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ASSOCIATION OF
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b) To encourage and support members' efforts to actively promote within their other professional organizations and the society at large the adoption and maintenance of moral standards and practices that are consistent with gospel principles.

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Authors should keep a copy of their manuscript to guard against loss. Send three copies of your manuscript to the editor:

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ARTICLES AND ESSAYS

Editorial

Here is the first issue of the AMCAP Journal developed by the new editorial staff. We are excited about the articles and are sure you will find them alternatively inspiring, interesting or useful. We had originally hoped to have the entire issue devoted to the theme of "adult children of alcoholics," by publishing some of the best talks of the spring convention. But alas, we have been able to obtain, by this time, only two of the addresses: Brother Featherstone's and the Lee, Kobayashi, and Adams article. Brother Featherstone's talk is a classic. I have returned to it several times in teaching my Book of Mormon class at BYU and my high priest quorum. It is particularly good on the point that we need not be the product of our environment. The Lee, Kobayashi, Adams article is a model of the high standard of research scholarship we would like to foster for the Journal. We have included two other fine manuscripts not presented at the convention but which are related to the theme. These articles have successfully hurtled the review process which was implemented to ensure the quality we have come to expect from the journal. Brother ZoBell's article on using the Book of Mormon in therapy is an excellent example of how a practitioner has been able to apply the scriptures to his work as a therapist in the LDS Social Services setting. Finally, the last article by Brother Judd and his colleagues has given us something many of us have been waiting for for a long time: some additional experimental testing of Brother Terry Warner's work on "self deception." Those of you who have followed Brother Warner's work will find this article interesting indeed.

By this time in the process of getting out an issue of the Journal, I have gained tremendous respect for the work previously done by Burton Kelly. I now know first hand why sometimes

issues have been a little slow in being released. And I know why Burton has added to the quality of the Journal so much. It has been a lot of good sense; hard, and sometimes unacknowledged volunteer work; and patience. We really owe him a debt of gratitude for his years of service, and for his contribution to the "professionalization" of the Journal.

When I accepted this position I committed to getting issues out more regularly. Thus we have a relatively small issue—but the articles are very good. Please send us your comments, inquiries, or rejoinders to any of these articles. We will be delighted to hear from you.

At least part of the next issue of the journal will be dealing with a little heat over the topic of whether or not we should have a "Mormon theory of counseling." This topic has resulted partly from a letter to the editor and partly from Clyde Parker's presidential address at the fall convention. We will have Brothers Clyde Parker and Allan Westover expressing the two poles of that position. It should be stimulating to all of us.

As always, we invite your submission of manuscripts and enlist your encouragement of manuscripts from others.

Many thanks to each of the authors and the reviewers for sharing their time and talents.

Paul F. Cook, Editor

LETTER TO THE EDITOR

Dear Editor:

When we read our article, "Homosexuality: Getting Beyond the Therapeutic Impasse," published in issue number 1 of Volume 13 of the *AMCAP Journal* (1987), we realized that it included numerous editorial changes which we had not known of or approved. It was unfortunate that, in several instances, these modifications changed the meaning we had intended to convey. Below are clarifications that we believe need to be made.

1. p. 37, third line from the bottom: "homosexuals have persisted in same-sex orientation" should have read "homosexuals' same-sex orientation has persisted." The former implies a measure of conscious, willful volition and choice which we would in no way imply.

2. p. 41, seventh and eighth lines from the top: "his or her same-sex parent" should read "its same-sex parent." We are not stating that these particular pathological family relationships apply to lesbians, as this change would indicate.

3. p. 42, last sentence in paragraph 7: "This attraction underscores their sense of differentness and inferiority, rather than developing a sense of their unity, sameness and mutual competence" should read "their sense of differentness and inferiority is thus underscored, rather than a sense of their unity, sameness, and mutual competence." The "attraction" has no place in the idea we are trying to present here.

4. p. 42, last sentence in paragraph 11: "This is often followed by increased homosexual activity and the conclusion that they are homosexual" should read "this is often followed by the conclusion that they are homosexual and increased homosexual activity." Self-labeling precedes an increase in homosexual activity.

5. p. 51, second sentence in the last paragraph: "the urge to love and relate" should read "the urge to become through loving and relating." It is the urge to become, the striving to realize one's identity, that is the power behind compulsive homosexual behavior. It is much more than just an urge to love.

6. p. 61, first line in paragraph 11: "sexual" should read "social." The need to avoid homosexual sexual relations should be obvious; what is less obvious is that for change to occur, homosexual social relating also needs to be avoided.

7. A change in the next to last paragraph on page 38 indicated an organizational structure that did not exist. It should read: "In the following discussion, six specific erroneous perspectives will be noted, along with a brief consideration of positions believed to be more conducive to the modification of homosexual orientation and behavior." Also, we wrote, "It is here suggested that there have been misperceptions. . . ." We were presenting ideas for consideration, not firm conclusions.

Thank you very much for your adding these clarifications.

Thomas E. Pritt

Reply

First, my deep and sincere apology to Tom and Ann Pritt for these significant errors. After I edit articles, copy editors also do some fine-tune editing. Sometimes, in the attempt to improve communication or style, meaning changes are unwittingly introduced. Consequently, I have always reviewed all modifications for possible changes in meaning. Very regrettably, I missed the important meaning changes Tom has pointed out. I did note change #6, but somehow the copy was changed after my review and was effected without any marking on the review copy. This, however, does not excuse the errors. Again my apology to the authors and also to all readers of the article who may have been unfortunately misled.

Burton C. Kelly

"Thank God for Scarlet Fever"

Elder Vaughn J. Featherstone
Keynote Address
April 1, 1988

This is my second experience of joining with you at general conference time. It is not an easy adjustment to work an additional assignment in during this "oh, so busy week." However, the good your organization is doing is of such mighty import, I felt constrained to accept your kind invitation to speak and share some of my feelings, attitudes, and experiences as one now described in the modern vernacular as an "adult child of a dysfunctional family."

It probably goes without saying that most in this room are aware of my background. My father was an alcoholic and my parents were divorced. We received no child support nor alimony from my father after the divorce. To my knowledge he smoked about two-and-a-half packages of cigarettes a day until he died. Eventually, through Alcoholics Anonymous, he overcame his drinking. He lived the last five years of his life without drinking once. He never could, or at least he never did stop smoking. His death was caused from cancer, liver, and kidney problems. He was only 60 and he suffered excruciatingly before his death.

My mother, on the other hand, died in her 79th year with a smile on her lips and not one particle of pain. It seemed only just that this magnificent woman died without suffering. She lived without companionship for 43 years, raised seven children, worked nights while we were young, and gave her all for her children. No one will ever know the extent to which she suffered through those long years of unpaid bill collectors, worrying about food for her children, or clothes for her family. Somehow I cannot ever recall her complaining about her lot. I know she must have, but it must not have been in front of us, the children.

When I was about 10 or 11 some of the family came down with scarlet fever. In those days that meant we were quarantined, unable to leave the premises. Dad must have stayed with a relative so he could continue to work. Mother was quarantined in the home from late winter to early spring with seven children. We were quarantined for four weeks. When the doctor came to the house to lift the quarantine, two of my other brothers were not feeling well. The doctor examined them, and they were just coming down with scarlet fever. He quarantined the family for an additional three weeks. It's a good thing they were sick. As you can imagine they were not all that popular.

Something happened during that seven week period that was more priceless than rubies or diamonds. A family otherwise fragmented by drink, unmet needs, unconsidered feelings, low self-esteem, and embarrassment—we were compelled to be together. A miracle happened. We were not a religious family but we had a mother who was idealistic and had great integrity. With five boys and two girls all cooped up, it's a wonder the house was still standing at the end of seven weeks. As I recall, it was from about the second week in February through the first week in April. I do not really remember exactly, only that it was cold and the season changed.

We got up together, had breakfast together, we did the dishes, and cleaned the house every day. Then our oldest brother—who was in junior high school—taught us all the exercises he had learned in his gym class. By the time our quarantine ran out I was doing 74 push-ups, 13 chins, and dozens of other athletic skills. I came to love and respect my older brother during those seven weeks. He filled a masculine role in our lives. You cannot believe haw fast we could do the dishes. Every day we would time ourselves after almost every meal.

Mother would read to us. We listened to the old Philco Radio and could hardly wait for programs like "Jack Armstrong, the all American boy," "I love a Mystery," "Jack Benny," and "Amos and Andy." We gathered around the radio and drew close to each other.

Even poor families can become very selfish. Often, in fact, their poverty turns them inward where self-esteem is so low they are constantly concerned with what others are thinking about them.

Every night mother sang us to sleep. We may have sung along. But she always turned out the light. We would listen as she

sang. Despite the darkness, I do not think any of us ever had a concern about safety as long as she was there.

During those seven weeks I grew to love and respect my mother, my brothers and sisters, and prize them as the dearest of friends. We turned to each other and found qualities and talents we did not know existed. We learned some of the most important lessons in life during that period of quarantine—lessons which reach down through the decades to today with profound impact. I thank God for what scarlet fever did for our family.

Many years ago—about thirty years ago—I read a book entitled *Dynamic Leadership* by Lynn Fluckinger. As I prepared this talk, I returned to the bookshelf in my office and extracted this book. It has been a constant reference for me over the years. For my purpose today I want to use just one quote from it.

> Any excuse for nonperformance, however valid, softens the character. When a man uses an excuse he attempts to convince both himself and others that unsatisfactory is somehow acceptable. He is perhaps unconsciously attempting to divert attention from performance, the only thing that counts, to his own want for sympathy. The user is dishonest with himself as well as with others. No matter how good or how valid, the excuse never changes performance. (Wilford Lynn Fluckinger, *Dynamic Leadership* [Salt Lake City: Deseret Book Co., 1962], pp. 53–54.)

In light of this statement, consider the following—no one else possesses us. We have God-given traits as well as the endowment of free agency both of which have come trailing down through the eternities. Eleanor Roosevelt said, "No one else can make you feel inferior without your consent." Things are never hopeless until our minds have surrendered. Possibly one of the great principles to be shared with children or adults from dysfunctional families is a statement made by President Hugh B. Brown. Perhaps he was responding to a statement made by Ridgwell Cullum in his book *The Men Who Wrought* ([Philadelphia: George W. Jacobs Company, 1916], p. 25) where he stated, "Night claims from the overburdened soul the truth which daylight is denied." President Brown said, "Yes, but no matter how dark the night, the dawn is irresistible." All of us who occupy space on this great planet will be tested in one way or another. We are continually engaged in a sifting process. Robert Louis Stevenson expressed his own trials of life in these words:

> For fourteen years I have not had a day of real health. I have wakened sick and gone to bed weary, yet I have done my work unflinchingly. I have written in bed and out of bed, written in hemorrhages, written in sickness, written torn by coughing, written when my

> head swam for weakness—and I have done it all for so long that it seems to me I have won my wager and have recovered my glove. Yet the battle still goes on: ill or well is a trifle so long as it goes. I was made for contest, and the Powers-That-Be have willed that my battlefield shall be the dingy, inglorious one of the bed and the medicine bottle. (Robert Louis Stevenson, cited in O. C. Tanner, *Christ's Ideals for Living* [Salt Lake City, Utah: Deseret Sunday School Union Board], 1955, p. 204.)

