



# Guidelines for the application of the Theophostic Prayer Ministry

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## Abstract

### Guidelines for the application of the Theophostic Prayer Ministry

*The basic principle of the Theophostic Prayer Ministry (TPM) is to attempt to resolve clients' present conflict by finding healing for past wounds in prayer. The TPM model has a unique advantage over non-Christian models in that it pursues the healing of past wounds by means of binding the suffering back to God. "Koinonia" (the fellowship of believers), "communio" (a deeper sense of the involvement of God), "coram Deo" (the ever-presence of God), as well as "pneumatonic synergy" (being in balance with the holy plan of God), are restored, launching a new life. The TPM relies on three types of memory: visual, emotional and physical memory. Freeing a person from his/her helpless state is to guide that person towards divine revelation. The outcome unfolds as a sincere and holy recovery in Christ.*

## Opsomming

### Riglyne vir die gebruik van die *Theophostic Prayer Ministry*

*Onderliggend aan die Theophostic Prayer Ministry (TPM) is 'n poging om die konflik wat kliënte tans ervaar op te los deur gebedsfokus op hulle seerkry van die verlede. Die betekenisvolle voordeel wat die TPM-model bo nie-Christelike modelle inhou, is die fokus op 'n heling van hierdie seer van die verlede deur menslike leiding terug te bind aan God. Die resultaat is die herstel van die volgende: "Koinonia" (gemeenskap van die gelowiges), "communio" ('n dieper verstaan en sinsbeleving van God se betrokkenheid), "coram Deo" (God se ewige teenwoordigheid) – 'n nuwe lewe word so gebore. Die TPM is aangewese op die visuele, emosionele en fisiese geheue. Om*

*iemand uit 'n staat van hulpeloosheid te bevry, veronderstel die begeleiding tot 'n Goddelike teenwoordigheidsbesef. Die ontvouing van 'n egte heelwording in Christus vorm die uitkoms van hierdie proses.*

## **1. Introduction**

As a “spiritual generation”, we are living in one of the oldest traditions in human history, namely, pursuing the process of developing spiritual wisdom or intelligence. This is the contention of Celia Kourie (2006:35), who registered a course in spirituality at a South African university.

The revival of the prayer ministry in pastoral care emanated from the rediscovery and re-development of Christian spirituality. Thiessen (2006:207), Labuscagne (2006:28) and Lane (2007:1) outline the history of prayer therapy and reveal the positive spiritual growth towards God and understanding of the person by means of prayer. The main outcomes according to these authors are revelation, encounter, healing and freedom.

These outcomes coincide with the hermeneutical key issues in practical theology (Louw, 2000:4). The first issue involves the understanding of the dialogue between God and human beings (revelation). The second issue is the realisation and expression of a life of faith when “generating meaning in life” (encounter and healing). The third issue is “liberation and transformation” (freedom and healing).

Edward Smith (2005:12; 2000:5) founded his Theophostic Prayer Ministry (TPM) on the premise articulated in 1 John 1: 5 that “God is light, and there is no darkness in Him at all.” Literally TPM means “God’s light” (Maier & Monroe, 2003:169). A concise definition of the TPM would be the following: Everything experienced in the individual as darkness or sin must be brought out into the open to be exposed to the light of God (*Theos* means God, and *phostic* means light). In June 2007, an international conference on the theme: “Celebrating life and healing in Christ”, was held by the *Genesalem* Therapeutic Centre (Bloemfontein). Well-known American speakers such as Terry and Julie Zuehlke, Mary Ring and Adam Mason presented workshops and lectures on TPM.

Maier and Monroe (2003:169) is of the opinion that “as with any newly publicized technique or theory in counselling, Smith received an enthusiastic receptivity on the part of many, and sceptical criticism on the part of others”. For example, Entwistle (2004:39), as

well as Lehman and Lehman (2005:1-2) are concerned that the TPM-based therapy is practised in the treatment of different clinical disorders without sufficient research. The main concern for pastoral counsellors, however, will be the accusations that TPM might be unbiblical (DeWaay, 2003:1-10; Bobgan & Bobgan, 2004:1-4; Community Evangelical Free Church, 2007:1-6).

