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AREA COORDINATORS 1992

CALIFORNIA NORTH: (CN)
Sacramento: (CNS)
David Whitmer, PhD
5048 Saddlewood St.
Sacramento, CA 95841
W (916) 452-3867
H (916) 331-4751
San Francisco Bay Area: (CNF)
Robert Bohn, PhD
63 Rainbow Circle
Danville, CA 94506
W (415) 442-7221
H (415) 736-2646

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Carol Weibell, MS
18914 Kinzie St.
Northridge, CA 91324
W (818) 349-0769
H (818) 701-6544
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602 Via Espiritu
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W (714) 855-0908
H (714) 498-4262
San Diego: (CSSD)
Darrell Moses, PhD
2586 Coronado Place
Vista, CA 92083
W (619) 598-6001
H (619) 727-0053

CANADA EAST: (CE)
Bradley C. Miller, PhD
2000 Argentia Rd. #302
Mississauga, Ontario L5N 1P7
W (416) 542-2470

CANADA WEST: (CW)
Wallace D. Smart, MD
222 Kirkwood Avenue
Edmonton, Alberta T6L 5A8
W (403) 467-4442
H (403) 440-0182

CENTRAL STATES: (CST)
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7236 Woodson
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W (816) 966-0900
H (816) 737-0313

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W (303) 773-9523

Jim Parker, LCSW
14516 W. Wagon Trail
Aurora, CO 80015
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H (303) 693-1480

IDAHO:
Boise: (IB)
Kay M. Crook, MSW
LDS Social Services
10740 Fairview, #100
Boise, ID 83074
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H (208) 376-0448
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Debbie Hippolite-Wright, MSW
55-568 Naniloa #5B
Laie, HI 96762
W (808) 293-3836
H (808) 293-8805
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W 41-22 438-075

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47 N. Linwood Ave.
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W (412) 814-2430
H (412) 921-6540

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210 Lafferty Dr.
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H (812) 299-1156

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360 Edison Ave.
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H (313) 487-2490

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1000 S. Valley View
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W (702) 878-0554
H (702) 876-6793

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171 Mayer Dr
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Kathleen Buntin, M.Ed.
113 E. Palo Verde
Gilbert, AZ 85234
W (602) 833-6220
H (602) 892-6464
Southern Arizona (SWA)
Andres Kearns
1476 W. Stockwell Place
Tuscon AZ 85746
W (602) 337-4633
H (602) 889-7951
Northern Arizona (SWN)
LaVerl Wilhelm, PhD
PO Box 698
St. Johns, AZ 85936
H (602) 337-4633
W (602) 337-4301
New Mexico (SWS)
Cynthia Lords, MA
5109 Saratoga Pl. NW
Albuquerque, NM 87120
W (505) 823-8576
H (505) 897-7532

TEXAS: (T)
Houston: (TN)
Larry Lewis, MA
4727 Roserock
Spring, TX 77388
W (713) 537-0211
H (713) 350-1432
San Antonio, Austin: (TS)
Rebecca Vaughn, MSW
666-B Infantry Post Rd.
Ft. Sam Houston, TX 78234
H (512) 224-9215

Dallas, Fort Worth: (TM)
David Hedgpeth, EdD
PO Box 121391
Arlington, TX 76012
W (214) 565-6700
H (817) 261-9021

UTAH NORTH:
Ogden/Logan: (UNOL)
Leon Blake, PhD
6183 S. 2375 E.
Ogden, UT 84403
W (801) 476-5777
H (801) 479-3238
Salt Lake County: (UNSLC)
Rebecca Ryser, PhD
825 E. 4800 S. #250
Salt Lake City, UT 84107
W (801) 268-1577
Utah County: (UNUC)
Diane Starks
PO Box 1075
Provo, UT 84603
W (801) 374-9351

UTAH SOUTH:
Southwestern: (USS)
Robert C. Heaton, MSW
328 S. 1100 W.
Cedar City, UT 84720
W (801) 586-4479
H (801) 586-1571
Eastern: (USE)
Don Staheli, MSW
1365 Gordon Creek Road
Price, UT 84501
(801) 637-9080
Four Corners: (USFC)
George L. Paulsen, MA
173 E. 400 S. (93-9)
Blanding, UT 84511
W (801) 678-2198
H (801) 678-3211

WASHINGTON/ALASKA: (WA)
Darrell Hull, PhD
20625 Little Bear Creek Rd.
Woodinville, WA 98072
W (206) 771-1537
H (206) 481-7816

WESTERN WYOMING: (WW)
Vern Cox, PhD
PO Box 453
Afton, WY 83110
W (307) 886-9883
H (307) 886-9640

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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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Editorial

I would like to express appreciation to the contributors to this issue of the Journal. Thank you for sharing with us your scholarly and creative work. Also, a special thanks to Sister Ardeth G. Kapp, who permitted us to publish the address she gave at the Spring, 1991, AMCAP convention. I would also like to thank Paul F. Cook, our past Journal editor, who has been a pleasure to work with and has given me a great deal of assistance as I have begun my editorial responsibilities. Thanks also to our editorial board members, and other ad hoc reviewers for their efforts. I also greatly appreciate the assistance and expertise of our technical editor, Andrew F. Ehat.

I wish to mention here that I am very pleased that the AMCAP Executive Board has authorized the AMCAP Editor and Editorial Board to present an annual "*AMCAP Journal* Award for Scholarship" to the AMCAP member who publishes the most outstanding scholarly article in the *AMCAP Journal* during the year. All types of scholarly articles will be eligible for the award, including research papers, review articles, theoretical articles, case studies, and clinical papers. The first "*AMCAP Journal* Award for Scholarship" will be awarded at our Spring, 1993, AMCAP convention.