As adult children of dysfunctional families, we cannot hide behind our peculiar testing and justify our conduct on the basis of someone else's failure—whether parent or child. I am not referring to extreme cases tied to incest or severe physical abuse. Rather, I am referring to the many who are content to lay the blame for their lack of "mature balance" in life at the feet of their parents who were drinkers or involved in drugs.

For 16 years now I have traveled all over the Church as a General Authority. I have shared my story even though it embarrasses me. There are many hundreds and thousands over the years who have related to my story and background. They have quietly whispered in my ear, "my background is just like yours, my father or mother is an alcoholic." Every week I speak to the youth 12 to 25 in each stake I visit. Always several of them will whisper similar things in my ear. Mothers seem to gain hope that because I came from a family with an alcoholic father, their children can also be normal and well adjusted and may serve in high places in the Church.

Some may think because I talk about it a great deal that I still have some hang-ups. I think I do not. I loved my father, but I did not respect him. Now some of you are psychiatrists and some psychologists. What I have just said reminds me of the psychiatrist and some psychologists. There was a psychiatrist walking through a park with a friend. They met a psychologist coming the other way; the psychiatrist said to the psychologist, "Hello," to which the psychologist responded, "How are you?" As they walked on the psychiatrist said to his friend, "Now, what do you suppose he meant by that?"

Also, I heard about two psychiatrists who met on the street and the one said to the other, "I passed your house the other day." The other man said, "Thanks."

One psychiatrist answered the door and there was a man standing there with a duck perched on his head. The psychiatrist said, "You do have a problem." The duck responded, "Yes, how do I get this guy off my fanny?

As I say, I feel well adjusted, but some trained in psychiatry may feel differently.

I do not resent my father, but rather feel sorrow for all the things which I prize in my life that are important, that he did not have.

We have in the teachings of the Church profound truths to which we subscribe. In one of the great sermons delivered by President Spencer W. Kimball—one which he entitled "Absolute Truth"—he made the following statement.

> God, our Heavenly Father—Elohim—lives. That is an absolute truth. All six billion of the children of men on the earth might be ignorant of him and his attributes and his powers, but he still lives. All the people on the earth might deny him and disbelieve, but he lives in spite of them. They may have their own opinions, but he still lives, and his form, powers, and attributes do not change according to men's opinions. In short, opinion alone has no power in the matter of an absolute truth. He still lives. And Jesus Christ is the Son of God, the Almighty, the Creator, the Master of the only true way of life—the gospel of Jesus Christ. The intellectual may rationalize him out of existence and the unbeliever may scoff, but Christ still lives and guides the destinies of his people. That is an absolute truth; there is not gainsaying.
>
> The watchmaker in Switzerland, with materials at hand, made the watch that was found in the sand in a California desert. The people who found the watch had never been to Switzerland, nor seen the watchmaker, nor seen the watch made. The watchmaker still existed, no matter the extent of their ignorance or experience. If the watch had a tongue, it might even lie and say, "There is no watchmaker." That would not alter the truth.
>
> If men are really humble, they will realize that they discover, but do not create, truth. (*Ensign*, [September 1978]: 2–7.)

Sometimes it may be easy to blend the philosophies and the principles of the scholars with the doctrines and principles of the church to the point that we lose a firm hold on the absolute truths.

We are God's spiritual children and that is an absolute truth. He has eternal and unconditional love for us. He would not consign his children to an eternity of sorrow, sadness, remorse and despair. His work and glory is "to bring to pass the immortality and eternal life of man." (Moses 1:39.)

There is hardly anything more sad in this world than abandonment of or by those we once loved. An absolute truth is that God could not or would not abandon us. We may be tested to the limit, but to those who trust in him, He, through his Son gives this assurance.

> Come unto me, all ye that labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn of me; for I am meek and lowly in heart: and ye shall find rest unto your souls. For my yoke is easy, and my burden is light. (Matthew 11:28–30.)

What an important concept it is to have faith in the fidelity, kindness, love and compassion of a God who is our eternal Father. Sometimes as counselors we bury our own lack of faith behind the philosophies and teachings of the so-called "experts." Even after an angel had appeared to the four brothers Laman, Lemuel, Sam, and Nephi—Laman and Lemuel again began to murmur. But Nephi who had faith declared to his brethren, "Let us be faithful in keeping the commandments of the Lord; for behold he is mightier than all the earth, then why not mightier than Laban and his fifty or even than his tens of thousands?"—an absolute truth. (1 Nephi 3:31, 4:1).

"Is anything too hard for the Lord?" (Genesis 18:14). As counselors we need all the professional training possible, then in addition we need to live clean, sweet, pure lives so that the Spirit will strive with us. We must have faith in miracles. We must plant our feet in the concrete of absolute truth and not be ashamed of those who mock and frown from the "great and spacious building." (1 Nephi 8:26.)

Victor Hugo wrote a great truth which might well be considered by this group. Said he,

> For there are many great deeds done in the small struggles of life. There is a determined though unseen bravery, which defends itself foot to foot in the darkness against the fatal invasions of necessity and baseness. Noble and mysterious triumphs which no eye sees, which no renown rewards, which no flourish of triumph salutes. Life, misfortunes, isolation, abandonment, poverty, are Battlefields which have their heroes; sometimes greater than the illustrious heroes. Strong and rare natures are thus created; misery, almost always a stepmother, is sometimes a mother; privation gives birth to power of soul and mind; distress is the nurse of self-respect; misfortune is a good breast for great souls. (*Les Miserables*, p. 573.)

We have in this Church the principles, teachings, disciplines, and answers far above those in the outside world. We are the best in the world in many things. We have the answers for all who will listen regarding dysfunctional families or any related problems. The world may not believe, and the professionals may mock, but it will ever be thus. Albert Einstein said, "Great spirits have always encountered violent opposition from mediocre minds."

And Voltaire said something that aligns itself with these principles, "Nothing can stand the assault of sustained thinking." As we consider and apply the teachings and principles formed in the Church we will find opposition, but when we consider sustained, inspired thinking as it relates to social problems in the world, we are the leaders.

Now may I share five principles which I think apply to this topic.

1. Charity and purity bring peace; indulgence and transgression bring ill consequences.

A man and woman came to my office. They appeared to be a lovely couple. Over 40 years ago while he was in the military in a distant land she committed adultery with a member of the Church who had recently returned from a mission. Whether it was the lust of the flesh, loneliness, or need for companionship, she made some foolish mistakes. Upon his return from duty and after an anonymous phone call or two, she confessed her indiscretion. The husband took 20 minutes to tell all of the details and background leading up to her unfaithfulness.

He told of his own purity and his personal standard during that period. He had remained faithful to his wife. She sat in my office with her head bowed as he told this story of her unfaithfulness. He wept and sobbed with emotion as he told what she had done. I asked if he had been faithful all of those years since they were married. He went into a circuitous explanation of his own conduct. He was a man of many words. I felt like I was being verbally manipulated to keep from getting to the truth. I kept asking questions which he kept skirting. I knew that in order to help I must have him come clean. Every time he tried to go into a long explanation and digress, I pulled him back by direct questions about his involvement.

Finally, I found that he had been sexually abused by an older cousin. After his military career he had been homosexually involved with several partners over a long period of time. He had been involved as recently as three years ago. After I felt that I had a full and complete confession, then I could exercise ecclesiastical judgment on behalf of the Church.

It was interesting to me that he seemed to draw more sorrow out of her unfaithfulness than his own. When I questioned her I felt an absolute and total repentance. She was submissive, sorrowed greatly, bitterly ashamed and found no fault in anyone

but herself. I felt a great spirit of forgiveness sweep over me in her behalf. It was interesting that I did not have feelings of peace with the Spirit that he was equally repentant. He seemed to have a hard time forgiving his wife, which almost led me to believe that he felt she was responsible for his transgressions.

Charity and purity bring peace, and transgression and indulgence only bring a troubled heart. I believe both had repented, she to a full and total degree, he to a lesser point. Each will feel the relief and peace in direct proportion to his or her degree of repentance.

2. We lose much of value and precious time when we let our dysfunctional family affect our service and utility.

One missionary in the mission field was a wonderful young man. However, every time I received a weekly letter it stated the same thing. "President, I don't like myself. I haven't liked myself since I was in 4th grade." (I have often wondered what happened in fourth grade or at that age.) He said he did not know how his companion or the missionaries in the district could like him. He thought "negatively about himself the whole of the day . . . every day."

Finally, during one personal interview with him I said, "Elder, you are the supreme egoist. How dare you think about yourself all the time. I know it is all negative, but you do not have a right to spend the two years you have committed to the Lord to think about yourself. From this time on I want you to think about the Lord and others, investigators, missionaries, members, your family, but not about yourself." I was pretty forceful with him. Now that may not have been an appropriate way to approach his problem, but it worked. He stopped thinking about himself and went on to become a great zone leader. A short time after I counseled with him, in his weekly letter he said, "President Featherstone, you have saved my very life."

Francois René de Chateaubriand said, "In the days of service all things are founded, in the days of special privilege they deteriorate, and in the days of vanity they are destroyed." Adult children of dysfunctional families do not have the right to be endlessly thinking about themselves. It is a type of supreme selfishness.

Another way of saying this comes from the prophet Ezekiel. There was a saying that was common in Israel and offensive to God. The Lord gave strong counsel in these words, "As I live, saith the Lord, ye shall not have occasion any more to use this

proverb in Israel." What was the proverb or saying: "The fathers have eaten sour grapes and the children's teeth are set on edge" (Ezekiel 18:2–3). It sounds like the Lord was tired of ancient Israel hiding behind an excuse.

3. God is a worker of miracles, even when it seems that he has withdrawn his blessings.

The greatest miracle in our lives may come at the moment of our darkest trial. In 2 Kings 4:8–36 we read the following account of Elisha.

> And it fell on a day, that Elisha passed Shunem, where was a great woman; and she constrained him to eat bread. And so it was, that as oft as he passed by, he turned in thither to eat bread.
>
> And she said unto her husband, Behold now, I perceive that this is an holy man of God, which passeth by us continually.
>
> Let us make a little chamber, I pray thee, on the wall; and let us set for him there a bed, and a table, and a stool, and a candlestick: and it shall be, when he cometh to us, that he shall turn in thither.
>
> And it fell on a day, that he came thither, and he turned into the chamber, and lay there.
>
> And he said to Gehazi his servant, Call this Shunammite. And when he had called her, she stood before him.
>
> And he said unto him, say now unto her, Behold, thou hast been careful for us with all this care; what is to be done for thee? wouldest thou be spoken for to the king, or to the captain for the host? and she answered, I dwell among mine own people.
>
> And he said, What then is to be done for her? And Gehazi answered, Verily she hath no child, and her husband is old.
>
> And he said, Call her. And when he had called her, she stood in the door.
>
> And he said, About this season, according to the time of life, thou shalt embrace a son. And she said, Nay, my lord, thou man of God, do not lie unto thine handmaid.
>
> And the woman conceived, and bare a son at that season that Elisha had said unto her, according to the time of life.
>
> And when the child was grown, it fell on a day, that he went out to his father to the reapers.
>
> And he said unto his father, My head, my head. And he said to a lad, Carry him to his mother.
>
> And when he had taken him, and brought him to his mother, he sat on her knees till noon, and then died.
>
> And she went up, and laid him on the bed of the man of God, and shut the door upon him, and went out.

