticeship training program exist to facilitate training. More than 30,000 people have taken the basic Theophostic training, and Smith estimates that more than 300,000 Christians have received some type of ministry using TPM.[2] Testimonials of TPM's efficacy abound and some psychologists and ministers have already endorsed Theophostic as a helpful therapeutic intervention.[3]

TPM's primary focus involves dealing with harmful, unbiblical beliefs ("lies" as described by Smith) that produce the client's current emotional distress.[4] Dealing with these lies involves the Holy Spirit revealing the "source and origin" of the lie. In other words, when did the client start believing this lie?

The client first gets in touch with his or her negative emotions (anger, anxiety, sadness, etc.) around a current situation. The prayer minister then asks God to aid the client in discovering the source and origin of the pain. Often, one or more painful memories surface. Lies are identified in that place of pain, and the prayer minister asks Jesus to reveal his truth to the client in regard to the lies. The process is done in a nondirective fashion, and the prayer minister quietly monitors the client's experience to make sure what is sensed as coming from God actually lines up with Scripture and the character of Jesus.[5]

With this background information, let's take a more detailed look at a basic TPM session. Normally, the counselor first listens to the client tell his or her story, highlighting emotionally laden key words or phrases that may indicate lie-based thinking. The prayer minister may subsequently utilize

these key words in reflections to build further client emotion. With appropriate timing, the prayer minister has the client focus on the client's strong emotions and then asks the Lord to take the client to the place where these strong emotions and lies originated. Usually, the client then drifts to a memory (or memories) associated with the feelings, and the practitioner writes these down.

In these memories, the prayer minister investigates in more detail the lies being believed. The client might rate the believability of each belief on a 1 to 10 Likert scale, ten being very believable. If the client rates several beliefs at a 9 or 10, assessment ends and the client is requested to focus on these false beliefs and feel the emotion that they are producing. The client is encouraged not to resist these beliefs but rather to experience the emotional pain of them in the midst of the memory(ies). At this point the prayer minister asks Jesus to reveal truth to the client in a nondirective fashion. One way of phrasing this might be, "Allow the Lord Jesus to bring truth in whatever form he chooses and you report to me whatever you see, sense, feel, or hear."[6] The TPM practitioner then waits. Should the client not report the Lord ministering to the pain and dispelling lies, potential obstacles are investigated.

Smith's basic training manual details various areas of potential blockage. Examples include unconfessed sin, over-analytical/logical thinking (not embracing the core belief; trying to reason in the memory instead of allowing God to speak), avoidance of emotional pain, failure to accurately discern a key harmful core belief, dissociation, the presence of anger, hate, or revenge, demonic interference, the need to be accepted by the therapist, or "guardian lies."[7] "Guardian lies" are underlying assumptions or beliefs that make identifying core emotions and lies difficult. Examples include: "Oh, it wasn't all that bad. . . . They did not really mean to hurt me. . . . I cannot go to the memory because it is too painful."[8] Regarding demonic interference, Smith includes strategies that are consistent with his approach for dealing with such a circumstance, but in addition highlights that one does not have to believe in such entities to apply the prayer form

successfully.[9] He acknowledges dissociation as an issue for consideration, and addresses such phenomena more fully in his advanced seminar.

Once hindrances are removed and the procedure has addressed key harmful beliefs, the prayer minister asks the client to re-rate the believability of the lies. If the client reports a complete sense of peace and calm, the procedure is considered a success. Should a lack of complete peace be reported, it may indicate the presence of additional lies to be processed or other memories linked to the lie, which should then be processed.

Ideally, the prayer form continues until the client has a sense of complete peace when experiencing the memory(ies).[10] At times when processing a memory, a client will have another prominent memory emerge. The prayer minister simply notes the original memory and then "follows the client" to the new memory, processing lies present in this memory, and then "working backward" to the previous one. Once a sense of peace and calm is present in each memory, petition for the Lord's blessing is made and the prayer ends.

Smith uses four factors as a litmus test to determine if the healing was authentic.

(1) Was the truth received biblically consistent?

(2) Did the truth received result in the lie-based pain being dispelled and replaced with the peace of Christ?

(3) Did the hate, anger, resentment, revenge, etc. felt toward the offender change to compassion and forgiveness?

(4) Did the healing translate out into the person's life with lasting behavioral change?[11]

The number of TPM sessions required to achieve all four of these criteria can vary depending on the client's condition, although Smith does believe that TPM does shorten treatment compared to typical counseling. The basic Theophostic technique is described in Table 1.