The first "Bibliography of Recent Publications by AMCAP Members" appears in this issue of the *Journal*. I suspect AMCAP members have published more articles in recent years than is evident from our bibliography, but these are all of the recent publications by AMCAP members I was aware of at press time. I

encourage all AMCAP members who have published scholarly work in other professional outlets to submit a bibliography of their articles or books to me. (If possible, please arrange to send me article reprints or review copies of books.)

I again wish to encourage all AMCAP members to submit their scholarly work which is relevant to LDS professionals for consideration of publication in the *AMCAP Journal.* As an editorial board we plan to work with authors as much as possible to encourage publication by a broader spectrum of AMCAP members. Case reports and applied articles where techniques and strategies you have found helpful in working with various types of LDS clients are welcomed. Position (or opinion) papers on topics and issues relevant to the AMCAP membership are also welcomed. Traditional data-based research reports and review articles are always of great interest.

In closing, I wish to say that I am pleased to have the opportunity to serve the AMCAP organization as *Journal* editor. I will do my best to maintain and improve the quality of the *AMCAP Journal.*

As always, we welcome your manuscripts and comments at any time.

P. Scott Richards, Editor

The Season of a Woman's Life: Women and Spirituality

Ardeth G. Kapp

Good Morning. It is good to be with you and share with you some common concerns. This opportunity comes at a time when I have been doing some thoughtful reflection on my own life. The other day, a friend approaching her fortieth birthday asked me, "How did you handle the middle-age crisis?" I told her that I didn't. I hadn't reached it yet. And she smiled and said, "Well how old are you?" and I told her this is my big year, 60. And she kind of smiled and she said, "Oh, you've reached it all right. You just don't remember." Maybe that's the case of denial or maybe forgetfulness or being out of touch with reality. You could help me figure that out. It has been said with each passing year, there seems a tendency for us to dwell more and more on the hereafter. We go from one room to the next and wonder, now what was it I came here after. But, brothers and sisters, in all seriousness, I believe, in fact that an awareness of the hereafter provides a spiritual dimension for our lives today.

As we learn to view our experiences in this life with the perspective of eternity, we tend to draw away from the things of the world and feel closer to the things of the Spirit. When the reality of eternity presses on our minds, when we are guided by the Spirit, we view life differently. The apostle Paul expressed this thought in his letters to the Corinthians. In his second letter he said, "We look not at the things which are seen, but at the things which are not seen: for the things which are seen are temporal; but

the things which are not seen are eternal" (2 Corinthians 4:18). Then in his letter to the Romans, he said, "For they that are after the flesh do mind the things of the flesh; but they that are after the Spirit the things of the Spirit. For to be carnally minded is death; but to be spiritually minded is life and peace" (Romans 8:5–6).

A woman's spirituality weaves itself generation to generation through the tapestry of eternity. At the rededication of the St. George Temple, President Spencer W. Kimball prayed, "Let the blessings of Sarah, Hannah, Holda, Anna, and Mary, the mother of the Son of God, bless these women to fulfill their duties as did Mary, our beloved mother to thy Son. And let the power and satisfactions of the prophetesses of all holy women rest upon these mothers today as they move forward to fulfill their destinies." President David O. McKay taught, "Spirituality, our true aim in life, is a conscious awareness of victory over self and communion with the infinite." And in the song, "America, the Beautiful" we sing, "confirm thy soul in self-control, thy liberty in law."

I believe spirituality for men and women is developed as the demands of the flesh become submissive to the Spirit. A brief story suggests an oversimplified illustration of this principle. A little girl was crying uncontrollably after falling down and skinning her knees while riding her new roller skates. With bleeding knees she was crying out while her mother tried to comfort her. A few moments later, she abruptly stopped crying. Her mother asked, "How come you stopped crying so quickly, my dear?" She responded, "Because I told myself to, and then I made myself mind me." When we learn to make ourselves mind, we soon realize that we cannot, as someone said, "Live in Zion, but maintain a summer home in Babylon." When we learn to listen and then make ourselves mind the promptings of the Spirit, we have increased communion with the Infinite. We are better able to view life and its experiences in terms of the expanded perspective of eternity. This quality of life is spirituality. My experience tells me that this comes only after a full growing season. The ripening is gradual, different for each woman. It cannot be forced. As someone said, "Anyone who imagines that all fruits ripen at the same time as the strawberries knows nothing about grapes."

From the pivotal point where I now stand, as I look back three score years and forward to eternity, I share a brief brush stroke of my own growing season which is perhaps a pattern for many. At an early age, I had the faith of a little child. I believed anything was possible. I knew what I wanted and when I wanted it. Perhaps you are familiar with the thought, "Please Lord, teach me patience . . . right now!" In time, with more experience, I became more patient and willing to wait with faith in a loving Father, hoping that it would not be too long before my prayers were answered: "A few weeks or maybe even a few months, but please Father, not years!"

I learned that often it is during the waiting that the greatest progress is made and eventually we no longer need to have it our way. Experience teaches us that our Heavenly Father knows what is best for us and all we need or should want to know is His will. Eventually we learn to bend our will as well as our knees and yield our hearts with only one desire in mind, "What is it Father that you would have me do? Would you reveal it to me?" Is there any one of us who has not on occasion had to cry out and plead with God with a burning desire to reach and stretch far enough to connect? He invites us, "Draw near unto Me and I will draw near unto you" (Doctrine and Covenants 88:63). After extended periods of fasting and prayer, have we not asked the Father, "What more can I do? What should I understand about working by faith?" And then finally, one day in our progress, we gain a new and wonderful dimension. We learn what to hang on to and we learn when to let go. We learn to differentiate between the things we must hold to tenaciously and those we must let go of. This is a mighty step in our spiritual development. We no longer need to have things our way. Not now, not ever.

We begin to more fully understand the scripture from Proverbs, "Trust in the Lord with all thine heart; and lean not unto thine own understanding. In all thy ways acknowledge him, and he shall direct thy paths" (Proverbs 3:5–6). That trust, I believe, comes only after seasons that must include a few early frosts and harsh winters, accompanied by regular weeding, pruning, with nurturing and a constant supply of the light of Christ and His living water.