And she called unto her husband, and said, Send me, I pray thee, one of the young men, and one of the asses, that I may run to the man of God, and come again.

And he said, Wherefore wilt thou go to him to day? it is neither new moon, nor Sabbath. And she said, It shall be well.

Then she saddled an ass, and said to her servant, Drive, and go forward; slack not thy riding for me, except I bid thee.

So she went and came unto the man of God to mount Carmel. And it came to pass, when the man of God saw her afar off, that he said to Gehazi his servant, Behold, yonder is that Shunammite:

Run now, I pray thee, to meet her, and say unto her, Is it well with thee? is it well with thy husband: is it well with the child? And she answered, It is well.

And when she came to the man of God to the hill, she caught him by the feet: but Gehazi came near to thrust her away. And the man of God said, Let her alone; for her soul is vexed within her; and the Lord hath hid it from me, and hath not told me.

Then she said, Did I desire a son of my Lord? did I not say, Do not deceive me?

Then he said to Gehazi, Gird up thy loins, and take my staff in thine hand, and go thy way; if thou meet any man, salute him not; and if any salute thee, answer him not again; and lay my staff upon the face of the child.

And the mother of the child said, As the Lord liveth, and as thy soul liveth, I will not leave thee. And he arose, and followed her.

And Gehazi passed on before them, and laid the staff upon the face of the child; but there was neither voice, nor hearing. Wherefore he went again to meet him, and told him, saying, The child is not awaked.

And when Elisha was come into the house, behold, the child was dead, and laid upon his bed.

He went in therefore, and shut the door upon them twain, and prayed unto the Lord.

And he went up, and lay upon the child, and put his mouth upon his mouth, and his eyes upon his eyes, and his hands upon his hands; and he stretched himself upon the child; and the flesh of the child waxed warm.

Then he returned, and walked in the house to and fro; and went up, and stretched himself upon him; and the child sneezed seven times, and the child opened his eyes.

And he called Gehazi, and said, Call this Shunammite. So he called her. And when she was come in unto him, he said, Take up thy son.

As President Hugh B. Brown said, "Death is not the end, it is putting out the candle because the dawn has come."

4. Love is essential.

The French scientist, Chardin, stated, "Someday after we have mastered the winds and the waves and gravity, we will harness for God the energies of love and then for the second time in the history of the world man will have discovered fire."

Urie Bronfenbrenner, a noted family specialist, has observed that "every child should spend a substantial amount of time with somebody who's crazy about him . . . there has to be at least one person who has an irrational involvement with that child, someone who thinks that kid is more important than other people's kids, someone who's in love with him and who he loves in return . . . you can't pay a woman to do what a mother will do for free." (*Psychology Today*, May 1977, p. 43)

I have a grandson named Joseph. He is totally deaf. My daughter, Jill, has this "irrational involvement" with him. She is crazy about him, and he loves her. One day I was sitting in the living room reading; I was all alone. Joseph came into the room. Above our stereo we have a picture of Jill in her wedding gown. She is a beautiful woman, and I am crazy about her. Joseph walked over to the stereo and put his hands up on the stereo, like we might do with a pulpit. He stared almost without moving at this 24" x 30" framed picture of Jill. He must have stood there for nearly five minutes while I watched. It was almost like I had a little window into his mind and I could see inside. I imagined what that little 3-year-old boy was thinking.

Many people will find the hope and help they need when they find that someone who is absolutely nuts about them.

There are shepherds in the land and "the shepherd does not recoil from the diseased sheep." In the book of Ezekiel 34:2–6, 12, 16 we read:

> Son of man, prophesy against the shepherds of Israel, prophesy, and say unto them, Thus saith the Lord God unto the shepherds; Woe be to the shepherds of Israel that do feed themselves: should not the shepherds feed the flocks?
>
> Ye eat the fat, and ye clothe you with the wool, ye kill them that are fed: but ye feed not the flock.
>
> The diseased have ye not strengthened, neither have ye healed that which was sick, neither have ye bound up that which was broken, neither have ye brought again that which was driven away, neither have ye sought that which was lost; but with force and with cruelty have ye ruled them.
>
> And they were scattered, because there is no shepherd: and they became meat to all the beasts of the field, when they were scattered.

> My sheep wandered through all the mountains, and upon every high hill: yea, my flock was scattered upon all the face of the earth, and none did search or seek after them.
>
> As a shepherd seeketh out his flock in the day that he is among his sheep that are scattered; so will I seek out my sheep, and will deliver them out of all places where they have been scattered in the cloudy and dark day.
>
> I will seek that which was lost, and bring again that which was driven away, and will bind up that which was broken, and will strengthen that which was sick: but I will destroy the fat and the strong; I will feed them with judgment.

There are shepherds for every flock. We do well to consider the righteous consequences of a leader who functions under the full mantle of his or her ecclesiastical responsibility.

5. Gethsemane may be our Prayer Garden as well.

Ella Wheeler Wilcox wrote these magnificent words in her poem which she entitled "Gethsemane."

GETHSEMANE

In golden youth when seems the earth
A Summer-land of singing mirth,
When souls are glad and hearts are light,
And not a shadow lurks in sight,
We do not know it, but there lies
Somewhere veiled under evening skies
A garden which we all must see—
The garden of Gethsemane.

With joyous steps we go our ways,
Love lends a halo to our days;
Light sorrows sail like clouds afar,
We laugh, and say how strong we are.
We carry on; and hurrying, go
Close to the border-land of woe,
That waits for you, and waits for me—
Forever waits Gethsemane.

Down shadowy lanes, across strange streams,
Bridged over by our broken dreams;
Behind the misty caps of years,
Beyond the great salt fount of tears,
The garden lies. Strive as you may,
You cannot miss it in your way,
All paths that have been, or shall be,
Pass somewhere through Gethsemane.

All those who journey, soon or late,
Must pass within the garden's gate;
Must kneel alone in darkness there,
And battle with some fierce despair
God pity those who can not say,
"Not mine but thine," who only pray,
"Let this cup pass," and cannot see
The purpose in Gethsemane.
(Ella Wheeler Wilcox, *Poems of Power* [Chicago: W. B. Conkey Co.], pp. 147–48.)

All of humanity must face a Gethsemane. The comforting thought which we might want to consider is this. Jesus, in that brief agonizing moment in Gethsemane, went through every conceivable type of suffering. It is my understanding that he not only suffered for the transgressor, but for all. Every feeling of despair and loneliness which the widow feels he has felt. The abandonment and devastation which comes to every orphan, those who are unemployed or desperately ill, those who are homely or beautiful, rich or poor all have feelings which he has felt. He descended below all, that he might ascend above all. Every hurt or ache or sorrow we feel he has experienced to a degree that not one of us can comprehend.

There are numerous principles of the gospel that tie directly to the solving of social and emotional problems. I think in time we will find that every true principle, every positive therapeutic benefit, all healing ties back to the Atonement of the Lord Jesus Christ and to his ministry. So my testimony today is, whether it be a woman with an issue of blood, a Shunammite widow, a quarantined family with scarlet fever, an incest victim, or an adult child of a dysfunctional family, we can, and we will minister.

I love the Lord. He is my King and I am his subject—subject to all he would demand of me. He is my liberator and I am free, he can and will set the world free. He is not only the Son of God, He is God. He is compassionate, kind, long suffering, meek and lowly, and He is the magnificent obsession of my life. He is my very dearest friend. I bear witness that He lives and is the center of all faith, hope, and charity. In the name of Jesus Christ. Amen.

Elder Vaughn J. Featherstone is a member of the First Quorum of the Seventy of The Church of Jesus Christ of Latter-day Saints.

Family Influences on Adolescent Development in Non-Problematic L.D.S. Families

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Abstract

We hypothesized that balanced family cohesion and adaptability are related to positive adolescent identity development. These variables were measured using Olson's FACES II and Adams's EOM-EIS in a sample of 61 Mormon, non-problematic families with a high school sophomore age son or daughter, living in urban and rural counties of Utah. Initial analyses using Olson's FACES II adaptability and cohesion subscales failed to show any relationship between these measures of family functioning and identity status as measured by Adams's EOM-EIS. We found that four subscales derived from factor analysis of FACES II did prove more predictive with this particular sample. Two of these measures, labeled Family Boundaries and Democratic Problem Solving, were related to positive identity achievement.

The adolescent years are a time of tremendous change, both for youth and their families. It is a time of finding one's identity as manifested by trying new ways of walking, styling hair, handwriting, or dancing. More significantly, it is a time of deciding who one is and what one stands for. This search for identity, and the new and different behaviors that accompany it, also creates changes and stresses in adolescents' families.

Most popular attention, and even most research, on adolescents has concentrated on these stresses in families. The problems of adolescents—accidents, drug use, and sexual activity—also receive the most interest. These are real concerns. But for the majority of families, the changes due to the onset of adolescence are not necessarily for the worse. The purpose of this research was to

study families that seemed capable of helping their adolescents go through this period of searching for identity in a constructive manner.

Adolescent Identity Development

Erik Erikson (1959, 1963, 1968) was the first to identify the individual's search for identity as the central task of adolescence. Erikson proposed that human psychosocial development progressed in stages, with each stage building on the last one. Erikson's fifth stage of development corresponds with the adolescent years (see Table 1). He called this stage "Identity Achievement vs. Role Diffusion." According to Erikson, if adolescents fail to successfully resolve this task, their ability to meet the succeeding tasks in adulthood is impaired.

Table 1

Erikson's Eight Stages of Psychosocial Development

Developmental Stage	Psychosocial Task
1. Infancy	Trust vs. Mistrust
2. Early childhood	Autonomy vs. Shame, doubt
3. Preschool	Initiative vs. Guilt
4. Middle childhood	Industry vs. Inferiority
5. Adolescence	Identity vs. Role Diffusion
6. Young adulthood	Intimacy vs. Isolation
7. Adulthood	Generativity vs. Stagnation
8. Later life	Integrity vs. Despair

Others since Erikson have recognized identity formation as the major developmental task facing adolescents (Bosma & Gerrits, 1985; Conger, 1975; Grotevant & Cooper, 1985; Josselson, 1980; La Voie, 1976; Powers, Hauser, Schwartz, Noam, & Jacobson, 1983). This emphasis is warranted in contemporary society where,

without some sense of who one is and where one is going, an adolescent is inadequately prepared to face the numerous pressures of life (Adams, 1976). As Newman and Murray (1983) have stated:

> Young people are faced with an adulthood of expanding choices. . . . There is increasing social acceptance of the choices of singlehood, premarital sex, childlessness, and a variety of career-family configurations. As the society's expectations for entry into adulthood roles becomes more flexible, a greater burden falls on the strength of personal identity to select and direct the course of adult life. We must begin to understand the family processes that contribute to the sense of agency and the commitment to goals that would allow a young person to take hold of the direction of his or her future (p. 294).

James Marcia (1966) was among the first to operationalize Erikson's theory of identity development so that it could be tested. Based on identifying the presence or absence of an individual's experience with *crisis* and *commitment*, Marcia proposed four identity statuses (as shown in Table 2). These four statuses may be viewed as different degrees along a continuum of identity formation.