Although the author identifies with the paradigm of the TPM, participated in several workshops and apply the method in counselling, the *specific* method of Ed Smith is not absolved. My devotion is to Jesus Christ and I submit to where the Holy Spirit as Counsellor might lead me. Jesus says: "I am the vine, and you are the branches. Those who remain in me, and I in them, will bear much fruit; *for you can do nothing without me*" (John 15:5). Clough (2006:6) takes the same point of departure: "God does the saving, the healing, the cleansing, and the forgiving. He uses His word, but it is God that saves us, the Bible doesn't" – or TPM doesn't.

## 2. Method and aim

In this article the TPM as counselling method will be discussed under the following headings: Prayer as the proprium of the TPM; The process of TPM; Imaging, visualisation and metaphor in TPM; Feelings and passion in TPM; A binding back to God in TPM. The main aim of the article is to illustrate pastoral-narrative guidelines for the application of TPM in a counselling situation.

Considering that TPM relies on the Holy Spirit as Counsellor (*Parakletos*: John 14:15-17) it implies that the Holy Spirit becomes the Counsellor, while the counsellor acts only under the guidance of the Holy Spirit in applying prayer therapy. The points of departure of a pneumatology implies that the pastoral counsellor work within the power and the wisdom of the Holy Spirit and trust Him to act as an Ally in counselling (Rebel, 1981:96; Steyn & Van den Berg, 2005: 737).

According to Smith (2000:11) TPM is the method of healing

the pain that comes from the false interpretation (the lie) embedded in the memory. Genuine recovery is not the removal or desensitization of the painful memory because the memory itself is not the source of the pain. The memory is merely the container that stores the lie. The lie one believes perpetuates the pain.

Events from the past are tainted by a false interpretation, and the person is cleansed by the piercing light of Christ. The truth, as well as forgiveness, forms part of the healing process referred to in Malachi 3:3, as well as 1 Peter 1:7.

Naidoo (2006:139) contends that the individual in the Western world has become accustomed to the fact that healing is generally described and facilitated in emotional, psychological, social and physical terms. In 1 Thessalonians 5:23-26, it is clear that God's actions and Christ's "healing ministry" focus on the individual as a whole. Thus, it is important that in any therapeutic situation, the spiritual dimension of the person forms the core of the healing process. Menz (2003:xi) defines "healing" as the "well being/wellness" of persons in the work (and home) environment including the psycho-social-physical and spiritual dimensions.

In the case of TPM, counsellors propose an inclusive (holistic) route. Spiritual cleansing releases the darkest depths of human despair, and may also heal the psycho-social-physical aspects of the individual (Labuscagne, 2006:28).

Each person's narrative finds its meaning within God's narrative (Steyn & Van den Berg, 2005:737). Selecting a vehicle (TPM) on a journey (life story) as a metaphor to illustrate the practice of a pastoral model in the counselling situation has its shortcomings as any other metaphor might have. However, it explains the unison of different "subjects" working together. The counsellor is in the driver's seat (as the facilitator) but cannot drive the vehicle unless the navigator (Holy Spirit) indicates the way (Way). The counsellee is a passenger portraying his journey of life (his story) – indicating the "wrong" turnoffs in his life. "The Word became flesh and blood" (Jesus Christ; John 1:14 – Message), and cleanses the soul and body of the counsellor and counsellee.

The role of imaging, visualisation and metaphors in prayer therapy is considered. Entwistle (2004:5) says that "TPM seeks to release current suffering by asking Christ to appear in the memory and counter the lie with the light of his truth, resulting in symptom relief". Sarah's case study will be an integral part of the article applying TPM. Some critical issues in the assessment of TPM and a number of appropriate responses will be summarised in a table at the end of the article. The binding back of life narratives to God's narrative is at the heart of prayer therapy and will be discussed in the last section of the article.

### 3. Prayer: the proprium (core characteristic) of TPM

When counselling through prayer, the counsellor relies onto the power of the Holy Spirit to such an extent that he exemplifies the same presence and truth of Jesus, who intervenes on our behalf with God. Payne (1995:41) describes the intervention of Christ whereby we discontinue speaking our own mind and wilfully seek the intention of God. God the Father, God the Son, and God the Holy Spirit are ever present, although the Holy Spirit (*pneumatonomy*) leads and navigates the way (Rebel, 1981:116).