Only then do we begin to understand and to anticipate the harvest. The season of a woman's life is not to be measured so much by the accumulation of years as one might mark the calendar to anticipate the time of harvest. The season of a woman's life is better observed by the questions she asks and continues to ask.

Because the harvest is dependent upon the seeds that are planted, and the attitudes that are formed in one's youth are revealed in later years, I would like to share with you some of the planting that is taking place in some of the young women of the church. It suggests something of a harvest that can be anticipated after the growing season. For the past seven years, my time, energy, and attention has been focused on how to strengthen the spirituality of young women between the ages of twelve and eighteen. They are on my mind during every day, and much of the nighttime: in every season, springtime, summer, winter and fall. The correspondence I receive tells me that some are in great turmoil, but most of the correspondence I receive gives me reason to rejoice and feel great hope.

Young women of this age are living at a time when they are asking searching questions. I believe that sooner or later all women must find answers to a few basic questions if they are to become the spiritual women about whom President Kimball spoke when he said, "To be a righteous woman is a glorious thing during any age. But to be a righteous woman during the winding up scenes on this earth, before the second coming of the Savior, is an especially noble calling because a righteous woman's influence can be ten fold what it might be in more tranquil times."

The first question one might ask has to do with identity. "Who am I?" Even before I am a wife, a mother, a scientist, or a teacher, who am I? We yearn to know who we are and want others to know who we are. For example, after traveling for two weeks in England and speaking to hundreds of youth in many meetings, upon my return home I received a letter from a young girl. It began, "Remember me? I was the girl in the green jumper in the second row." Another young woman wrote to me following a girl's camp involving over 500 youths. She asked, "Dear Sister Kapp, you gave me a hug and said something wonderful to me. I can't

remember what it was. Could you please write and tell me so I could write it in my journal and read it when I feel lonely?" Alex Haley, in his book *Roots*, wrote about his yearn for identity being bone marrow deep. And so it is with all of us: In an eternal or spiritual dimension, a more significant dimension plays upon the stage of our mind: Not only, "Who am I?" but "Whose am I?"

The second question necessary to build a strong spiritual foundation is a question of direction: "What am I to do in life?" And the third—the set of questions at the center of it all—"What is the very purpose of life? Why am I to do these things? What difference does it make after all?"

In seeking to find meaningful answers to these searching questions, gospel principles have been identified that help form the foundation of a woman's spirituality. They are known as the Young Women Values. They address these basic questions. Each value is defined in a statement of affirmation, beginning with the pronoun I.

The first of the seven Young Women values is Faith. It addresses the question of identity. How I wish every woman, young and older, might find themselves alone some night, away from the city lights, looking up into a starlet sky, the heavens open wide, with a sense of a conduit between heaven and earth. And in the breathless beauty, ponder for a moment the significance of it all and repeat this Young Woman value: "Faith. I am a daughter of a Heavenly Father who loves me and I will have Faith in His eternal plan, which centers in Jesus Christ, my Savior."

The next two values respond also to the question of identity and relate to a woman's divine nature and individual worth. "Divine Nature: I have inherited divine qualities, which I will strive to develop." "Individual Worth: I am of infinite worth with my own divine mission, which I will strive to fulfill." Without a sense of our spiritual identity, women too frequently link their sense of worth to the false and fleeting values of the world. Conditional worth is increased or decreased by one's performance, appearance, money, or social acceptance. Eternal identity has no variation in it, and so worth is stable and firm. When we know of our eternal

identity, our spiritual roots are well grounded. We need to be reminded, "You did not come to this earth to gain your worth. You brought it with you." Your purpose here is that of growth and enlargement.

As to the question of direction—"What am I to do?"—the next four Young Women values suggest a guide. "Knowledge: I will continually seek opportunities for learning and growth." "Choice and Accountability: I will remain free by choosing good over evil and will accept responsibility for my choices." "Good Works: I will nurture others and build the kingdom through righteous service." "Integrity: I will have the moral courage to make my actions consistent with my knowledge of right and wrong."

Finally, the questions at the center of it all, "What difference does it really make? What is the very purpose of life?" The last part of the Young Women Theme addresses the question of "Why?" "To be prepared to make and keep sacred covenants, to receive the ordinances of the temple, and to enjoy the blessings of exaltation."

Although these foundation principles have been identified to promote the spiritual growth of young women, the concepts can assist in the growth of women of all ages. A bishop in England wrote me:

> Some time ago I sat in counsel into the early hours of the morning with a grandmother who wanted to die. Her family had endured trial after trial with faith and good heart and finally she just felt worn out and unable to cope. After several hours she became convinced that I was as stubborn as she was and accepted a priesthood blessing. She was uplifted by the Lord's counsel to her.
>
> A few days later I prayed about my ward members. My thoughts were directed to the Young Women Values. I wrote a letter to that sister and I copied the Young Women Values and associated scriptural references for each value.
>
> I posted the letter and forgot about it. The sister in question had not borne her testimony in fast and testimony meeting in many years. But suddenly, she was first on her feet. She told of the inspiring letter she had received, of how she had looked up each reference, and how it had changed her life. How indeed this former agoraphobia sufferer was crossing main roads alone, riding on buses, going shopping, climbing

stairs, visiting the hairdresser alone, all things that days before were considered impossible for her. She pondered the letter daily, tagged on to her scripture study, and to her it was scripture. Her whole life and her outlook on it has changed.

That family still has trial after trial to contend with. But, she faces those challenges with strength and resolution. I was sitting in the Young Women New Beginning Presentation in our stake this week and felt that perhaps you may enjoy hearing a senior woman who has benefited as much as a young woman in this inspired set of values.

For those suffering from the severe winter time in their lives, these principles give hope for yet another season. They can affect attitudes and behavior in the present.