Table 2

Criteria for the Identity Statuses

ID Status	Diffusion	Foreclosure	Moratorium	Achievement
Crisis	none	none	in crisis	yes
Commitment	none	yes	yes (vague)	yes

In the identity *diffusion* status, the adolescent has experienced little crisis over identity issues and has made no commitment to any goals. The individual's energies are unfocused and diffused in many directions. Further, the diffused person has no particular concern over this lack of direction. In the *foreclosure* status, identity has been "obtained" through assimilation of the parents' standards, values, and ideology with little individual searching or crisis. Rather than going through a process of searching themselves, adolescents in this category have adopted the values of parents,

school, and church without questioning them. As the name of the *moratorium* status implies, the adolescent is currently in a state of searching or crisis, trying out different identities like parts in a play. This individual realizes the important decisions to be made, but is not making any commitments yet. An adolescent who has decided on values, beliefs, and goals based on his/her own searching, is considered to be in the *identity achievement* status. This is goal of identity development according to Erikson in that the adolescent has decided after independent thought and exploration. As Table 2 indicates, the identity achieved status is the only one combining both crisis or searching with decision and commitment.

These statuses were originally thought by Marcia to apply mainly to issues of occupation, politics, and religion. Others have argued that identity development is important in other areas, and that these issues may not be equally applicable to males and females (Douvan & Adelson, 1966; Josselson, Greenberger, & McConochie, 1977; Thorbecke & Grotevant, 1982). Recently, Grotevant and Adams (1984) have expanded on Marcia's model to include two broad domains: ideological (occupation, politics, religion, and philosophical lifestyle); and interpersonal (dating, friendship, recreation, and sex role). Identity development is thought to occur in each of these areas, though not necessarily at the same rate in each.

Influences on Identity Development

The bulk of earlier research on adolescent identity development has drawn the conclusion that peers, and not family or parents, have the most influence on identity development (Coleman, 1980). The emphasis placed on the "generation gap" diverted attention away from the possibility that parental and familial influence remained important. Due to these assumptions, and the prevailing "storm and stress" view of adolescence, limited research has been done to assess the extent to which parents facilitate or retard normative growth toward maturity.

In assessing the influence of parent relationships, it is also important to understand that in the search for identity, adolescents may turn to parents on some issues, peers on others, and parents on still others (Young & Ferguson, 1979). In addition, concern for different issues reaches a peak at different stages in the adolescent process (Coleman, 1978).

The studies on the role of family influences on adolescent development that have been done have employed a deficit model

to examine correlates of social and behavioral problems of adolescents (Rutter, 1980). Few have looked at the features of functional family relationships.

> "Normal" families have primarily been used as control groups in most studies and have not been the focus of research in their own right. As a result, we now know a great deal more about the characteristics of problem families and can only assume that normal families are simply lacking those characteristics. What we do not know are the positive aspects of families that help them function more effectively (Olson, McCubbin, Barnes, Larsen, Muxen, & Wilson, 1983, p. 19).

Parent-Adolescent Interaction

Some research does exist (Conger, 1975; Jordan, 1971; Josselson, 1980; La Voie, 1976) which shows that different parental socialization styles may either enhance or hinder the ego-identity process. Ego-identity development will be enhanced greatly if a warm, positive relationship exists between both parents and the adolescent. Adams and Jones (1983) and Conger (1975) defined a warm, positive relationship as one which includes democratic parenting styles, minimal restrictiveness, openness to discussions, general psychological support, and the same-sex parent as a salient model. Moreover, research evidence and clinical experience also suggest that the family's ability to adapt to the changes brought on by the adolescent's development has implications for the process of identity formation (Grotevant, 1983; Grotevant & Cooper, 1986; Thorbecke & Grotevant, 1982).

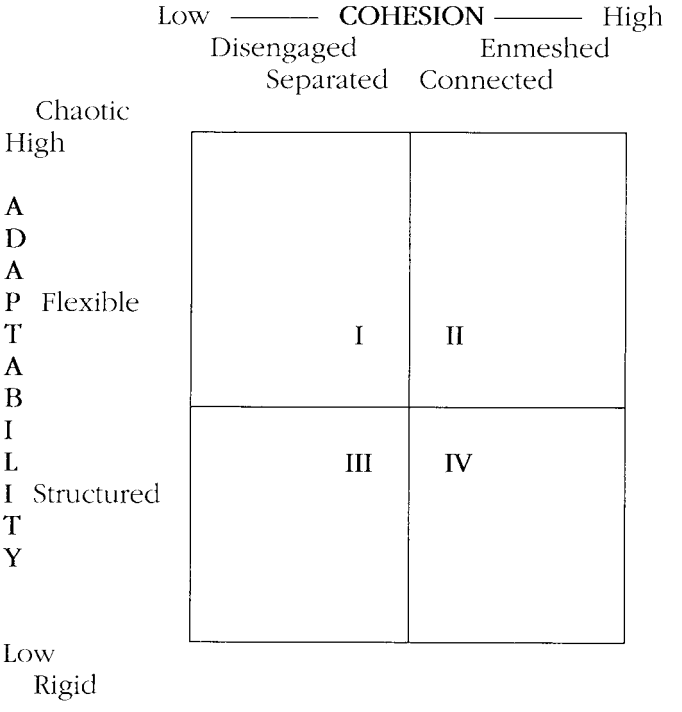
The recent development of the circumplex model (Olson, Portner, & Bell, 1982) of family adaptability and cohesion provides a systematic way of categorizing these two important aspects of family functioning: cohesion (closeness, unity) and adaptability (flexibility). As Figure 1 (on the next page) shows, these two dimensions can differentiate four broad family types. These family types represent interaction patterns that may influence the well-being and development of family members. In this study, the purpose was to investigate the influence of these two dimensions of family functioning on the development of adolescent identity.

Methodology

The data for this study is a subset of the data collected in conjunction with the Utah Parent Teen Relationship Project funded by the Agricultural Experiment Station at Utah State University. They were collected in the first of three years of planned data collection.

Figure 1

Circumplex Model: Types of Family Systems



Note. Adapted from Olson, Portner and Bell, 1982 (p.7).

Subjects

The sample for this study consisted of 61 intact families. Thirty-one of these families reside in cities along Utah's Wasatch Front, which is the most densely populated and most metropolitan area in Utah. The remaining 30 families live in Beaver and Millard counties, which are rural areas of Utah.

The families were identified and recruited by the local County Extension Agent in each participating county. A letter describing the Parent-Teen Relationship Project and requesting volunteer families was mailed to eligible 4-H families. Identified families were non-problematic, in the parents' first marriage, L.D.S., with a high-school sophomore-age adolescent.

Instruments

Two instruments were used to gather data for this study. The Revised Version of the Extended Objective Measure of Ego Identity Status (EOM-EIS, Bennion & Adams, 1986) was used to assess each adolescent's identity status in the ideological and interpersonal domains. A second instrument, the Family Adaptability & Cohesion Evaluation Scale II (FACES II, Olson, et al. 1982), was used to measure the independent variables of family cohesion and adaptability.

The EOM-EIS is a self-report measure which was designed to measure Marcia's (1966) ideological domain and interpersonal issues in identity development. Ideological dimensions of identity assessed include occupational, political, religious, and philosophical commitment and exploration. Interpersonal dimensions assessed include friendship, dating, sex role, recreational commitments and exploration. There are two questions for each dimension of each of the four identity statuses (diffusion, foreclosure, moratorium, achievement) making a total of 64 questions. The EOM-EIS employs a Likert scale format ranging from 1 (strongly agree) to 6 (strongly disagree). Scoring results in an identity status scale score for both the Ideological and the Interpersonal domains. Reliability based on estimates of internal consistency was measured by Cronbach's alpha. The alphas ranged from .58 to .80 for the eight ideological and interpersonal subscales, indicating moderate to good internal consistency.

FACES II was constructed to specifically measure the two major dimensions of cohesion and adaptability in the Circumplex Model and to overcome limitations of the original FACES. FACES II enables the researcher to classify individual families within the Circumplex Model. Also a self-report measure, this instrument permits individual family members to describe how they perceive their family. Olson, Portner, and Bell (1982) tested and reported reliability based on estimates of internal consistency measured by Cronbach's alphas. The alphas averaged .87 for cohesion and .78 for adaptability. The total scale alpha was .90. In the present study, the overall alpha of .90 for FACES II was identical to Olson's. The cohesion and adaptability subscale alphas of .89 and .80, respectively, were higher in this study than Olson, et al., in their study (1982).

Data Collection

Eleven interviewers were screened, trained and hired to collect the data for the larger project from which these data were taken. Three interviewers met with each family which included the mother, father, and their adolescent, during the winter through spring of 1987. The interview session required approximately three hours with a combination of individual interviews, self-report questionnaires, and family interaction sequences. For this study, only the adolescent's responses to the FACES II and EOM-EIS were used. Mothers provided family background information by completing an additional form. Confidentiality of each subject's responses has been maintained throughout the study.

Data Analysis

The influence of family adaptability and cohesion on adolescent identity development was assessed using Analysis of Variance. Adolescents were grouped by their scores on the EOM-EIS into the four identity statuses: (1) Diffused, (2) Foreclosed, (3) Moratorium, and (4) Achieved. Mean scores on the FACES II subscales were compared by identity status for significant differences.

Results

As we would expect for this middle-adolescence age group, the largest percentage of adolescent subjects were in the foreclosure status (simply adopting parent's values), with the next largest group in the moratorium status (searching and undecided). As Table 3 shows, a higher percentage of males than females was in the foreclosure status for both the ideological and interpersonal domains. Relatively few were in the diffused (undecided and unconcerned) or achieved (own decision after searching) statuses.

Comparing mean scores on Olson's FACES II for each identity status group using ANOVA failed to show any significant effects. Through further factor analysis Olson's two scales were each broken into two subscales (four total) referred to as: Cohesion Subscale I, which was named "Family Bonding;" Cohesion Subscale II, which was named "Family Boundaries;" Adaptability Subscale I, which was named "Respect for Individual Expression;" and Adaptability Subscale II, which was named "Democratic Problem Solving." Utilizing these factors as separate scales, at the $p < .05$ level of significance, differences between the four identity statuses on the regrouped family subscales became evident.

Table 3

Frequencies of Adolescent Males & Females in the Identity Statuses as measured by EOM-EIS

	Males n=23		Females n=36		Total n=59	
Category	%	n	%	n	%	n
Ideological Identity Status						
Diffusion	9	2	11	4	10	6
Foreclosure	52	12	47	17	49	29
Moratorium	30	7	25	9	27	16
Achievement	9	2	17	6	14	8
Interpersonal Identity Status						
Diffusion	13	3	17	6	15	9
Foreclosure	52	12	39	14	44	26
Moratorium	26	6	36	13	32	19
Achievement	9	2	8	3	9	5

Note. EOM-EIS is the Extended Version of Objective Measure of Ego Identity Status revised by Bennion and Adams, 1986.

The names of these scales were an attempt to reflect what the scale seemed to be assessing. The items in the "Family Bonding" subscale grouped around the concepts of emotional closeness and support. The "Family Boundaries" subscale assessed the family's sense of unity within itself and its separateness from others outside the family. The subscale named "Respect for Individual Expression" dealt with the freedom of family members to express their feelings and to hold differing opinions. The fourth subscale, "Democratic Problem-Solving," assesses the extent to which all family members participate in making rules and solving problems.