Smith admonishes practitioners not to use guided imagery, New Age theology/techniques, or any form of hypnosis.[12] Any images that surface in TPM prayer, according to Smith, must not be suggested or directed by the practitioner. This is important to prevent False Memory Syndrome, a condition certain types of clients (highly suggestible) may be vulnerable to when a therapist practicing any approach (not just TPM) makes suggestions about abuse the client does not remember. Smith includes information on his website as well as in the client manual he's written to help clients recognize when a practitioner is doing something that is not really TPM and might lead to this condition.[13]

WHO IS USING THEOPHOSTIC AND WHO IS RECEIVING IT?

Two surveys, one done at a TPM advanced training conference and a much larger one done utilizing the e-mail mailing list of Theophostic Ministry, have shed light on the variety of people using TPM.[13] The surveys themselves were developed in coordination with mental health professionals, pastors, and lay counselors trained in Theophostic Ministry. Each contained a variety of question styles and queried demographic information, religious background, mental health training, and the practitioners' perception of TPM's efficacy with various problems (anxiety, depression, sexual abuse, etc.). More than 1,350 people completed the e-mail-list survey so its results are the focus of the remaining survey information presented.

TPM practitioners appear to be sincerely religious, well-educated, middle-aged (average age is 47), "Spirit-filled" evangelical Christians from a variety of denominations. Thirty percent attended non-denominational churches, 17% Charismatic, 10% Baptist, 9% Pentecostal, 9% mainline Protestant, 3% Catholic, 8% other evangelical Protestant, and 12% "other." Over 75% attend church-related meetings twice or more a week. Seventy-nine percent professed to practice glosolalia (speaking in tongues). Most had experience with other models of inner healing prayer as well as Theophostic.

While TPM practitioners appear well-educated, many do not have formal mental health training. About ten percent of prayer ministers in the large survey were licensed clinicians. Twenty-one percent were pastors or pastoral counselors, and the rest were lay counselors, or described themselves as "other." Most prayer ministers, including the mental health professionals, had personally received Theophostic Ministry and reported a high degree of personal blessing from the experience.

The practitioners in both surveys have a high opinion of TPM's efficacy. They endorse success with anxiety, depression, anger issues, as well as some quite complex conditions (e.g. eating disorders, sexual abuse, Dissociative Identity Disorder, and personality disorders). Clients of TPM from the survey also give TPM high marks. While these are encouraging results, the limited medical and psychological training of many practitioners concerns most Christian therapists. Such therapists especially wonder about the quality of care being given to the people suffering from complex conditions. About 1/3 of practitioners are in on-going training or consultation.

Fortunately however, most TPM prayer ministers are interested in receiving supervision and consultation from licensed therapists trained in TPM. For example, 94% of lay counselors stated they would accept such supervision or were open to considering it. They do not appear hostile to the Christian psychological community and they appear to realize that such interaction could be beneficial. Mental health professionals can help lay counselors to know the limits of their abilities with TPM. In these identified instances, lay counselors would refer clients to other needed services. Given this survey's data on how open the lay counselors are to such interactions, the burden seems to be much more on the professional Christian counseling community rather than the lay counselors to address this situation. Whenever possible, church leaders of TPM-practicing congregations should seek relationships with licensed Christian counselors well-trained in TPM. Sound models of lay counselor-professional interaction have already been described in the Christian lay counseling literature.[14] Such models safeguard the welfare of all parties concerned.

WHAT DOES THE RESEARCH SAY?

Many claims have been made about TPM's efficacy. Testimonials and endorsements from clients, mental health professionals, and prestigious individuals fill the TPM website. However, scientific support or disputation of TPM's efficacy is built on a much slower and rigorous process than just examining testimonials. Current investigations are at a very early stage; thus, sweeping statements and generalizations will not be made here. The above surveys indicate that a large sample of practitioners believe TPM is highly effective for many conditions and that many clients are also reporting positive experiences. These are encouraging starting points for consideration. What is now needed is the actual testing of clients receiving TPM in highly-controlled conditions (randomized control group studies). Such studies are very expensive to do; therefore, researchers normally start with case studies or other less rigorous designs to see if the results support the merits of full experiments like the one just mentioned.