Some seven years ago, when I addressed this group, I mentioned these values, even though they were only ideas at the time. Permit me to report to you now. Brothers and sisters, spiritual growth *is* taking place as these values take root in the lives of young women. I would like to share just one letter: a sample of many. A young woman wrote:

I want to write and thank you particularly for the values. Through one of these values my life has already changed so much. Last year in my junior year of high school, I set a goal in Good Works to try to help someone in some little way every day. Whether it was something I said or did, or an example I set, I decided to do this prayerfully. So, every day, before I went to school, I prayed and asked Heavenly Father to let me have the influence of the Spirit to know what he wanted me to say or do.

I began to see how everything we do affects others. The longer I did it the happier it made me and the more I wanted to continue. I began to feel better about myself and at the same time more humble. I feel so much closer to my Heavenly Father through my actions. I began to have a different outlook on all of my brothers and sisters around me and I began to realize that everyone, everywhere, no matter what the circumstance, is great in worth to the Lord, and so they should be to me.

We all have the potential of perfection, of traits given through our Father in Heaven and everyone should be treated with that respect. I feel as though I am beginning to understand what love can really be and it makes me feel better inside to feel that love. I know that the Lord knows the desires of my heart, and if they are righteous desires, I can achieve them. By showing a want to serve and do right, my life has

been blessed in great ways. By striving to live the Young Women Values, I have felt closer to my Heavenly Father. I have felt more prepared for the things that happen in my life and I love the church and the gospel with all of my heart. I know that Jesus Christ lives.

Could we consider this young woman to be progressing spiritually? Wouldn't it be wonderful if all men and women, even those many times her age, were having the same experiences?

These values are providing a foundation for family spirituality. A father wrote:

We are a very ordinary Latter-day Saint family. Four sweet girls, and six fine sons. A really exemplary mother and a father who has some potential.

Last August, Kim, our third daughter entered Young Women. Her advisor, according to custom in our ward, gave her the Young Woman Values poster. She hung it in her room, which she shares with her eight-year-old sister, Jill. Life went on as usual—I thought. A few weeks ago, there was disruption between the girls over some little thing. Jill, the youngest spoke up and reminded them that their behavior was not appropriate. She was immediately challenged, "Why not?" "Because," said her younger sister, "we are daughters of our Heavenly Father who loves us, and we love Him." As she continued to quote the entire young women theme from memory, the disruption was silenced and I was impressed a small child had read and reread these values until they had become committed to memory. I was profoundly struck that somehow, without a formal teaching experience, this statement of values had become instilled in her mind and heart to the point that it had come forth spontaneously in a moment of conflict. Oh, how I pray that she will be similarly protected when she must confront serious difficulties in her life.

As I reflected upon the power of that moment, I knew that we must do everything possible to give each of our children a shield of righteousness that would prevail over all of the sinister influences of the world. A shield they could carry outside the walls of our home. For the past few weeks, we have spent our Family Home Evenings talking about our family, our values, our commitment, our testimonies, our righteous aspirations. Everyone has participated, right down to the five-year-old. From those discussions, we have capsulized a Family Mission Statement, a family motto, and a set of questions we should keep in mind that we have called Family Standards. They are as follows:

Family Mission Statement: We will work together to make our home a heavenly place, full of love and laughter, and acceptance, where

everyone may come and be nurtured and healed, where each may come
to know of our divine heritage and potential as children of God, and
where Heavenly Father's Spirit may feel free to dwell. Our family will
make and keep sacred covenants to qualify for eternal life with him.

Family Motto: Do what is right no matter what.

Family Standards: Is it my best? Is it responsible? Is it respectful?
Will it lift and bless others? Would Jesus approve?

We're all memorizing these statements and using them to improve
our behavior. My children are quick to ask me the Family Standards
questions when they sense that I may not be acting out of my values,
and I am grateful. We have much to do, but we are making progress.
There is a new spirit of cooperation and purpose and wholesomeness in
our home. The catalyst for all of this was the Young Women's theme
and the little girl who took it all more seriously than we realized.

How wonderful it would be if every home was so united in
purpose. Soberly, seriously, sadly, as you know perhaps as well or
better than most, this is not the case. There are disruptive
circumstances and influences. Discouragement, despair, desponden-
cy, and degradation all sap away healthy awareness of an indivi-
dual's self worth. Frequently, young women and women are the
most serious victims. They write to me; they come to you. Their
hearts are sobered, their spirits are dampened and their faith
weakened.

But we also know that support can come from beyond the walls
of the home: whether professional, ecclesiastical, or neighborly,
outside support is often critical. Positive support can help provide
light where there is darkness, faith where there is despair, and hope
where there is discouragement. Basic gospel principles lead us to
our Savior who has promised that when we come to him he will
heal us. This is true for every season and every generation. He
will heal.

Looking back over the years, I am glad God allows us to
struggle, to cry and to feel pain. I am glad to know about hurt
and healing, about fear and faith, about offenses and forgiveness.
I am glad I know about discouragement and encouragement, and
about the grace of God and His infinite love, else how could I bear
witness of His reality?

Oh, if it could be said of every woman, what Joseph F. Smith said of Eliza R. Snow: "She walks not in the borrowed light of others, but faces the mornings unafraid, invincible." I am convinced that there are many Eliza R. Snow's among us even today. And there can be many, many more. Our hope, our vision, our goal, is to help prepare women of faith, who can call down the blessings of heaven and strengthen their sisters who need spiritual strength. Our prayer is that the Spirit of God will rest on every woman, every man, every daughter, every son. Visions and revelations come by the power of the Holy Ghost, the Lord has said, "On my servants and on my handmaidens, I will pour out in those days of my spirit, and they shall prophesy" (Acts 2:18).