The factors of Family Boundaries and Democratic Problem Solving were related to identity development in the ideological domain (occupation, religion, politics, and philosophical lifestyle). As Table 4 shows, adolescents in the foreclosure, moratorium, and achievement status each perceived their family boundaries to be significantly more distinct than youth in the diffusion status. Foreclosure and achievement youth perceived their families to be more democratic than youth in the diffusion status.

Table 4

One-Way ANOVA
For Revised Cohesion & Adaptability Factors
by Identity Status: IDEOLOGICAL

Variable	Mean for Identity Statuses				
	Diffusion n=10	Foreclosure n=29	Moratorium n=16	Achievement n=8	F Prob
Cohesion 1 Family Bonding					.280
Cohesion 2 Family Boundaries	-1.27	.256	-.086	.233	.005*[a]
Adaptability 1 Respect for Individual Expression					.623
Adaptability 2 Democratic Problem Solving	-.852	.085	-.140	.623	.042*[b]

* $p = <.05$

a Cohesion 2: Family Boundaries
Significant difference between Ideology, Diffusion, and Foreclosure; Ideology, Diffusion and Moratorium; and, Ideology, Diffusion and Achievement.

b Adaptability 2: Democratic Problem Solving
Significant difference between Ideology, Diffusion and Foreclosure; and Ideology, Diffusion and Achievement.

In the interpersonal domain, the same two factors of Family Boundaries and Democratic Problem Solving proved significant, but in different patterns. As Table 5 shows, adolescents in the moratorium and achievement status perceived their family as having less definite boundaries than youths in the foreclosure status. On the democratic problem solving variable, youth in the achievement and moratorium statuses perceived their families as less democratic than youth in the diffusion status. Achievement status youth also differed from foreclosure youth on this variable.

Table 5

One-Way ANOVA
For Revised Cohesion & Adaptability Factors
by Identity Status: INTERPERSONAL

Variable	Mean for Identity Statuses				
	Diffusion n=10	Foreclosure n=29	Moratorium n=16	Achievement n=8	F Prob
Cohesion 1 Family Bonding					.4
Cohesion 2 Family Boundaries	.131	.366	-.417	-.481	.04*[c]
Adaptability 1 Respect for Individual Expression					.366
Adaptability 2 Democratic Problem Solving	.573	.197	-.333	-.748	.027*[d]

* $p = <.05$

c Cohesion 2: Family Boundaries
Significant difference between Interpersonal, Foreclosure and Moratorium; and, Interpersonal, Foreclosure and Achievement.

d Adaptability 2: Democratic Problem Solving
Significant difference between Interpersonal, Diffusion and Achievement; Interpersonal, Diffusion and Moratorium; and, Interpersonal, Foreclosure and Achievement.

In this study, the aspects of cohesion and adaptability represented by the Family Boundaries and Democratic Problem Solving scales were significantly related to identity status, although the direction of the relationship differed for the ideological and interpersonal domains. The other two factors, Family Bonding and Respect for Individual Expression, were not significant. This does not imply that these latter variables are not important in families. In this study's homogeneous sample, there was not enough variability on these responses for these scales to differentiate between families. These non-problematic families probably were high on these scales due to actual behavior. This was probably made greater, though, because of a social expectation that they "should" be high as Mormon families.

The most interesting finding of this study is in the contrasting relationship between Family Boundaries, Democratic Problem Solving, and adolescent identity development depending on the identity issues in question. The variables were positively related to identity development in the ideological domain, but negatively related in the interpersonal domain. This is perhaps explained by the focal theory (Coleman, 1978) which proposes that different issues come into focus at different times during adolescence.

Ideological values of occupation, religion, and politics are ones that adolescents turn to parents as referents on more so than they do to peers (Young & Ferguson, 1979). For interpersonal issues, however, such as dating, friendship, sex roles, and recreation, adolescents refer more to peers and popular culture than parents.

Depending on how adolescents perceive their family boundaries and decision making, determines whether they are more influenced by parents or by peers. Based on which referent they look to, they will be more likely to be dealing with ideological issues or interpersonal issues.

Based on this study, it appears that if adolescents are looking to parents as their referents because of a sense of strong family boundaries and democratic treatment within their family system, they are more likely to have done exploration within the ideological domain. By the same token, they are less likely to have done exploration in the issues related to interpersonal identity.

Those adolescents who perceive their family boundaries as being less strong and their decision making processes as being less democratic are more likely to look to their peers as their referents. Consequently, they will have done more exploration in the interpersonal issues and less in the ideological issues.

For parents and practitioners who are concerned that adolescents make decisions about their interpersonal relationships based on goals and values that fall in the ideological domain, this has important implications. It seems desirable for adolescents to decide some of the identity issues related to the interpersonal domain after having resolved some of the identity issues related to the ideological domain. That being the case, professionals need to help parents and their families develop the clear family boundaries and democratic decision making patterns that facilitate identification with parents and focus on the ideological identity issues.

Although the data in this study don't directly demonstrate it, adolescents in families with strong boundaries but non-democratic patterns are likely to perceive the family's boundaries more negatively. Additionally, adolescents whose families have very loose boundaries with democratic styles may perceive their families positively, but have less clarity over expectations. For the purposes of developing an ideological foundation on which to base later interpersonal decisions, it may be that the combination of strong boundaries and democratic decision-making patterns that include the participation of adolescents may be necessary.

The findings of this study reflect the small, homogeneous, and non-problematic sample used. Future research that uses larger, more diverse samples of mid-adolescence age youth could further clarify the influence of family socialization on identity development. As the Utah Parent Teen Relationship Project continues to follow these adolescents over time, it will be possible to determine more clearly how the focus of their attention shifts from interpersonal to ideological issues, or vice-versa, based on age and family interaction. Considering previous research, and the findings reported here, it seems important to further study the factors in the family environment that promote the positive development of identity in adolescence.

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THE BOOK OF MORMON AND HEALING

Stephen Dane ZoBell

As counselors and therapists, we are dedicated to the process of healing our clients. That process not only includes our time directly spent with our clients, but also our effort in preparing to assist them. Consequently, we expend a great deal of time, energy, and means in research, study, and training so we are equipped with the skills, techniques, and concepts which will enhance our ability to influence and persuade those who seek our guidance. Not only do we often encounter resistance in our clients, but we experience inertness in ourselves. Many situations occur where we face impasses in facilitating change. These blockages occur professionally. They also occur personally—both within ourselves and between ourselves and our own family.

As a counseling practitioner, I seldom believe I have tapped the incredible power of the gospel in dealing with my clients. In searching the scriptures, I noted the Bible's focus on physical healing. The blind were able to see, the deaf to hear, the lame to walk. All of these miracles of changing a situation of handicap into a situation of ability were brought on by the power of combined faith. With few exceptions, however, when the Book of Mormon focuses on healing, it draws our attention, not simply to the healing of the body, but to the healing of the mind and the soul also. We will explore several examples. In the 27th chapter of Mosiah, we learn of the miraculous change of Alma the Younger. He had once been a rebel against the Church. But upon seeing an angel, he "could not open his mouth and he became weak and he was carried helpless" to his father (Mosiah 27:19). As he later described the experience, he was changed through a type of intensive self-focus that magnified his ability to perceive his weaknesses. This self-scrutiny led him directly to the understanding that he could change for the good only if he

established a relationship with the Savior (Alma 36). This potent process enabled Alma to become one of the gospel's chief advocates.

Ammon's conversion experience was similar to Alma's (Mosiah 27). In turn, King Lamoni was powerfully influenced by Ammon because of Ammon's ability to relate to him. Specifically, upon hearing Ammon's discourse about the plan of salvation, Lamoni was awe struck and "fell unto the earth, as if he were dead" (Alma 18:42). Ammon recognized the process and "knew that the dark veil of unbelief was being passed away from his mind" (Alma 19:6). Upon coming back to consciousness, Lamoni indicated that he had seen the Savior. His wife also went through a similar experience in a trance-like state. Though they were previously entrenched in the traditional iniquities of their people, the king and his wife became determined to focus on the positive aspects of the gospel—for "their hearts had been changed . . . They had no more desire to do evil" (Alma 19:33).

Aaron, Ammon's brother, administered the gospel to Lamoni's father—the king of all the land (Alma 22). After hearing Aaron's sermon, the old king desired to "have this wicked spirit rooted out of [his] breast." (Alma 22:15). Like his own son before him, when he supplicated the Lord in prayer, "he was struck as if he were dead." (Alma 22:23). As a result of his consequent conversion, this corrupt king changed his negative administration to one having a positive gospel orientation.

Ammon and Aaron's affect on individual but influential Lamanite leaders is reminiscent of the impact of a powerful discourse delivered by their grandfather, King Benjamin. This king's sermon was so potent and the faith of his subjects was so substantive that they declared: "[We have had] a mighty change . . . in our hearts, that we have no more disposition to do evil, but to do good continually" (Mosiah 5:2). It is interesting to note, therefore, that these brothers, the sons of Mosiah, the grandsons of King Benjamin, set out on their missionary quest to the Lamanites to "cure them of their hatred. . . . That there should be no more contention in the land" (Mosiah 28:2).

Two brothers, Nephi and Lehi, also went among the Lamanites. They had astounding success converting 8,000 to the gospel (Helaman 5: 19). However, when they entered the land of Nephi, they were cast into prison. After a few days some of the soldiers returned to the prison to kill them. But by miraculous intervention, Nephi and Lehi were protected. In the process, some 300 witnesses of the event experienced "joy which is unspeakable"

(Helaman 5:44). These witnesses changed their focus of attention, and by vocalizing their experience to others, "the more part of the Lamanites were convinced. . . . And did lay down their weapons of war and also their hatred and traditions of their fathers" (Helaman 5:50-51).

Other Book of Mormon examples of healing conversions may be covered in significantly less detail than the above illustrations, yet they are equally affirming of the nature of healing which comes through conversion. The changes to the lifestyles of Amulek (Alma 8) and Zeezrom (Alma 15) are two examples.

As these examples from the Book of Mormon point out, it is possible that contentious, hateful, fearful and selfish lifestyles can be transformed to lifestyles which are full of joy, obedience to God, compassion and service. Moreover, as each of the above samples show, the individuals instrumental in facilitating these profound changes were endowed with powerful attributes.

As practitioners of health care services, we too are interested in influencing change in our clients. Our task is to bring healing to others, whether that healing be mental, physical, spiritual, behavioral or relational. We should anxiously seek the most powerful tools.

Truly, the Book of Mormon gives powerful examples of changes in the lives of individuals, but are these examples pertinent to our day and circumstances? I have a strong belief that Mormon made no mistakes in compiling the records that comprise the Book of Mormon. He edited the Book of Mormon by the power of inspiration. Of the hundreds, even thousands, of possible anecdotes that he could have included, he chose, through divine guidance, many illustrations of the miraculous change of heart, attitude and mind. Mormon gave us examples of intense and dedicated care-givers, who suspended frills and tangents in their own lives so they could intensely focus their unfailing faith on the spiritually feeble. The end result was healing. His examples are not in the Book of Mormon by accident. The book was written for our day and for our circumstances. Each character and each story was carefully chosen by Mormon and Moroni as examples to us, so we could apply the lessons and processes in our own personal situations (see Mormon 3:16–22; 8:34–35).