Jesus sets the example of prayer by looking up his Father in silence. He often goes into the mountains to pray, or isolates Himself from people. The spiritual conflict which Jesus experienced before his crucifixion intensified to the extent that his sweat, according to Luke 22:44, “became like great clods of blood dropping down on the ground” – this happened while He was engaged in serious prayer with our Father in the garden of Gethsemane (Guthrie, 1972:272). The spiritual conflict was so intense that Luke could not ignore its emotional and physical effect or impact on Christ, and for this reason, felt compelled to record the event.

Each individual experiences spiritual-psycho-social-physical conflicts. Sometimes the conflicts might play out mainly emotionally (psychologically), without the counsellor and counsellee realising the spiritual dimension thereof. Sarah’s case illustrates such occurrence. Sarah told her story during our counselling session:

Sarah is a student and grew up in a balanced home. She enjoyed the love of her parents, who left no stone unturned to coach her towards a successful life. She was motivated by her fear of disappointing them. She is a devoted Christian. However, she recently struggled with feelings of rejection and inadequacy. She acknowledged that the Lord loves her and does not reject her but believing it was difficult. ‘I repeatedly assure myself of such truth, but it is as if my mind does not want to believe this! It recently seems to be impacting negatively on my relationship with my heavenly Father.’

Although it seemed as if Sarah’s problem might be in the spiritual dimension, it was not a certainty. We therefore agreed on prayer, asking the Lord to reveal to her what the situation might be. Hurding (1995:298) describes prayer therapy as

a careful, therapeutic listening to the person’s story, through a number of intense, and sometimes lengthy, periods of ‘soaking’

prayer, through to an imaginative entering into the uncovered experience, 'relived' in the presence of the risen Christ.

This event reflects what Leech (1994:34) refers to as the healing of the human soul, namely, "a seeking after the leasing of the Holy Spirit in a given psychological and spiritual situation".

The counsellor, who in fact represents Christ in the counselling situation, is involved in the same "powerful healing process" as when God resurrected Christ from the dead (Eph. 1:19-20). Therefore, the counsellor may implore God (in deep respect) in prayer therapy, to unleash his healing force, as promised, and specifically, that He will reveal his truth to the counsellee. According to Hurding (1995:297) not only the truth is revealed but a new openness to the Holy Spirit emerges. The counsellee, should, once the prayer process has been concluded, move into a deeper spiritual relationship with God, have a better understanding of the truth in his/her life, and have more compassion with other people with whom he/she has relationships.

Bidwell (2001:19) declares that prayer therapy may precipitate a "rapid and complete 'deliverance' from a host of psychological and spiritual ills". Lane (2003:207) elucidates Bidwell's view by indicating that healing occurs through TPM, especially when physical and emotional abuse or rejection occurred in the counsellee's childhood. However, a fundamental truth, emphasised by Ed Smith (2005:25), is that *communio* (a deeper spiritual experience of the relationship with God) and *coram Deo* (the experience of God's presence) are at the heart of this therapy. Bidwell extends Smith's view:

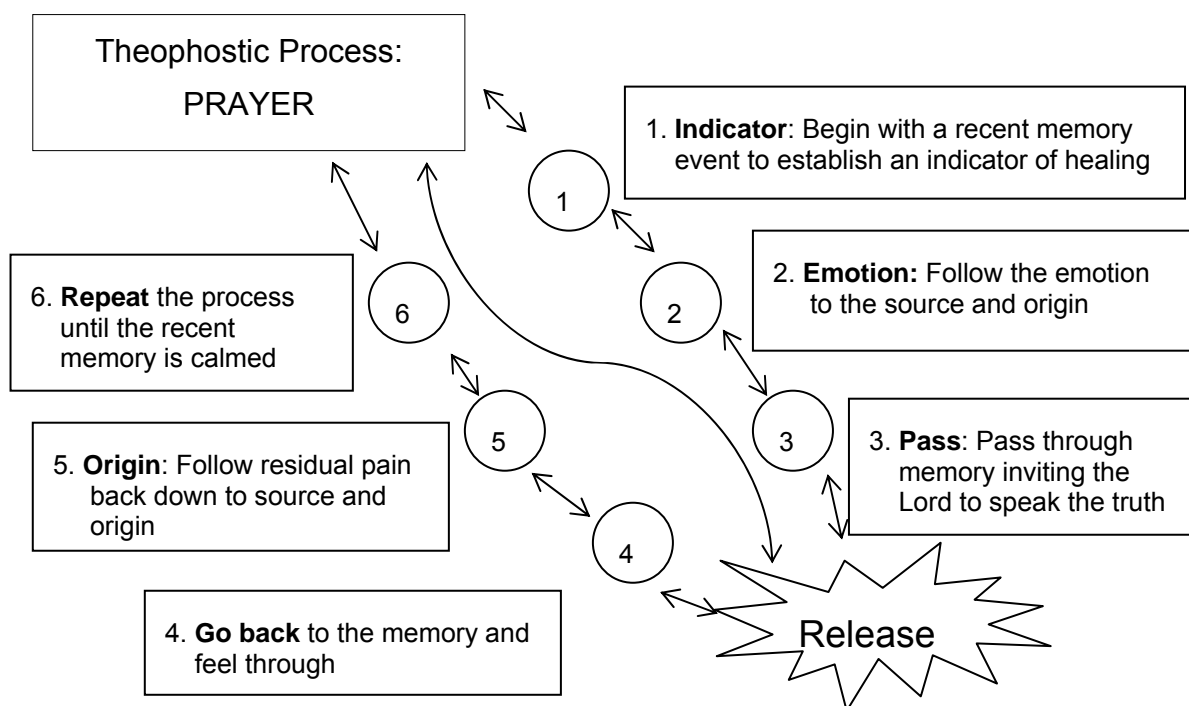
Adherents believe that people's current distress is rooted in past painful experiences that exposed them to accepting lies from satan or his demons. Smith teaches that when a person's body, soul and spirit can be freed by Jesus' truth from those lies, the distress found in the memory will go away as well.

According to Clough (2006:4) critics refer to TPM as a "lie-based theology" (Community Evangelical Free Church, 2007:1). Such assumption may only hold ground if people fabricate superficial lies. Clough clarifies by stating that "TPM focus on lies implanted at a very young age, are deeply buried, and often go unrecognized."

#### **4. The process of TPM**

There is no fixed process in TPM. It depends on the individual narrative of the counsellee and especially the leadership (navi-

gation) of the Holy Spirit. The following process (Zuehlke & Zuehlke 2007:20) should only be used as a guideline:



Sarah's story can be packaged as follows: The indicator (1) was her emotions (2) on feeling rejected and unloved. The Lord directed her memory to a traumatic event (3). She was abused by a family member when she was 9-years old. She decided to hide it from her parents in fear of disappointing them. She asked repeatedly: "Why, Lord?" In response it was revealed to her that the abuse lead to her inability to accept the love of the Lord (4). Feelings of rejection, inadequacy and guilt held her captive and prohibited an open and loving relationship with God.

Through TPM, Jesus reveals the truth within the counsellee's narrative. The counsellor, however, is not directly involved and only witnesses (hears) the Holy Spirit's revelation to the counsellee. Furthermore, the counsellee's memory is not at fault, but rather the rationalising of lies, preconceptions and warped perceptions which have taken the person hostage within her own narrative (Smith, 2000:64-67; Moore, 2002:187-200).

According to Gardner (2005:202 & 212), as well as Zuehlke (2007a:7), evil forces (the evil one is the father of the lie, according to John 8:44) exploit the lies which the person has allowed to enter her narrative. Consecutive feelings of guilt, confusion and alienation

between God and believer still cloud the radar screen. Sarah's narrative unfolded further on through the TPM process:

We asked Christ to reveal the truth about her guilt. She experienced the love of her heavenly Father and his closeness by being seated on his lap. 'But Lord, I know that You love me', she said, 'but why do I continue to cling to these feelings of rejection, inadequacy and guilt? I know that You already granted me forgiveness for feeling guilty?' Under the guidance of the Holy Spirit I directed her eyes towards the family member who abused her. She responded by saying that she could not see him but only experience darkness. Irrespective of further probing, she kept on experiencing darkness. Only when counsellor and counsellee followed the guidance of the Spirit, the realisation came that the darkness was in fact the forces of darkness, controlling her life through the traumatic event in the past. As counsellor I proceeded with prayer: 'Lord, bind these forces of evil in order for Sarah to see the truth.' The Lord then revealed the truth to her: the molester had been trapped by his own past, and driven by dark forces in his behaviour. Sarah experienced that Jesus physically broke the bonds of evil – the feelings of guilt were exposed as lies.