Seven years ago, this coming Sunday, I was sustained as the Young Women General President. Speaking at that time, I spoke of our divine heritage and I made a pledge:

> We'll work to have every young woman . . . stand in the valiant ranks
> of loyalty, commitment, and dedication. . . And together in unity we'll
> prepare a generation . . . [worthy of] the Lord's commendation, that He
> may have a house of worthy members when He returns ("Youth of the
> Noble Birthright," *Ensign*, May 1984, p. 77).

Seven years have gone fast. There has been reason to rejoice and reason to mourn. But this continues to be my constant desire to help young women increase in their spirituality, knowing, as Paul taught, "to be spiritually minded is life and peace." God bless us all to experience this peace in our own lives and be ever mindful of the great power of righteousness that comes from the spirituality of strong men and women. God bless us. In the name of Jesus Christ, Amen.

Sister Ardeth G. Kapp was recently released as the Young Women General President of The Church of Jesus Christ of Latter-day Saints. She is now serving with her husband as they preside over the Canada Vancouver Mission.

Proposed Agenda for a Spiritual Strategy in Personality and Psychotherapy[*]

Allen E. Bergin and I. Reed Payne
Brigham Young University

Abstract

This essay argues that spiritual approaches in personality and psychother-
apy are currently not coherent and that a rational strategy is not being
pursued to develop an authentic spiritual orientation that can take its
place alongside the other major orientations to personality and psycho-
therapy. It is suggested that a systematic spiritual approach needs to be
developed that contributes uniquely to (a) a conception of human
nature, (b) a moral frame of reference, and (c) specific techniques of
change. In addition, a spiritual approach, if it is to be a viable option
in the mental health field needs to be (d) empirical, (e) eclectic, and
(f) ecumenical. Finally, specialized aspects of a spiritual strategy can be
(g) denominationally specific and thus contribute to homogeneous sub-
groups within the religious diversity and plurality that exists among the
public mental health clientele.

The effort to implement spiritual values[1] in psychotherapy is a
worthy goal, but we must remember that such an enterprise
exists in a context. It is the purpose of this article to outline a
broad spectrum of effort that must be pursued if value-oriented

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[1]By "spiritual values" we mean those deriving from our Judeo-Christian heritage. An eclectic,
ecumenical spiritual strategy will likely also include approaches rooted in compatible values from
diverse sources.

therapeutic practices are to attain optimal meaning and efficacy. We propose, therefore, that those who are motivated to develop such an approach join in addressing an agenda of tasks to be accomplished in establishing a spiritual strategy. We use the term "strategy" in keeping with the usage defined by Liebert and Spiegler (1990), who refer to the major approaches to personality and psychotherapy in this manner. Their text on personality is subtitled "Strategies and Issues" and they have avoided using the phrase "personality theories."

This important distinction implies that existing major approaches are not technically theories as such, but are strategies or approaches to the main issues of personality and therapeutic change. The modern versions of these strategies are actually collections of "micro-theories" concerning related topics rather than "macro-theories" that explain all behavior in a single over-arching conceptualization. Strategies include concepts regarding the origins, development and dynamics of personality, the organization or structure of personality, assessment or measurement of personality, and personality change. Liebert and Spiegler outline the details of the traditional theories within this structure, such as the psychoanalytic, dispositional, phenomenological, and behavioral strategies.

We suggest that specific approaches to therapy based upon Christian and other religious traditions are actually embedded in a broad array of assumptions and professional procedures that are part of the beginnings of a new "spiritual strategy" in the psychosocial and mental health fields. Although the specific assumptions on which these works rest are often not explicitly articulated, they exist and need to be specified more overtly as part of a plan for a comprehensive approach.

It is our view that a spiritual approach contributes distinctive factors to a strategy of personality and therapeutic change, but that such an approach also necessarily partakes of some characteristics of other approaches. It is our view that a spiritual approach contributes uniquely to (a) a conception of human nature, (b) a moral frame of reference and (c) specific techniques of change. In addition, a spiritual approach, if it is to be a viable option in the professional domain, needs to be (d) empirical, (e) eclectic, and

(f) ecumenical. Finally, specialized aspects of a spiritual strategy can be (g) denominationally specific and contribute meaningfully to the religious diversity and plurality that exists among the public clientele. As we proceed to outline each of these dimensions to a spiritual strategy, we will provide reference to articles that attempt to define each of these particular areas. When we have completed this outline, it will hopefully be much clearer how a value-oriented approach within a spiritual strategy can contribute to a more comprehensive understanding of personality and psychotherapy.

A Conception of Human Nature

To have a spiritual approach to psychology has profound implications for personality theory. The assumptions that this approach brings to theory are rooted in theology and have been outlined by several writers (Bergin, 1988a, 1988b; Collins, 1977, 1980). One of the essential points is recognizing the existence of a spiritual reality as a fundamental assumption. As we read in the Book of Job (32:8): "There is a spirit in man and the inspiration of the Almighty giveth them understanding." The exact nature of a person's spirit may be disputed in its details across denominations, but there is a clear agreement that the essential identity of a person is eternal, has a spiritual or invisible aspect, and can respond to the spirit of God through prayer and other means of inspiration that have direct effects upon thought, feelings, and conduct. There are many other fundamentals that derive from a spiritual perception of the world and of man's place in it that could and should help to shape a new perspective on personality. Some of these concern "Identity," "Agency," "Integrity," "Power," "Intimacy," "Family," and "Value Systems." It is essential that the hard work required to develop and integrate such concepts be undertaken. Although hermeneutic, existential, humanistic, cognitive and social construc- tionist thought all open the way to a spiritual approach to theory, none of these has bridged the secular-to-sacred gap. Transpersonal psychology attempts this but its all-inclusive style is alien to an approach rooted in biblical concepts and practices. While no truly systematic spiritual strategy has yet appeared, there are worthy

beginnings in efforts to tie theology to concepts of personality and psychotherapy.