The Book of Mormon examples which I have related focus on the miraculous change of mind, heart, and attitudes of various individuals and the processes whereby these miracles took place. As Moroni pointed out, miracles cease because people "dwindle in unbelief" (Mormon 9:20). He also indicated that power to

influence change (repentance) in others and to mobilize angelic or miraculous intervention comes as a direct result of our belief in the Savior (Moroni 7:29–33). We would do well, as therapists, to emulate the examples of change set forth in the Book of Mormon, and to exercise our faith that the end result will be a mighty change in our clients. It is my firm belief that the Book of Mormon is a divine collection of specific examples that are pertinent to our day in general which reach each of our own unique roles. If we, as professionals, rely on the illustrations, study the helper, the person being helped, and the process of helping, we stand to gain a powerful methodology. For example, if we meticulously study Ammon's approach, we find the following steps of helping which leads to healing:

(1)Ammon got *his own* life in order, including restoring damage he had created (Mosiah 27:33-35).

(2)He and his brothers *developed a plan* (Mosiah 28:1-2). The plan conflicted so much with the established pattern of their day that they were mocked for their determination to cure the Lamanites (Alma 26:23-25).

(3)He sought *approval from the authorities*—his father, King Mosiah (Mosiah 28:5-8)—and confirmation from the Lord (Alma 17:10-11).

(4)*Adequate preparation* was made for the task (Alma 17:9).

(5)Ammon dedicated his entire resources to *serving* his supposed enemy (Alma 17:23-25; 18:10).

(6)Through service, dedication and willingness, Ammon earned *curiosity*, *interest*, and *influence* over King Lamoni (Alma 18:1-5, 18, 20).

(7)Ammon used the curiosity that he had created and the influence that he had earned to *promote the gospel*—the *essence of healing and change* (Alma 18:36-39).

(8)Ammon facilitated the process of change, but *unknown and miraculous powers which he believed in*, also fostered the *rearrangement of the basic nature* of the King (Alma 19:6).

In this scenario, a helper used a healing process (a method generally unknown to conventional professionalism), to assist an individual who wanted help. I cannot fully explain the process due to my own limitations and lack of understanding. However, we can all recognize that the end result—the changing of the basic

focus of a human soul from negative destruction to positive creation—is something that all counseling practitioners seek after. Just because I cannot explain it, or understand it, does not mean that I do not believe in it. Numerous other examples of healing given in the Book of Mormon can be scrutinized. From them we can extract knowledge, process, and case examples that can give us more powerful tools in therapy, which can undergird our already existing professional skills and techniques.

The scriptures are replete with the concept and example of healing. We are told that the Savior would be resurrected with "healing in his wings" (2 Nephi 25:13) and that "with his stripes we are healed" (Mosiah 14:5). The Savior enjoined the Nephites to "be converted that I may heal you" (3 Nephi 9:13)—an injunction which can be specifically applied to our own lives and the lives of our clients. This specific advice given by Alma to Zeezrom—"if thou believest in the redemption of Christ thou canst be healed" (Alma 15:8)—applies to all mankind, including therapists and clients.

Many times during my counseling career I have felt that my own attitude and approach at helping needed to be healed. There are also numerous times when I have labored with difficult clients and have seemed to have had no influence. I feel inept in working with those of God's children who struggle with homosexual orientation, or who are categorized by others as borderline personality disorders, or who have defiant, unChrist-like attitudes. I often seem bereft of ideas or skills to facilitate change. Though my skills are weak and my knowledge is limited, I do know this: When I use as my models and case studies the characters and stories from the Book of Mormon, when I can use the influence that I have to persuade clients to believe in the healing miracles of the gospel (which come through the Savior), and when I convey my own personal excitement about the possibility of "a mighty change of heart" as frequently illustrated in the Book of Mormon, my clients seem to respond more positively and I notice behind the scenes miracles taking place. Although I do not possess the same skills as Ammon, Aaron or Benjamin, I do believe that miraculous changes can take place. Occasionally, I have experienced personally or in therapy the miracle of a mighty change of heart. I have occasionally witnessed hateful and contentious clients develop an attitude of having "no more disposition to do evil."

President Ezra Taft Benson has told us that it is possible to change human nature. When he was President of the Quorum of Twelve Apostles, he said,

> The Lord works from the inside out. The world works from the outside in. The world would take people out of the slums. Christ takes the slums out of people, and then they take themselves out of the slums. The world would mold men by changing their environment. Christ changes men, who then change their environment. The world would shape human behavior, but Christ can change human nature.

President Benson then quoted President David O. McKay as saying "human nature *can* be changed here and now" (*Ensign* [November 1985]). We need to emulate the miraculous changes that we read about in the Book of Mormon in order to facilitate the type of change that President Benson has discussed.

The Book of Mormon has become my most important text in guiding me to facilitate the healing of my clients. While professional courses, seminars, testing, and other secular approaches are important, I have found that the true power to heal comes forth from a belief that miraculous and profound change is possible through a Christ-centered process. The Book of Mormon gives us many succinct examples of this type of process.

As professionals, our time and attention is often focused on increasing our secular knowledge, research, and skills. Perhaps we need to consider making room for more powerful healing arts and skills—more powerful than our secular instructors and supervisors would even dream possible.

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AGENTIVE THEORY AS THERAPY: AN OUTCOME STUDY

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Abstract

The present study evaluated the efficacy of a four-week seminar which emphasized the principles of Agentive Theory. This theory, compatible with theories of a phenomenological-existential perspective, was first developed by C. T. Warner. Agentive Theorists/Therapists emphasize that our negative emotions (depression, anger, etc.), are assertions or judgments we make and not feelings which happen to us, and thus call for control or expression. Forty-eight outpatients who sought help with personal/emotional problems from a department of behavioral medicine were assigned to either a Treatment or Waiting-list Control Group. Following a four-week treatment seminar, the Treatment Group made significantly greater improvement than the Waiting-list Control Group with respect to general mental health, somatization, depression, anxiety, hostility, phobic anxiety, psychoticism and anger reduction.

While Freudianism, behaviorism, and cognitive psychology have dominated the field of counseling and psychotherapy for decades, an interest has recently been renewed in the phenomenological-existential tradition in both psychological research and practice. A growing number of theoreticians and clinicians are researching the works of Kant, Descartes, Husserl, Kierkegaard, Heidegger, and Sartre in formulating theoretical and clinical applications (Packer, 1985; Faulconer & Williams, 1985; Warner, 1984; Solomon, 1983; Rychlak, 1981; Yalom, 1980; Bugental, 1981; May, 1981; May & Yalom, 1984).

Much of this resurgence has been inspired by dissatisfaction with what was first described by Edmund Husserl, and later by Jean-Paul Sartre, as *psychologism.* Williams (1983) characterized psychologism by defining the two fundamental assumptions on which it is based:

> Any system, science, or point of view is "psychologistic" if it assumes that psychological states and experiences enjoy an autonomous existence in reality, and that they in turn serve as the foundation of other experiences and human actions. A second major distinguishing feature of psychogism is a reliance on the methods and assumptions of the natural sciences in its study of human psychic experience. (p. 7)

Following the early methods established in the physical sciences, psychologists have generally concerned themselves with investigating *whether* the data are consistent with their presuppositions, as opposed to *what* the data actually offer. (Williams, 1983). Freudian psychology's emphasis on early experiences and the unconscious as the foundation of behavior, behaviorism's emphasis on a reinforcement history as motivators of action, and humanism's reification and objectification of emotions, needs, and intuitions are examples of these pre-suppositions. All of these approaches are seen by phenomenologists and existentialists to preclude the possibility of human agency because they explain by recourse to cause-and-effect relationships (Faulconer & Williams, 1985).

Many theorists/practitioners have asserted that the phenomenological-existential tradition appears to offer the only theories of human behavior based on assumptions which are non-psychologistic and thus allow for human agency (Kockelmans, 1984; Williams, 1983; Warner, 1982; Harre, 1983; Romanshyn, 1975; Van Kaam, 1966; Robertson, 1984; and Croxton, 1986). The phenomonological/existential tradition rejects both the models and methods of the natural sciences. A part of this rejection is the refusal to verify and objectify emotion, and give it the status of a casual entity (Williams, 1987).

Corey (1986) described how existentialism's theoretical orientation differs from traditionally psychologistic psychoanalysis and behaviorism.

> The existential approach developed from a reaction to two other major models, psychoanalysis and behaviorism. Existential therapy rejects their deterministic, reductionistic, and mechanistic view of human

> nature. It is grounded in the assumption that we are free, whereas the psychoanalytic view sees freedom as restricted by unconscious forces, irrational drives, and past events. (p. 73)

While some consider the existential orientation a license for undisciplined "woolly" therapists to "do their thing," Yalom (1980) concluded, "the existential approach is a valuable, effective psychotherapeutic paradigm, as rational, as coherent, and as systematic as any other" (p. 5).

Although the phenomenological-existential tradition is philosophically rich, its chief limitation, as seen by some, is its lack of empirical validation. Yalom (1980) argued that this "limitation" is not a flaw, but a necessary implication of the theoretical underpinnings of the phenomenological method itself (Liebert and Spiegler, 1982). Corey (1986) further commented:

> At this early stage in its formulation, existential psychotherapy cannot boast much rigorous research done to evaluate its claims to be an effective treatment. There are certainly some vivid and compelling case studies, but that is not systematic research. Such research is needed to determine whether existential techniques actually increase hardiness while decreasing mental and physical symptomatology. By now the position is clearly enough articulated that relevant research can take place (p. 217).

While existentialism/phenomenology has been articulated in theory, it has not often been submitted to empirical test aimed at providing validity data relevant to mental health concerns.

Consistent with a phenomenological-existential perspective, Warner (1982) recently articulated "an alternative to standard therapy" (p. 26).[1] He stated "My associates and I have developed a special kind of teaching that for many people, at least, is an alternative to [traditional] counseling and therapy" (p. 26). Warner's work has come to be known as "Self-Betrayal" or "Agentive Theory" (Warner, 1982; Johnson, 1982). In addition to his theoretical articulations, Warner (1986) organized the Arbinger Seminar where groups of people are educated in the principles of Agentive Theory.

Although Warner has offered philosophical and anecdotal support for the effectiveness of Agentive Theory and Therapy,

[1]It should be noted that Warner's approach is not avowedly phenomenological-existential. Specifically, he has placed his work in a social constructionist perspective (Warner [1986]). We believe, nonetheless, that in its essential stance regarding human nature and the ontology of emotion, it has much in common with a phenomenology. We therefore take the liberty of including it within this philosophical framework.

as yet no systematic studies have been reported which indicate the value of the perspective. Johnson (1983) stated:

> Herein lies the major problem with Warner's presentation. While his stories are inspiring and enlivening, they fail to provide scientific proof of efficacy. . . . We are unable to evaluate the present techniques. It is irresponsible and lazy of us to believe in a method which offers only testimonials. Such proof is the mark of the quack, and in medicine we would properly shy away from it. How can we accept it in psychotherapy? Warner has apparently done no follow-up to his seminars. (p. 24).