Zuehlke and Zuehlke (2007:21) pointed out that there might be six reasons why a person experiences "darkness" during prayer therapy, and could not go on praying. Practitioners make reference to such occurrence as the "DAVIDD-stuck": denial, anger at God, vows a person took on himself, intellectualization (or rationalisation), dissociation or protector to the mind, and demonisation". While praying the counsellor guides by questions in order to unveil what happened in the event the person relives. An authentic account of the core problem realises. Such experience refers, according to Zuehlke and Zuehlke (2007:21) to the prayer element with the primary focus on the cognitive, namely, steps 5 and 6 in the diagram above.

In Sarah's case it was necessary to revert to the core problem: being abused. The events have to be explored and repented of until the bonds of evil are broken. Her feelings of low self-esteem stayed with her until Jesus revealed the truth. Zuehlke (2007a:17) explains: "No one, including myself, is capable of talking me out of the lie. I will only be free when I hear the truth from the One who is Truth (John 16:13)."

DeWaay (2003:2) and the Community Evangelical Free Church (2007:1-2) refers to TPM's "lie-based thinking" as unbiblical because



it is not defined as such in the Bible, it is defined as sin. Smith (2000:30), however, refers to John 8:32: “You will know the Truth and the Truth will set you free”. In Sarah’s case it is quite clear that believing the lie kept her from believing that Jesus loves her.

## 5. Imaging, visualisation and metaphor

Metaphors or symbols are couched in figurative language, which gains meaning in communication with God (Joubert, 2007:24). In this way the metaphor of Jesus being the “Good Shepherd” (John 10:11) acquires meaning in each person’s life through experiencing Jesus’ loving care. Payne (1995:139) explains:

Pictures – that is, metaphor, symbol, myth, dreams, and visions – are a vital part of the language of the heart. We need to understand this ‘symbolic language’ in order to understand what God wants us to see.

Figurative language is nothing other than an image of an event. Before a person is able to describe an event, he/she first perceives the event, then proceed to store the experience of the event in his/her mind, and only then can the event be couched in language (i.e. a cognitive action).

There are three levels of memory storage: visual, emotional and physical memory. Visual memory provides a visual picture of an event. However, visual memory is not perfect – we may encounter the false memory syndrome because the brain adds new information as years pass, which creates the possibility of creating our own deductions, and arriving at reconstructions (Smith, 2000:19-21; Zuehlke, 2007a:17).

Narrative therapy focuses on visual memory when externalisation is applied. The narrative counsellor will, for example, ask Sarah: “What influence has the family member’s actions had on your life?” In this way, the counsellee is enabled to externalise the event, and then “to unpack” the negative and positive influences in the cognitive rather than the emotional mode of experience. Furthermore, the counselled person is also given the opportunity to evolve “a new dream narrative” (e.g. by posing the question: If you were to view the event in this light, what would this mean?; White & Epston, 1990:55; Müller & Human, 2004).

Emotional memory is the most general form of memory encoding new information on a daily basis. Even a single word or suggestion may trigger a message, and a link may be established in the brain.

The result, according to Smith (2000:19-20), is that: "... out will come the encoded emotional pain. Often the behaviour is quite innocent yet connects with the deep pain of the old memory ... I believe every emotion we feel in the present tense is an instant replay based upon an earlier memory event". Negative emotions such as fear, rejection, shame, hopelessness, worry, anxiety, panic and powerlessness (Gardner, 2005:45-52) are the result of learnt responses being triggered when the person is reminded of the event stored in memory. Positive emotions use this window to look back into the past at an event which triggers, for example, joy, acceptance and new hope. Smith (2000:20) contends: "It is also through this open window I am able to receive God's redeeming truth."