One example of this is Jones' (1989) attempt to show the relationship between a Christian perspective and rational-emotive theory and therapy. Jones points out a number of apparent similarities between the two perspectives that have been noted by other Christian writers; but his analysis is telling in that while there are some regions of overlap, such as the importance of beliefs in guiding behavior, there are actually many incompatibilities at a fundamental level. He notes that the rational-emotive conception of self is basically atomistic and that it "undermines persons seeing themselves as agents, as substantive selves; as responsible moral agents with continuous identities through life" (p. 117). Another key point of potential conflict is in the definition of "rational." Theology suggests beliefs, such as *dependence* upon God, that may be viewed as irrational by secular theorists. We are thus challenged to show what healthy dependency is and how it is an integral aspect of human nature. Both the difficulties Jones identifies and the possibilities he outlines provide a meaningful attempt toward a Christian strategy of personality.

Spilka and Bridges (1989) provide another interesting effort at comparing and contrasting theological assumptions with psychological theories. They evaluate contemporary "process," "liberation," and "feminist" theologies and show certain parallels between them and social cognitive theory. "The importance of the role of the self and needs for meaning, control and self-esteem are stressed, indicating that theology can serve as psychological theory and that both psychology and theology might benefit from increased interaction between the disciplines" (p. 343). The paper is not specifically denominational in orientation, but deals with modern struggles to interpret our understanding of God in relation to groups who have suffered social oppression and who seem to be alienated from traditional religious identifications. The authors note that one approach to process theology emphasizes the themes of God as "presence," "wisdom," and "power" (p. 347). This apparently does not deny the additional biblical conceptions of God but attempts to show that "a sense of God's *presence* may be tied

to feelings of self worth." God as *wisdom* may be associated with meaningfulness through the faith that "no matter what threats and contingencies we may experience, God is faithful and is leading us to creative modes of dealing with problems." Finally God as *power* "may reflect personal capability in being able to influence the world" (p. 347).

The notion is that if people can perceive God's influence along these dimensions then therapeutic change in one's life way be more likely. "Meaninglessness, powerlessness, and low self-esteem are correlates of cultural realities that deprive people of opportunities to realize their potential" (p. 347). This type of thinking certainly has implications for a theory of personality and shows how such a theory can be enhanced by theological thought. A further task for a spiritual strategy would be to link traditional concepts of sin, forgiveness, and salvation in a significant way to meaning, a sense of personal capacity and self-esteem.

In sum, these articles demonstrate the fact that thoughtful people are struggling with the problem of developing a conceptual framework for a spiritual strategy. Human nature transcends the empirical with meaning emanating from relationships with God and fellow humans. We endorse such efforts and believe that as they become more systematic, a more powerful conceptual framework may be arrived at which can guide theory, research, and practice in personality and psychotherapy.

A Moral Frame of Reference

An important contribution of a spiritual perspective is that it anchors values in universal terms. Since evidence shows that psychotherapy is a value laden process, this makes the spiritual strategy immediately and especially relevant to the therapeutic situation. Although therapists are often unaware of their particular moral frames of reference and especially how they impact upon clients, this situation is rapidly changing. It is becoming abundantly clear that values must be dealt with more systematically and effectively if therapeutic change is to be lasting. To be optimal, values must also affect one's life style and one's impact upon others (Bergin, 1991).

No more powerful value themes could be invoked in this context than the teachings of Jesus Christ.[2]   An eternal and universal morality can inform or impact professionals and their clientele in profound ways. How to do this with efficacy and with respect for other noble traditions is an essential task for the future. For our purposes here, some illustrative work will suffice.

In contrast to earlier assertions that values are "relative" and that psychotherapy should be "value-free," it seems more likely (implicit though it may be) that there may be certain values which mental health care workers see as "better" or as underlying healthy adjustment. Many values "imply a frame of reference for guiding behavior and regulating life style so as to prevent or ameliorate psychopathologies" (Bergin, 1985, p. 106). Making these implicit values explicit in therapy, particularly in the spiritual realm, may in actuality promote freedom in the therapeutic environment by pro-moting specific and open deliberation about values (Bergin, 1988a, 1988b).

In a national survey of mental health care workers, Jensen and Bergin (1988) found considerable consensus on values assessed to be pertinent to both mental health and psychotherapy. These included: (a) a sense of being a free agent, (b) a sense of identity and feelings of worth, (c) being skilled in interpersonal communica-tion, sensitivity and nurturance, (d) being genuine and honest, (e) having self-control and personal responsibility, (f) being com-mitted in marriage, family and other relationships, (g) having orienting values and meaningful purposes, (h) having deepened self-awareness and motivation for growth, (i) having adaptive coping strategies for managing stresses and crises, (j) finding fulfillment in work, and, (k) practicing good habits of physical health.   These, in essence, are traditional values, which are correspondingly many of the same values which underlie practices and beliefs espoused in religious environments.

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[2]We begin with Jesus Christ because we revere Him as our Lord and Savior; but we naturally also include the teachings of the Biblical prophets and apostles and our own Latter-day Saint tradition. In addition, we respectfully rely upon compatible virtues and values that are emphasized in other traditions.

Sprinthall and McVay (1987) give examples of progress towards a generalized conception of universalistic values that may bridge the gap between such "clinical" values and spiritual values. They note an increasing consensus between religious and secular value theories in a common ground of universal and humane principles. While religion as an organized system of faith concerns itself with universals, spirituality *is* a universal. Dombeck and Karl (1987) state, "Every person can be understood to have a spiritual life, although some persons do not subscribe to any established religion" (p. 184).

When value related problems are encountered in therapy, both the client's and the therapist's values may need to be examined or articulated to provide an ethical and open atmosphere. Though a therapist and client's values may differ at points, this need not discourage value exploration and problem solving. Indeed, some divergence may be preferred to total value agreement (Beutler, Crago & Arizmendi, 1986; Propst, Ostrom, Watkins, Dean & Mashburn, 1990). If values become a problem in therapy the therapist should approach them openly and, if conflict between client and therapist persists, referral elsewhere may be required. Referrals based on value discrepancy, client need, and/or therapist bias need to be made frame a position of value knowledge and professional integrity. Therapy techniques or strategies need to be justified and explained, especially if they are other than what traditional therapy might offer (cf. Bergin, 1985; 1991).