Brown, Warner, & Williams (1986) have commented on the implications such research could have:

> This approach . . . has yet to be explored in the research literature, but we suggest that it provides a crucially important direction for future investigation. Such investigation will have important implications for an understanding of "mental illness." (p. 187)

While opportunities are available to research existential/phenomenological approaches, in general, and Agentive Theory and Therapy, in particular, has not been studied with the intent of establishing its empirical validity as a means of helping people with psychological and emotional problems.

Purpose of the Study

The purpose of this study (carried out during the Spring of 1987) was to determine whether outpatients, in a Department of Behavioral Medicine, in a small western community hospital, who participated in a four-week structured seminar based on Agentive Theory, would significantly improve on selected measures of mental health.

Population and Sample

The general setting of this study was a community of approximately one-hundred fifty thousand people. The community differs from most others of comparable size with respect to religion and education. The community is comprised of individuals who are predominantly members of The Church of Jesus Christ of Latter-day Saints (L.D.S./Mormon) and houses a major university.

The population for this study consisted of adult (18 years and older) outpatients seeking therapy in a behavioral medicine facility located in Utah County, Utah. The population consisted of those subjects who reported psychological/emotional distress,

but were judged by an initial interview and scores on the *SCL-90-R*, not to be in need of crisis intervention.

The sample consisted of 43 subjects who contacted the hospital personnel office concerning assistance with problems considered psychological in nature. No specific advertising was done to attract participants. Twenty-three subjects were selected to receive the Agentive Seminar, and 20 subjects were placed on a 4-week waiting list. The assignments were made based upon the time of inquiry. If the subjects' initial inquiries were made prior to the time the Experimental Group (Group One) had been filled, they were assigned to Group One to participate in the Agentive Seminar in the order they contacted hospital personnel. The Waiting-list Control Group (Group Two) consisted of all individuals who contacted hospital personnel between the time Group One began and ended the four-week Agentive Seminar. All 43 subjects were interviewed, tested, and judged not to be a threat to themselves or others and not to be in need of crisis intervention.

Instruments

The instruments used in this study were the *Symptom Checklist-90-Revised* (*SCL-90-R*; Derogatis, 1977) and the *Anger Expression Inventory* (*AEI*; Spielberger, Johnson, Russell, Craney, Jacobs, and Worden, 1985). The *SCL-90-R* consists of a general index of mental health (Global Severity Scale) and nine sub-scales, (Somatization, Obsessive-Compulsivity, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism). Derogatis (1977) reported internal consistency scores for the *SCL-90-R* ranging from .77 for Psychoticism to .90 for Depression. Lambert, Shapiro, and Bergin (1986) recommended the *SCL-90-R* for "assessing the effects of treatment" (p. 195), recommending it as "most useful as a global index of psychopathology or psychological distress." (p. 195).

The *Anger Expression Inventory* has 24-questions divided into four sublevels: a general index of anger (Anger Expressed) and three sub-scales (Anger-Out, Anger-In, and Anger Controlled). While the *AEI* is still in the process of being standardized, Spielberger, et al. (1985) have indicated that its initial validity and reliability ratings are good.

Procedure

Forty-eight potential candidates contacted hospital personnel for services during the months of April and May, 1987. Of these

48 potential subjects, the first 23 applying for services were chosen to attend the Agentive Seminar (Group One). Two candidates, because of crisis situations, were assigned to receive "traditional" counseling. Twenty additional subjects (Group Two) were given the *SCL-90-R* and the *AEI* and then were advised they would begin the next Agentive Seminar in four weeks. Two additional potential clients did not receive either of the 2 treatment options. One moved out of state and the other's spouse suggested she not pursue treatment.

Group One participants were given four weeks of instruction (two and one-half hours each Wednesday evening) in Agentive Theory. The following concepts (Warner, 1986; Judd, 1987) were emphasized:

(1) *Conscience:* Our conscience expresses to us *our own* moral values as they apply to a given situation presently being experienced.

(2) *Self-betrayal:* When we do what goes against our own individual sense of what is right or wrong, we betray ourselves.

(3) *Self-justification:* When we betray ourselves, we justify ourselves, trying to make the wrong we're doing appear right, or at least not wrong.

(4) *Blaming:* In justifying ourselves, we regard someone else (or possibly something else) as being to blame, rather than ourselves.

(5) *Blaming emotions:* Our accusations of others are always blaming emotions.

(6) *Self-victimization:* When we have accusing emotions toward people, we believe we are their victims. We feel unjustly used by them, put-upon, wronged, disadvantaged, or threatened.

(7) *Childishness and self-righteousness:* As self-betrayers, we accuse others of doing things that make it difficult for us to do our best. If we try to do well in spite of what they are doing and "rise above it," we are acting self-righteously. We congratulate ourselves for acting "virtuously." If we use what others are doing as an excuse for ourselves, and don't try to do well, we are acting childishly.

(8) *Collusion:* When others are provoked by our blaming attitude to blame us in return, they betray themselves just as we are doing. They are certain that what's going on is all our fault—just as certain as we are that it is their fault. They feel we are provoking them to feel accusingly toward us, and we feel the same about them.

(9) *Liberation:* Since our disturbed emotions are our own doing, it is within our power to stop "doing" them, and by this means to end them.

In addition to discussing these principles, the seminar participants were asked to respond in writing to assignments given at the end of each session. These assignments were designed to assist the participants in describing how the principles being taught related to their everyday lives. While every effort was made to respond to all questions posed by the participants, these questions were usually answered in an indirect fashion. The group leader usually discussed the principle involved and offered a case study of someone in a similar situation. In this manner, the seminar participants were invited to use their agency in seeing themselves honestly in the situation as opposed to being directed to the answer by the group leader. If the question asked involved a principle to be discussed at a later time, the group leader deferred the discussion until that time.

After the four-week treatment period, the *SCL-90-R* and *AEI* were administered again to all Group One participants, as well as to Group Two subjects, who had merely completed the four-week waiting period. Group Two participated in the Seminar after the study was concluded.

Group One and Group Two were considered to be relatively comparable as they were derived from the same population, equivalent with respect to age, sex, education level, religious preference (as determined by an initial questionnaire), and nature of presenting problems (as determined by initial interview). The groups were nonequivalent with respect to the time at which they were included in the study. However, there seems to be no obvious way in which this time differential would be a confounding, mitigating variable.

Results

The complete details and results of this study are provided in Judd's (1987) unpublished dissertation available through Brigham Young University Library. A summary of results of some of the primary hypotheses are provided here.

(1) It was hypothesized that Group One would show a significant decrease (improvement) on specific measures of mental health as measured by the *SCL-90-R* and the *AEI.* Pre-and post-test mean scores were compared for each group separately by Fisher's LSD test following the 2 (group 1 vs. group 2) x 2 (pre-

test vs. post-test) split plot ANOVAS for each scale. The results of this analysis (Table 1) indicated that for Group One on the

Table 1

Pre-test and Post-test Mean Scores, Pre-test/Post-test Difference Scores, and Alpha Levels for Group One and Group Two. (Score decreases indicate improved mental health.)

	Treatment (Group One)				Waiting List (Group Two)			
	Pre	Post	Diff	p	Pre	Post	Diff	p
SCL-90-R Scales								
Global Sev.	65.04	56.65	-8.39*	.0001	65.00	60.75	-3.25*	.0158
Somatization	60.57	52.57	-8.00*	.0001	58.75	57.00	-1.75	.2807
Obsessive-Compulsivity	62.52	55.65	-6.87*	.0007	63.10	59.50	-3.60*	.0028
Interpersonal Sensitivity	63.52	57.22	-6.30*	.0014	66.55	63.75	-2.80*	.0163
Depression	66.91	59.74	-7.17*	.0001	63.65	61.00	-2.65	.1057
Anxiety	64.04	54.09	-9.95*	.0001	57.20	56.50	-0.70	.7131
Hostility	60.13	54.57	-5.56*	.0029	58.75	58.95	+0.20	.9237
Phobic Anxiety	53.22	49.00	-4.22*	.0154	52.05	52.05	0.00	1.000
Paranoid Ideation	56.48	52.13	-4.35*	.0309	62.90	58.50	-4.40*	.0099
Psychoticism	61.57	55.17	-6.40*	.0020	60.55	59.40	-1.15	.3756
AEI Scales								
Anger Exp.	19.96	16.91	-3.05*	.0160	22.10	22.60	+0.50	.6874
Anger-Out	14.57	13.47	-1.10*	.0182	14.00	14.25	+0.25	.6242
Anger-In	13.67	13.13	-0.54	.3340	15.30	15.20	-0.10	.8517
Anger-Contl.	24.30	25.70	+1.40	.0649	23.55	22.85	-0.78	.3972

*Significant Difference at the .05 level or better

SCL-90-R, a significant improvement was achieved in all 10 scores (the general index and all 9 symptoms dimensions). On the *AEI*, a significant improvement was achieved on 2 of the 4 anger dimensions. For Group Two, 4 of the total 14 scores showed a significant improvement without treatment.

(2) It was hypothesized that Group One would have significantly lower *SCL-90-R* and *AEI* mean post-test scores than Group Two. Post-test mean scores for each group were compared using Fisher's LSD test following the 2 x 2 split plot ANOVAS. The results of this analysis (Table 2) indicated that pre-test group differences were found in only 3 of the 14 sub-scales (2 on the *SCL-90-R* and 1 on the *AEI).* The Global Severity Score on the *SCL-90-R* pre-test showed no difference between the two groups. However, post-test group differences in favor of group 1 were found in 11 of the 14 total *SCL-90-R* and *AEI* subscales including the Global Severity Scale (general index of mental health).

(3) The hypothesis of primary concern was that Group One would show a significantly greater pre-/post-test decrease (improvement) than Group Two on measures of mental health. A series of one-way ANOVAS was conducted with the Reliable Change Index (RCI) scores as the dependent measures. This approach was developed by Jacobson, Follette, and Revenstorf (1984). The *RCI* is a statistic which allows for individual as well as group comparisons taking into account the reliability of the instrument/scale being utilized. The results of these analyses (Table 3) indicated that Group One subjects showed significantly greater pre-post score decreases (improvement) than Group Two in 8 of the total 14 *SCL-90-R* and *AEI* scales.

(4) In addition to group comparison statistics, the *RCI* also evaluates each subject relative to significant improvement (+), deterioration (-), or no change (0). A Test of Two Independent Proportions revealed that there was a significant difference between the proportion of subjects who improved in Group One and the proportion of subjects who improved in Group Two. Group One showed a significantly higher proportion of subjects improving on eight of the fourteen measures (Somatization, Obsessive Compulsivity, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, and Psychoticism). Table 4 provides a comparison of Group One and Group Two relative to the percentage of change for the general index of mental health and all sub-scales of the *SCL-90-R* and the *AEI.*

Table 2

Pre-test Comparisons, Post-test Comparisons,
and Pre-/Post-test Difference Scores
Between Group 1 and Group 2

(Score decreases indicate improved mental health)

	G-1 (Exp) Pre	G-2 (Wait) Pre	Diff	G-1 (Exp) Post	G-2 (Wait) Post	Diff
SCL-90-R Scales						
Global Severity	65.04	64.00	1.04	56.65	60.75	-4.10*
Somatization	60.57	58.75	1.82	52.57	57.00	-4.43*
Obsessive Comp.	62.52	62.10	-0.58	55.65	59.50	-3.85*
Interpersonal Sen.	63.52	66.52	-3.03	57.22	63.57	-6.35*
Depression	66.91	63.65	3.26	59.74	61.00	-1.26
Anxiety	64.04	57.20	6.84*	54.09	56.50	-2.41
Hostility	60.13	58.75	1.38	54.57	58.95	-4.38*
Phobic Anxiety	53.22	52.05	1.17*	49.00	52.05	-3.05*
Paranoid Ideation	56.48	62.90	-6.42*	52.13	58.50	-6.90*
Psychoticism	61.57	60.55	1.02	55.17	59.40	-4.23*
AEI Scales						
Anger Expression Inv.	19.96	22.10	-2.14	16.91	22.60	-5.69*
Anger-Out	14.57	14.00	0.57	13.47	14.25	-0.78
Anger-In	13.67	15.30	-1.63*	13.13	15.20	-2.07*
Anger-Control	24.30	23.55	0.75	25.70	22.85	+2.85*

*Significant Difference at the .05 level or better

Table 3

Pre- to Post-test Reliable Change Index Change Difference Scores, Alpha Levels, Standard Deviations, and and Standard Error (S_E) Scores For Group 1 vs. Group 2 Comparison

(Larger change scores show greater pre-post decreases or greater improvement in mental health.)