Several TPM case studies with psychological testing have been reported to the professional Christian psychological community[16] and currently sixteen cases have been completed with depression, anxiety, anger issues, and sexual abuse conditions. Thus far, clinically significant reductions in symptoms levels have been observed in a high number of these cases (14 out of 16). In fact, ten of these would be classified as recovered by a general psychological symptom inventory used (the Symptom Checklist 90R). Thirteen of these individuals maintained their gains at a three-month follow-up testing. Only one client's symptoms appeared to worsen at the end of treatment; thus, the negative outcomes ratio when TPM is implemented by well-trained individuals appears consistent with other researched therapeutic approaches. The TPM clients themselves have also reported a high degree of satisfaction with the prayer ministry.

To further investigate these results, mental health professionals who do not use TPM and did not know the form of therapy being used interviewed each person after their treatment and reviewed their clinical record. These professionals

rated eleven clients' mental health gains as "much improved" (the highest ranking category), two clients as "moderate improvement," and three clients as "mild improvement." Such findings build a logical argument that something positive is occurring and add impetus for those seeking funding for true experimental studies. Again however, the results should not be over interpreted. The general therapy skill of the counselors or events outside of the treatment could account for these current findings.

Summarizing the survey and case study research thus far, a large variety of people are using TPM and are reporting good results with clients suffering from a variety of spiritual/emotional conditions. Clients surveyed likewise report positive experiences. Sixteen case studies reviewed by mental health professionals who do not use TPM also indicate positive results. Currently, a logical case can tentatively be made that something beneficial is going on, given the number of cases with positive outcomes. These findings taken together suggest the merits of high quality experimental studies on TPM, such as randomized control group research. Such research is needed before a definitive scientific statement can be made on TPM. One such study is currently underway.

THEOLOGICAL ISSUES

While an in-depth examination of theological issues is beyond the scope of this introductory article, a few common questions will be addressed. Since Smith continues to consider input from the Body of Christ, I have had him review the answers I've written here to be sure I'm reflecting his latest thinking. Smith addresses many more questions in the Frequently Asked Questions and Misconceptions of TPM sections of his website previously mentioned.

What is the role of the Bible in this prayer process? According to Smith, the Bible is the key grid or framework through which the TPM practitioner interprets the client's experience during the prayer process. Experiences with Christ that deviate from his character as revealed in the Scriptures are quickly addressed. Implicitly, this means that the TPM practi-

tioner needs to be well grounded in the Bible and sound theology. A client's personal revelations received in TPM prayer never supersede biblical truth and must always be in line with Scripture. The role of on-going prayer and Bible study in the discipleship walk of the client is strongly supported as a regular part of Christian growth and discipleship, and TPM is not intended to replace these critical activities.

What is the role of sin and repentance in this prayer process? Many times, lie-based thinking, sinful choices, and repentance are linked, with the lie-based thinking influencing the sinful choice and repentance difficulty. For example, Christians may struggle with perpetual sin cycles that they truly want to repent of but have limited success in doing so. In these instances, the struggle is likely connected to the lies they believe. TPM can facilitate the full repentance they desire by helping them renew their mind to God's truth (Romans 12:1-2). Sinful choices by themselves, of course, can produce emotional distress as well. When this is the case, confession and repentance are critical in the healing process. At times during Theophostic prayer, unconfessed sin also emerges and must be dealt with for the person to find emotional healing. For example, unconfessed anger or sexual sin can maintain the entrenchment of lie-based thinking until confession occurs.

Does this approach represent a version of "Simony" (i.e., buy and learn a method that makes God speak healing truth to others)? Smith is very clear that God has many ways of ministering healing to his children. The prayer minister is always dependent on the Holy Spirit and not the other way around. God is sovereign and desires to heal his children, but we can never "force" him to do so. Because he desires to heal his children (a clear TPM assumption), a biblical reason normally exists for blocks when healing truth does not occur in TPM. God may also use other means besides TPM to address these blocks and heal the person, the timing of these events always in his hands. Smith does not believe TPM can heal truly organic mental illnesses.

CONCLUSIONS

The TPM phenomenon is rapidly sweeping across the Church today; thus pastors will have to prayerfully consider how to respond to this movement as congregation members become interested in it. Can this tool be useful in churches seeking to foster a "fruit-filled" revival atmosphere versus a merely emotional one? Truly healed people should have less struggles with compulsive sins and more ability to live out sanctified lives. Perhaps when TPM is combined with pastoral input, discipleship, Bible study, worship, and solid biblical teaching, more congregations might emerge that live out holy lives and touch needy communities. This would be true revival in my opinion. One day research will help us determine whether TPM might be a useful part of such a "fruit-filled" revival strategy. Early studies are positive and encouraging on the approach. Until more studies are done however, the "scientific jury" is still out.