Is it ethical to provide services to persons who have diverse backgrounds if those backgrounds are not understood? Certainly this point has been made when dealing with cross-cultural counseling or therapy with minorities and might well be made in terms of values or working with clients who have a distinct religious or value orientation. Psychologists will encounter more religious diversity than any other kind of diversity.

Both Meyer (1988) and Lovinger (1984) suggest that it may be appropriate to become acquainted with major teachings and dilemmas typical of clients of diverse religious orientations. To deny service to a client who wants to deal with spiritually related issues seems to Meyer no more appropriate than "to deny service

to a student coping with educational issues or a terminally ill patient struggling with medical concerns" (p. 488). According to Meyer, clarification of values and biases with regard to religion could be better understood through research, role playing, exploratory papers, or additional education aimed at understanding spiritual issues, both process and content, in research and in practice. It is important in understanding religious clients that the therapists both appreciate the value pattern of the individual's particular group and understand the individual's personal value pattern within that group (Worthington, 1986).

Implications of a moral frame of reference for therapy is seen in this vignette: If a client is bothered by the habit of viewing or using pornography and remains uncomfortable, how might this dilemma be approached? A traditional therapist might reason that viewing or not viewing pornography is not the issue, but reducing the guilt or conflict (the real culprits) is of concern. Since the therapist may not know of any data indicating pornography is damaging, there would be little motivation to suggest the client's discontinuance of the habit. Yet if the client's values of human dignity, sensitivity, reverence for life, or respect for persons are brought into awareness, the client has clear justification and motivation to modify this behavior while remaining within his or her value system.

It is paradoxical that traditional psychology and psychotherapy, which fosters individualism, free expression, and tolerance of dissent would be so reluctant to address one of the most fundamental concerns of humankind-morality and spirituality. In fact, therapeutic efforts have studiously avoided controversy, concern, and needs associated with religion. Regarding this conspiracy of silence, one could accusingly reflect that: We speak of wholeness but insist on parts; we value openness but stay partly closed; we like to be accepting but only of some things; it is good to be tolerant but not of things we don't understand. In the larger matrix of sociocultural variables, religion cannot be avoided as subject or object, cause or effect, noumena, or phenomena.

The danger of a moral philosophy or moral frame of reference not anchored to spirituality or religion is that of relativeness, expediency, and an ever changing hierarchy of values. With no

standard of measure or no reference point, it is easy to manipulate moral issues to meet merely expedient needs. Defense mechanisms and self-justifications can be used to reconcile questionable intentions or "needs" with situational moral imperatives. An entire domain of human experience may be neglected by ignoring the spiritual and moral frame of reference. Ignorance of spiritual constructs and experience predispose a therapist to misjudge, misinterpret, misunderstand, mismanage, or neglect important segments of a client's life which may impact significantly on adjustment or growth. Therapy may clumsily tread on sensitive areas. If the therapist is blind to the spiritual or moral realities of the client, resistance and transference will remain only partially appreciated.

We have suggested several important issues for the therapist and client. Spiritual, religious, and moral diversity are givens which we must acknowledge. It is argued that a moral frame of reference might be appropriately and advantageously anchored to the spiritual and religious. The therapeutic process encounters value dilemmas on every side. As therapists, we must prepare to understand and address these complex issues more effectively. This will require an interaction and combining of traditional techniques adapted to value issues and techniques emanating from moral and spiritual strategies.

Specific Techniques of Change

As with other approaches, a spiritual strategy implies hypotheses and techniques of change. Although these have special applicability to normal and mildly disturbed persons, which is the special province of spiritual approaches, they are also frequently applicable to more severe disorders, usually in conjunction with techniques from secular sources.

Essentially there are two categories of counseling techniques used in dealing with religious or spiritual issues: (1) those grounded in traditional psychological theories or emanating from professional secular sources, which then adapted to religious content, and (2) those originating specifically from within spiritual or religious frameworks, which are used therapeutically in coping with both

standard symptoms and religious issues. This section will explore examples of the use of techniques, traditional and religious, applied to diverse issues.

Illustrative of applying traditional techniques with religious content, Propst (1980) found that cognitive behavioral therapy with religious imagery and a religious placebo (group discussion of religious issues) showed more of a treatment effect in mild depression for religious subjects than did a nonreligious imagery treatment. In a subsequent study, fifty-nine clinically depressed subjects (nonpsychotic, nonbipolar) were treated with two forms of cognitive-behavioral therapy, one with religious content and one without (Propst et al., 1990). Religious and non-religious therapists were used in each group. There was also a pastoral counseling treatment group. Subjects in the religious content treatment and pastoral counseling treatment reported significantly lower rates of posttreatment depression and better adjustment scores than the waiting list controls or the subjects in the nonreligious cognitive therapy. It is also of interest that the non-religious therapist, using the religious approach, had the highest level of treatment effect.

In an article addressing religious values and therapy, Aust (1990) reviews techniques mentioned by several authors. Success with imagery is detailed by Propst (1980), Worthington (1978), and Frank (1973). Wilson (1974) notes client improvement with "Christian therapeutic maneuvers" consisting of (1) commitment or rededication, (2) confession or uncovering, (3) forgiveness of self and others, and (4) fellowship or community. Moral Reconation Therapy (Little & Robinson, 1988) is a step by step treatment program applied to treatments for antisocial or drug abuse clients. The authors report that the approach appears effective in promoting moral growth and behavior improvement. They also indicate that it fosters commitments to goals and development of identity.