Physical and sensory memory constitutes the third level of memory. For example, when one explores Sarah's narrative, she will experience sensory memories such as hearing the sounds of footsteps in the passage, and the smell of the man who had abused her. When the person enters into this level of memory the picture is very clear, according to Smith (2000:21). In the context of prayer therapy, imaging becomes important because God restores what the person "sees" and what has been distorted by lies that have compromised the imaging process. Payne (1995:139) explains that imaging is important for spiritual growth. Knowledge, wisdom, understanding – and in prayer therapy, the truth – emerge through words and the Word. God sends us images and words so that we may understand the message He wants to portray to us. She explains furthermore that God speaks to certain people by means of imaging, while others experience divine communication through words and language; and yet others are able to receive both messages. She also holds the view that it may be necessary sometimes to take a directive stance, for example by asking a person to apply his/her ability to visualise so that he/she may "see" Christ on the cross, especially in the case where true acceptance of forgiveness may not occur.

Mason (2007:2) explains that there are four reasons why pastoral counsellors use metaphors in prayer therapy, namely when accommodation has to occur between a worldly view and the Christian life view (accommodation benefit); where the counsellor wants to show that the Scriptures offer the only way to hope (hope assumption); when the counsellee must be reassured that it is only the truth that sets him/her free (truth assumption); and finally, where the Holy Spirit is active as Counsellor on behalf of the counsellor and the counselled person (Divine Agent principle).

In studying Sarah's narratives, she did not experience physical nearness of Jesus. She said, "I do know that Jesus was with me then, as well as at present. I see this very clearly" and then, "I am that same little girl, and I am sitting on Jesus' lap and He is holding me." Gardner's (2005:93) description of the process is consistent with her account: "The Lord gave [her] a picture of Jesus ... 'You are not alone. I was with you ... and I will never leave you.'" In any negative situation or fear in which Sarah may find her in future, the *pathos* of "God with me" (*Emanuel*) may restore the influence of peace or serve as a coping mechanism.

It is important to note that a flight of fancy or a visualisation within their creativity did not occur. The amygdala or primitive brain, which stores the most basic events "as it received them", cannot respond to cognitive instructions such as: "you do not have to be scared". The brain has to be convinced by the original situation (visual events) of the truth before a changed emotion will emerge (Zuehlke, 2007a). In Sarah's narrative, this was at the heart of the problem. The more she tried to convince her brain that she had forgiven the person and that Jesus loves her, the less she was able to believe herself. Only when she was able to see the truth with respect to the family member, could her brain process the information, and she was able to forgive him.

According to Garzon and Poloma (2005:388), practitioners do not propose any directive guidance or visualisation in TPM; rather, Jesus appears to the person as He reveals the truth in prayer. They found in their research that TPM and cognitive therapy differ on this point: "Instead of the practitioner working with the client to generate alternative explanations and sources of evidence for a more balanced cognition, the Lord is petitioned to do this work."

Thiessen (2006:209-210) points out that the counsellor in Inner Healing Prayer requests the person, for example, to visualise Christ on the cross (as in the reference to Payne's example cited earlier). In this way, the person is enabled to be liberated of, e.g. "a dark fog of depression". In this respect, Inner Healing Prayer has closer links with visualisation therapy and differs from TPM which does not suggest images.

However, prayer therapy exerts a positive effect on Christian spiritual growth, and is not merely focused on improving the experience of emotions. Although many obstacles (Smith, 2000:81-82; Labuscagne, 2006:51-53) occur in prayer therapy which may prevent a person from discovering the truth in Christ, these aspects are

outside the scope of this particular article. Critiques such as those of Bobgan and Bobgan (2004:6) and DeWaay (2003:2) refer to TPM as misinterpreting the Biblical grounds in which God appears to man. The Christian Research Institute (2007:2) responds as follows: “The technique [TPM] relies on God speaking to individuals ... they [the critiques] reject any revelation that comes from God [and not from Scripture] to individuals.”