Yet hopeful signs abound in addressing the questions around TPM. Smith appears open to discussing his approach with open-minded persons who have genuine concerns. This author, for example, personally called him to discuss issues about his claims of efficacy and found him very receptive to cooperating with research evaluating his approach. Smith also attends conferences where theological critiques of his approach are presented; thus, he appears open to dialoguing with these critics as well. His website has attempted to address frequent misconceptions, and his theological conceptualization of TPM has become more refined over time as he has received input from the Body of Christ (See his 2002 work, *Healing Life's Deepest Hurts*, for example, compared to earlier writings). In short, Smith, like all of us, continues growing. May the Lord grant Church leaders and Smith wisdom, discernment, and guidance as the Theophostic Ministry phenomenon continues to grow.

Author

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His major research areas include forgiveness, inner healing prayer, and multicultural issues in Christian psychotherapy. He is currently completing a book, *Spiritual Healing? Cases Exploring Theophostic Ministry*, which is set to come out in late 2004. Dr. Garzon is also an associate pastor at Cristo Redentor (Christ the Redeemer), a Latino congregation located in Virginia Beach, Virginia. He co-hosts "Encuentro," a Spanish Christian counseling radio program in the Tidewater Virginia area.

Notes

1. Kevin Bidwell, "Deliverance Debate," *Christianity Today* (April, 2001), 18-19.
2. Personal communication with Ed Smith, March, 2002.
3. For example, N. Anderson, T. Zuehlke, and J. Zuehlke, *Christ-Centered Therapy* (Grand Rapids, Michigan: Zondervan, 2000).
4. Edward M. Smith, *Beyond Tolerable Recovery* (Campbellsville, Kentucky: Family Care Publishing, 2000).
5. *Beyond Tolerable Recovery*.
6. *Beyond Tolerable Recovery*, 141.
7. *Beyond Tolerable Recovery*.
8. *Beyond Tolerable Recovery*, 81-82.
9. *Beyond Tolerable Recovery*.
10. *Beyond Tolerable Recovery*.
11. Edward M. Smith, *Healing Life's Deepest Hurts* (Ann Arbor, Michigan: Servant, 2002).
12. *Healing Life's Deepest Hurts*.
13. *Beyond Tolerable Recovery*.
14. F. Garzon, T. Zuehlke, J. Zuehlke, M. Teske, P. Burthwick, L. Hall, M. Thatcher, and A. Smith, "Theophostic Ministry: Internet Survey and Outcomes-Based Case Study Data," a paper presented at the Christian Association for Psychological Studies Eastern Regional Conference in Baltimore, Maryland (November, 2002).
15. For example, Siang-Yang Tan, *Lay Counseling* (Grand Rapids, Michigan: Zondervan, 1991).
16. F. Garzon, T. Zuehlke, J. Zuehlke, M. Teske, P. Burthwick, L. Hall, M. Thatcher, and A. Smith, "Preliminary Report on Case Study Research with Theophostic Ministry", a paper presented at the American Association of Christian Counselors conference in Atlanta, Georgia (November, 2002).

TABLE 1
Theophostic Ministry in a Basic (Simple) Case

Emotional Building Phase

1. The TPM practitioner listens closely for "cue words" or phrases in the client's current problem that might suggest negative emotions and the presence of "lies."

2. S/he directs the client to focus on these emotional reactions and thoughts.

3. S/he asks the Lord to help the client drift back in his or her mind to an earlier memory or image that connects with these strong feelings.

Amplifying the Lies—Feelings Connection

4. With the help of the client, the prayer minister identifies the key lie(s) believed in this memory.

5. The client rates the believability of the lie (e.g. "How true does it feel on a scale of 1-10, 10 being totally true and 1 being totally false?").

6. The client focuses on the memory and repeats the lies being believed at the same time.

Prayer for the Lord's Truth to Replace the Lies

7. The TPM practitioner prays aloud and asks Jesus (or God) to reveal his presence and truth to the client in whatever way he chooses.

8. The prayer practitioner waits a few moments and checks with the client to see what's happening.

9. The TPM minister monitors the client's experience to see whether it is consistent with Scripture and the character of Jesus.

10. If the client is not experiencing a sense of God's presence and truth, the prayer practitioner explores potential blockages such as guardian lies, anger, unconfessed sin, etc.

11. If the client is experiencing God's presence and truth, the prayer minister waits until there is a sense of closure and perfect peace on this process.

12. Further prayer intervention as needed is made for blockages or remaining negative emotions.