	RCI Change Scores					
	G-1	G-2	Diff	p	S.D.	S_E
SCL-90-R Scales						
Global Severity	-3.70	-1.43	2.27*	.0250	9.34	2.27
Somatization	-1.63	-0.36	1.27*	.0100	11.85	4.91
Obsessive Comp.	-1.39	-0.73	0.65	.1300	8.04	4.93
Interpersonal Sens.	-1.19	-0.53	0.66	.0820	8.48	5.31
Depression	-1.89	-0.70	1.19*	.0430	9.11	3.78
Anxiety	-1.66	-0.12	1.78*	.0020	12.15	5.99
Hostility	-0.95	+0.03	0.098*	.0340	9.17	5.85
Phobic Anxiety	-0.68	0.00	0.68*	.0510	9.74	6.21
Paranoid Ideation	-0.56	-0.57	0.01	.9811	11.21	7.78
Psychoticism	-0.78	-0.14	0.64*	.0080	11.42	8.16
AEI Scales						
Anger Expression Inv.	-0.33	+0.50	0.83	.1040	9.60	9.16
Anger-Out	-0.21	-0.10	0.11	.5540	3.63	2.69
Anger-Control	+0.59	-0.29	0.88	.0588	5.00	2.37

*Significant Difference at the .05 level or better

Table 4

Percentages of Group 1 and Group 2 Subjects Making Positive, Negative and No Change Relative to Reliable Change Index (RCI) Scores

Scale	(n = 23) % Group 1			(n = 20) % Group 2		
	+	0	–	+	0	–
SCL-90-R Scales						
Global Sev.	57	43	00	50	40	10
Somatization	39*	61	00	15	80	05
Obsessive Comp.	26	74	00	10	90	00
Interpersonal Sensitivity	39*	61	00	10	90	00
Depression	39*	61	00	10	85	05
Anxiety	39*	61	00	15	75	10
Hostility	30*	70	00	05	80	15
Phobic Anxiety	26	70	04	10	85	05
Paranoid Idea.	17	83	00	10	90	00
Psychoticism	09	91	00	00	100	00
AEI Scales						
Anger Expression	00	100	00	00	100	00
Anger-Out	04	96	00	00	100	00
Anger-In	04	96	00	00	100	00
Anger-Control	17	83	00	10	80	10

*Significant Difference at the .05 level or better

Discussion

Participants in the four-week seminar in Agentive Therapy generally made progress in the resolution of their personal/emotional problems. Group One (Experimental Group) subjects showed considerable decrease in symptoms on 12 of 14 measures of mental health. When compared with Group Two (Waiting List Control Group), Group One showed greater improvement than Group Two on 12 of 14 measures with 8 significant at the .05 level. When considering individual rather than group improvement, the Reliable Change Index showed that 57% of Group One subjects improved significantly on the Global Severity Scale—a general measure of mental health. This result may be considered comparable to the 66 percent reported as an average client improvement rate (Lambert, et al. 1986). This percentage of improvement seems more impressive considering the relatively short period of direct therapeutic (or educational) contact accomplished in a group setting (2 1/2 hours per week for 4 weeks). Eysenck (1952) asserted that two-thirds of people with "neuroses" improve over time whether they receive therapy or not. In this current study, while Group Two showed improvement on only 4 of 14 measures, an analysis of individual change showed an impressive 50% of these on the waiting list changed positively on the Global Index of Mental Health. One could reason that when people seek professional help, they are at or near the "high point" of their problem (Garfield, 1986). Possibly whether the client receives therapy or not, problem severity may decrease with the anticipation that help will soon be received. This explanation may account for the finding of some improvement of individuals' mental health in both groups and confirm the ability of humankind to work through problems.

Another possible influence on spontaneous remission could be the influence of the unique cultural setting (primarily members of the L.D.S. Church) in which this study took place, as religious affiliation and religious participation have both been reported to be facilitative of mental health (Judd, 1987). Another positive cultural influence may be the large and intimate "social network" provided by immediate and extended families (Brehm and Smith, 1986).

While this study was not designed to focus on specific problems, participants in the Agentive Seminar showed significantly greater decrease than non-participants on the following scales, listed in order of greatest to least change. Depression, Anxiety,

Somatization, Phobic Anxiety, Hostility, Psychoticism, Anger Expression (global anger), and Anger-Out. Group Two did not show a significant decrease (spontaneous remission) on any of these scales, but did show a significant decrease on the Obsessive-compulsivity, Interpersonal Sensitivity, and Paranoid Ideation scales. These data may support Lambert's (1986) assertion that while some problems are solved without professional help, other problems may not be resolved without it.

While the limitations of this study precluded an in-patient sample, significant improvement for Agentive Seminar subjects was achieved on measures of Psychoticism and Phobic Anxiety, which is somewhat descriptive of an in-patient population. Forty-eight percent of the seminar participants showed significant improvement on the Psychoticism sub-scale, and 44 percent showed significant improvement on the Phobic Anxiety sub-scale. These data for Seminar participants compare with 15 percent of non-participant subjects showing significant improvement on the Psychoticism sub-scale, and 5 percent of non-participants showing improvement on the Phobic anxiety sub-scale. Although research with a more disturbed population is needed, this study shows that the Agentive Seminar assisted people in decreasing their psychotic and phobic kinds of thoughts, feelings, and behavior. This finding supports the assertion by Brown, Warner, and Williams (1986) that Agentive Theory "will have important implications for an understanding [and treatment] of 'mental illness'" (p. 187).

One area in which hypothesized results were not forthcoming was the Anger dimension. Seminar participants showed significantly greater improvement than non-participants in the general measure of Anger (Expression) and the Anger-Out scale, but there were no significant differences on Anger-In (anger held in) and Anger-Control (anger diffused) scales. These results were unexpected because the Agentive Seminar focuses to a great extent on negative emotions such as anger. The Anger Expression Inventory is a new instrument, and validity is still being determined. The Hostility scale of the *SCL-90-R* did show Seminar participants to be significantly less hostile than Group Two as measured with the Reliable Change Index.

Since Agentive Therapy was shown to be an effective means of symptom reduction for Agentive Seminar participants, perhaps a discussion of the possible reasons for the success is appropriate. While most therapies focus on clinical results, the efficacy of any therapy must be based on its philosophical foundation (Harre, Clarke, De Carlo, 1985). One of the basic assumptions of Agentive

Theory is that people are responsible not only for their thoughts and actions, but also their feelings (positive and negative). Individuals are responsible not merely for managing such feelings, but for the very creation of them. The Agentive Seminar participants were invited to see themselves, others, and the world in general from a radically different perspective. Instead of perceiving their negative thoughts and feelings as responses to their internal and external environments, the participants were assisted in understanding that their negative thoughts and feelings are assertions or judgments they were making in both tacit and explicit ways. The participants were then taught that if these negative thoughts and feelings are something *they are doing*, as opposed to something *they are caused to do*, the possibility exists that they can stop doing them. Many Seminar participants expressed their perception that Agentive Theory is a "hopeful" perspective as they are free and responsible to act for themselves, and their thoughts, feelings, and behavior are not determined solely by external circumstances. While Agentive Theory stresses individual responsibility for the creation of negative feelings, these negative feelings are part of one's cultural experience—growing up believing that no other alternative exists than to "respond" to given situations with negative emotion. The notion that emotions are assertions rather than cause and effect responses is growing in support (Tavris, 1982; and Solomon, 1983).

Another possible contributing factor to the apparent success of the Agentive Seminar is represented by the fact that 16 of the 23 participants in the Agentive Seminar attended with their spouses. Husbands and wives participated jointly in the seminar, then had easy access to each other for discussing and reviewing the material together. Four of the Seminar participants (husbands) mentioned during the exit interview that their wives had asked them to go with them to see a "marriage counselor," but they had declined at that time. However, they all consented to attend the Agentive Seminar because it seemed less invasive of their privacy.

The Agentive Seminar appears to provide a means to reach a large number of people and assist them in an efficient and effective way to ameliorate their to personal/emotional problems.

Recommendations for Future Research

As with most research projects, this investigation, with its limitations, has provided insight into some questions, but has raised many more.

(1) Inasmuch as this study has addressed the question, "Does it work?" further studies may seek to answer the question, "What is the relative effectiveness of Agentive Therapy as an invitation to change when compared with other theories/therapies?"

(2) Instrumentation needs to be developed which would access experiences of guilt, blame, anger victimization, styles of self-betrayal (self-righteousness, childishness, perfectionism, martyrism), collusion, liberation, and the sense of social responsibility—all of which are central to the understanding of mental health as well as mental illness.

(3) This study dealt with an out-patient population, further research could be done in an in-patient setting. Such research would provide an opportunity to assess the efficacy of Agentive Theory for a more severely disturbed clinical population.

(4) While this study was designed to assess efficacy with respect to a diverse population, one of the most dramatic outcomes was the assistance the seminar appeared to provide for married couples. Employing measures such as marital satisfaction, and cohesiveness, may provide important insight into marital interaction.

(5) Further studies can be designed to reduce such possible confounding variables as the Hawthorne effect. In addition, the experimenter/counselor variable could be controlled better by comparing different sections of the Seminar taught by different leaders.

Implications for Practice

(1) As the principles taught in the Agentive Seminar appear to be in harmony with many of the teachings of Jesus Christ, this particular articulation may provide a means by which counselors and/or clients may be involved in the counseling process without compromising their religious values. Members of the LDS Church particularly may resonate to the basic concepts of Agentive Theory, thus reducing resistance to change. Research comparing LDS/non-LDS participant improvement may also be beneficial.

(2) Inasmuch as the Agentive Seminar is educational in principle and practice, it may be perceived as less threatening than some other more traditional form of individual or marital therapy, particularly for those with invasiveness concerns.

(3) The Agentive Seminar is short-term (four-weeks, twelve hours), thus reducing the financial burden and time constraints of the client and the time constraints of the counselor/therapist.

(4) The Agentive Seminar is not designed to address the specific problems of specific participants. The participants are invited to make personal application of the general concepts being presented. This manner of presentation provides the participant an opportunity to take responsibility for his/her own problems and solutions.

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