## 6. Feelings and passion in TPM

We often pose the question: “Why have we been stripped of the joy of life we experienced as children?” Perhaps the question should be rephrased: “Who or what has stolen our passion?” Research by Steyn (2006:175-191), conducted on the causes of “passion thieves” among caregivers from 2004 to 2006, has shown that 85% of respondents regarded perfectionism, low self-esteem and exhaustion (the result of stress) as the most significant “passion thieves” in their lives. Seamands (1993:43) identifies ten passion thieves – these passion thieves were used as a framework in the research. Dealing with emotions by means of the *Journey* method of Bays (1999) has revealed the origin of the loss of passion in three cases, namely perfectionism, low self-esteem and exhaustion. Gardner (2005:87-153), as well as Zuehlke (2007b), translated these concepts into seven words in Biblical language, namely shame, fear, rejection, worthlessness, abuse, uncertainty and hopelessness.

The approximately 80 respondents were involved in group counselling, developing an individual process in spiritual healing and emotional coping skills. Ten persons requested individual counselling on completing the group counselling. Perfectionism and low self-esteem emerged in prayer sessions as problems which developed as a result of post-traumatic stress disorders during childhood. Some of these traumas included, e.g. parents who were/are derogatory about their children’s abilities and physical appearance, as well as too high expectations by parents, crimes in which children’s honour was compromised, perceptions of a loveless parental home, and the related perceptions of a loveless partner, as well as a loveless God, unresolved feelings of guilt and the resulting stress and depression.

Sarah relates how the expectations of her parents (with the trauma she experienced) brought along the feeling of failure and a state of depression and anxiousness she constantly experiences. Although she performs well enough at university, she is unable to deal with the anxiety associated with her

parents' expectations. When, she sought TPM counselling, the Lord showed her that she experienced her abuse as her own failure. When the Lord showed her the lies that she had associated with these experiences, she was able to forgive herself. When Jesus showed her his love for her, she also received 1 Samuel 16:7 'GOD judges persons differently than humans do. Men and women look at the face; GOD looks into the heart.'

To alleviate feelings of guilt and to access the psycho-social-physical experience of Christ's presence during prayer yield positive outcomes in the form of healing the negative effects of these specific events. The truth of the event is explained at a spiritual level and persons' surprise at the years of enmeshment with the "lie" usually lead to new passion and a strengthened faith. The most significant development probably was that the relationship of trust in God and the "joy of new life" were restored. The conclusion, drawn by Payne (1995:181), is clearly related to this research when she concluded: "However much a person lives out of diseased attitudes and feelings toward the self, to that extent she will fail to find and live from her true centre where God dwells, speaks, and empowers her."

The passionate commitment of God to the person who suffers – because He experienced and continues to experience our pain – directs and guides the person. Isaiah 53:11 describes it best: "And when He sees all accomplished *by the anguish of His soul*, He will be glorified." The following characteristics are sensed of God in prayer: His Fatherly care and protection, God is God of his promises, God is God of his healing, God is God who listens to and understands wishes, God is God who allows the truth in Christ to become victorious, God is God who works actively to convert suffering into healing, and God is God incarnate in our presence. Incarnation in prayer therapy yields the experience of unity with the holy God and our sanctification (Payne, 1995:81, 89; Zuehlke, 2007a).

## **7. A binding back to God in TPM**

Our narratives encapsulate and direct our lives. If the build-up of our own narratives impact so negatively on our lives that we do not experience pneumatonic synergy, in other words, we do not experience synchrony with God's promises and the extension of his Kingdom, then it is the task of the counsellor, in obedience to Christ (Mark 11:45), to facilitate a path for binding-back.

Louw (2000:470) explains that the basic point of departure in pastoral counselling is to love and to serve. To love and to serve your neighbour must be seen as obedience shown to the ethical norms captured in the Bible. The pastoral counsellor should therefore respond in a positive manner towards God regarding this life – this life which God intended for human kind, namely “You are my creature, my image, my representative, my chosen, my called one, my child.” A positive inclination to obedience has only one origin, and that is mercy. Anyone who grasps the meaning of the word “mercy” and has already experienced it cannot do anything other than to be obedient to the divine calling. Such a divine calling presupposes that the blessed person binds his/her narratives, and others’ narratives, who have become alienated from God due to misinterpretations, back to God (Steyn & Van den Berg, 2005:750).

