



10-1-1989

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Clyde A. Parker

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Recommended Citation

Parker, Clyde A. (1989) "Author's Response: One Versus Many," *Issues in Religion and Psychotherapy*. Vol. 15 : No. 1 , Article 4.

Available at: <https://scholarsarchive.byu.edu/irp/vol15/iss1/4>

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Author's Response: One Versus Many

Clyde A. Parker

I was delighted to learn of Alan's response to my AMCAP address. I was fully aware that there would be both enthusiastic support of my position and strongly held views to the contrary. Alan's response encourages exactly the dialogue I believe to be healthy in AMCAP.

Given that he had no written text to follow and the abbreviated form of the oral presentation, he captured the argument exceptionally well with one exception. He misunderstood the point I was making about "religious adherence" to a particular theory, modality or means of intervention. The reader should refer to my text for clarification.

I believe Alan's main concern is his fifth point. The other four are interesting differences of interpretation and certainly are points which I felt formed the basis of my central argument but were not crucial to it. So let me state my position clearly, then what I read Alan's to be and attempt a response to him.

I believe that good therapy consists of a sensitive person responding as a total person to the expressed and unexpressed needs, pain, and confusion of another in such a way that the other person can begin to respond in a more healthy and constructive way. There have been many "therapies" devised which have at one time or another been touted to be "The Therapy" because it worked. I do not believe there is One such therapy.

Alan argues, on the other hand, that because we believe in one true church, one true gospel, one true way to heaven we should seek the one true way to do therapy, and, as a corollary to that, he argues that we should begin our search with gospel principles and accept strategies, theories, and psychological principles consistent with the gospel.

While I disagree with him on his basic premise, there is much with which I do agree. He quotes Joseph Smith, "One of the grand fundamental principles of 'Mormonism' is to receive the Truth, let it come from whence it may." Certainly I agree. My acceptance of that principle leaves me comfortable with my integration of personal experience, academic education and religious training. I agree that my values, many of which were learned in church and my Mormon home, form the foundation of my practice as a therapist. It was the apparent consonance of those values with the perceived values of counseling and psychotherapy that led me into the field. Values such as service, compassion, self-reliance, free agency, integrity and honesty appeared basic to both my commitment as a Latter-day Saint and my practice as a therapist. I believe we agree that behavior has consequences and that our right to make choices necessitates our obligation to accept the consequences of those choices. I believe also, that Alan might agree with me that short of the mental illnesses which are biological in origin (viz., organic psychosis, schizophrenia, endogenous depression, and bi-polar illness), most of the pain, suffering and troubles with which we deal are the consequence of someone (not always the patient) not living gospel principles: the consequence of someone's sin.

Where, then, is the disagreement? As a result of about thirty-five years of trying to find a core of principles, strategies and techniques of therapy, I simply do not believe that there is a "true way" to do therapy. I could take the stand Alan does that "we haven't found it yet, but we should keep trying" based on the difference between "what is" and "what we know." I do believe in an ultimate reality; I believe that only rarely do we know that ultimate reality, and that we live with our best judgment of that. In this case, however, I believe that good therapy is a unique interaction between two persons and that good therapists are those whose therapy begins with themselves and is shaped in the ways I outlined.

Why then should not AMCAP encourage the pursuit of a therapy that is gospel-based? I believe that such a pursuit is deceiving to many. Too many patients are seeking magical solutions and perceive religion as a magical solution. The proposition that a therapy is "gospel-based" is seductive to those patients who then give up the hard work of self-development and place their faith in the therapy or therapist. In addition, too many therapists are looking for magical therapies, hence become faithful

followers, even “apostles,” of Roger’s, Skinner, Erickson, or someone who has a “gospel-based” therapy. There are therapists only too happy to become “followers” and worse, still, to cast aspersions on those who cannot “see the light.” In other words, for me, such a pursuit is erroneous to start with, misleading to many, and, to some, ultimately destructive.

I have no objection to persons seeking consistency between their religious convictions and their behavior as therapists. Indeed, to do otherwise would be sophistry. I hope AMCAP will continue to provide a forum where such important aspects of our profession can be explored, discussed, and, where necessary, reconciled.