Westbury (Bidwell, 2001:19), a veteran therapist who has been practicing as a psychologist, took up prayer therapy in the last two years. He testifies: “TPM has been the high point of my Christian walk. I bring clients to Jesus – like the friends who lowered the paralytic [Luke 5:17-26] – and I have witnessed miraculous emotional healings.” Smith (2000:17) contends that it is irrelevant whether the person who requests TPM is a Christian or not. The person has received “the breath of life” from God (Gen. 2:7), has been created in his image (Gen. 1:26), is a creation of God, and unequivocally belongs to God. The prayer therapist acts in obedience to God to facilitate the process of “binding back”.

Sarah experienced a binding back to God. Although she had asked for forgiveness so many times, also on behalf of the molester, the feeling of guilt always remained. By means of TPM, she experienced that the binding effect of evil was also present in her life. She continued to believe that she was the responsible party. It was only when she experienced this bondage and saw Jesus loosening the chains that she realised the truth. She now possesses the key – the key for unlocking a new life of peace in Christ. Moore (2002:180-201) and Zuehlke and Zuehlke (2007:2) hold the view that a cognitive liberation model, similar to the chains being broken in Sarah’s case, can be applied effectively through TPM. However, the methods must be held apart clearly, and can be of particular value for internalisation after prayer therapy because “[c]hange starts in the mind with you and me. Jesus changes our minds; it is our choice to internalize the change”.

Critiques commented in a “question-answer” web programme that TPM tend to concentrate only on sexually abused persons. Ed-

miston's (1997:2) answer as follows: "TPM is very good with addictions, low-self-esteem, inferiority, phobias, anxiety and panic attacks, trauma, depression and sexual abuse." Edmiston's view contends with my own.

## 8. Conclusions

### 8.1 Conclusions on the critical views expressed

Critical issues mentioned	Possible answers from therapy
Treatment of different clinical disorders without sufficient research is dangerous.	TPM does not treat a disorder clinically; it heals the person spiritually.
Lie-based thinking is unbiblical.	Being released of lies brings new freedom and changes the person's view of him-/herself.
The unbiblical TPM is wedded to a mystical experience.	There will always be rejection of any revelation that comes from God to individuals. This is a personal matter and needs to be experienced. After a divine experience a person will feel different about "mystical" experiences.
TPM claims that it can cure all and it is for everybody.	TPM brings healing to people who have been wounded, but it is still our own choice if we want to internalise the change.
TPM concentrates on healing only sexually abused persons.	TPM heals persons with addictions, low-self-esteem, inferiority, phobias, anxiety and panic attacks, trauma, depression and sexual abuse.

### 8.2 Conclusions on the application of TPM

- The main guidelines for TPM are: prayer, the metaphor, feelings and passion and a binding back to God's narrative.
- The metaphor should be used in TPM for the accommodation benefit, the hope assumption, the truth assumption and the Divine Agent principle.
- Prayer therapy is intended to bind back the suffering person to God by invoking the experience of *coram Deo*.
- *Koinonia*, the compassionate experience among believers, as well as the experience of *communio*, a deeper awareness of

God's involvement with human kind, is internalised in the process of prayer.

- *Pneumatonic synergy* is probably the most important outcome, in other words, that the individual understands God's will for his life, and will activate all his abilities and gifts to live life for purposes of extending his Kingdom.
- Hanging on to and reinforcing the healing ministry of prayer provide the counsellee with a new horizon of freedom: I will only be free when I hear the truth from the One who is Truth.
- God is not present like a person in the counselling event; rather He is omni-present, Holy Spirit, fully in control, protective and always navigating our way.
- Jesus is present because I see this in my mind's eye, and feel this in my heart. The passion of Christ brings us closer to understanding the reason for his crucifixion and resurrection.

## 9. Summary

The article offers guidelines for the application of Theophostic Prayer Ministry. The counselling offered to a suffering person couches his/her narrative towards the truth in Christ by way of prayer. The foundational truth of pneumatology played an important role especially to elucidate *pneumatonic synergy*. The Holy Spirit became the Counsellor (navigator), and the counsellor acted under the guidance of the Holy Spirit in applying prayer therapy. Different opposing views were addressed. Our narratives were created by God (Ps. 139), and these narratives are concluded by God (Rev. 22:13): He is the Alpha and the Omega, the First and the Last, the Beginning and the End.

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**Key concepts:**

narrative  
pastoral  
pneumatology  
prayer therapy  
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**Kernbegrippe:**

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Theophostic