One of the unique aspects of Moral Reconation Therapy is the requirement for clients of a payback to society in the form of public service, such as working with Special Olympics, rebuilding park structures, or building food boxes for the poor at Christmas time. Briefly, the treatments appear to involve the following behaviors: the clients are responsible for their own treatment as well

as the treatment of others, confrontation is an important aspect,
and a formal written assessment of the self is required. Activities
that raise the person's awareness of relationships with others are
implemented. A connection between freedom and responsibility is
taught. The client must provide service to others where there is no
overt gain for the client. The strategies include an effort to
decrease clients' decisions based on pleasure and pain. Also, they
are taught to tolerate delays in gratification. They are exposed to
problems and moral dilemmas at the various stages of moral
development. Trust and honesty in relationships are points of
focus. Ongoing self-assessment, in conjunction with receiving
assessment from other clients and staff, are required. Preliminary
research suggests that there is an encouraging level of success.

The concept of forgiveness, with its roots in religion, has been
espoused as a spiritual therapy technique (Bergin, 1980; Brandsma,
1985; Hope, 1987). Hope (1987) states:

> Choosing to forgive is a paradoxical act that releases a person from
> the need to seek payment or revenge for past insults or disappointments
> through an up-leveling or refraining process. Forgiveness is a core value
> of Christianity and other major religions. . . . It is proposed that
> understanding the dynamics of forgiveness can serve as a powerful
> therapeutic tool (p. 240).

Forgiveness, Hope further indicates, is a voluntary act, a decision
about how a person deals with the past. In dealing with injustice,
disappointment, and humiliation, one needs to learn how to
reinterpret, let go, or accept the past in a way that frees one for
future growth. Although anger and indignation may be therapeutic
and essential in some cases, lasting change requires transcending
one's sense of victimization. Hope indicates that by choosing to
forgive we increase our options and freedom to grow. Further, it
is suggested that "forgiveness can be seen as a meta-action, as a
reframing of how one views the world" (p. 242). The opposite of
forgiveness is a desire to seek vindication, which delivers a person
into a crippling state of ambivalence towards people who are most
important. Forgiveness of others, then, may be a necessary
requisite for forgiving one's self. Hope also explains, "for those
who also view life from a spiritual dimension, forgiveness becomes

an act of faith, a way of actualizing religious beliefs" (p. 242).
Hope quotes Fillipaldi (1982, p. 75) who states that "Forgiveness
is a focus on the present that frees from the past and opens up the
future." A series of steps in the forgiving process is outlined by
Donnelley (1982).

Confession and contrition are two preliminaries seen as
preparatory acts to healing (Harrison, 1988). Involved in these
processes is the radical lowering of one's defenses. Often involved
is a reordering of values and the freeing of energies that are bound
up in the process of trying to hide. Contrition is equated with
desire to change and is the opposite of defensiveness. It implies
pliancy. In practicing each virtue, the complementary vice is
rendered ineffective or non-existent. "The individual is made a
new creature bit by bit and each aspect of moral goodness is
acquired by deliberate choice" (p. 315). Harrison continues,

> . . . Much of what is involved in psychotherapy is similar to the
> practices intrinsic to religious purgation. The point to be made here is
> not that psychotherapy is equivalent to the process of sanctification, but
> that it is often compatible with it and in some cases may contribute to
> it by exposing attitudes and personal difficulties that the individual does
> not want to face. . . . But the larger task, the perfecting of the entire
> person, necessitates a larger process—one which is supernatural as well
> as human and more intimate and more pervasive than any earthly
> method could be (Harrison, 1988, p. 317).

Specific therapy techniques mentioned by Lovinger (1984)
include (1) religious imagery, for example, comparing Christian
charity with being a Christian doormat, (2) using alternative Bible
translations considering context, special use of words, and other
interpretations of scriptures, (3) using contradictory imperatives,
wherein the meaning is modified by other scriptural statements,
(4) corrective experiences, (5) literary resources, (6) denominational
resources, (7) forgiveness, and (8) service. It is mentioned that the
hallmark of effective therapy (Freud) is increased capacity to work
and to love.

Some Cautions

Caveats are warranted in this venture of implementing spiritual strategies. Because religious techniques are espoused for a variety of reasons, it need not be assumed that those who are promoting spiritually based methods are always competent, honest, or ethical in their approach. There may be hidden agendas, exploitiveness, and manipulations for implicit reasons which reflect something less than integrity.

Potentially, the directness, evangelism, and conversion agenda of a pastoral counselor or a religiously oriented therapist may not be compatible with the traditional therapeutic value of autonomy and independent choice. However, there is no inherent reason why a spiritual approach or moral frame of reference need be any more directive than other approaches to psychotherapy. The value of personal choice and growth based on independent judgment can be equally valued by those with a religious orientation and those who do not espouse any religious framework.

Many therapists may not know how to deal with values and spiritual concerns in a constructive, helpful manner because they have not been taught to do so. They have avoided the process of helping others cope with spiritual issues and controversial values in a religious context. When dealing with values, certain principles may need to be observed in preserving human agency or freedom of choice. Though working with a client's spiritual values may promote growth and change in a positive direction, the therapist should remain "within" the client's own value system in this endeavor. To impose the therapist's own religious values onto a nonreligious client may not only be counter-productive, it may also violate professional ethics.

No blanket statement that religious techniques are universally beneficial in therapy is endeavored in this article. The usefulness of such therapeutic techniques is predicated on several criteria such as religiosity of the client, desire by the client to employ such techniques, comfort level of the therapist, skill of the therapist in the use of religious techniques, and, ultimately, empirical proof of efficacy.

Dual or unwarranted roles should be avoided as well. Both the client and the therapist should understand that though the therapist may be sensitive to and discuss the client's religious issues, the therapist does not possess the role assigned to members of the client's particular ecclesiastical leadership. A proper referral in cases where the client may need to speak with an appropriate member of the faith may be necessary to comply with the expectations of a client's religious affiliation.

Despite such cautions, there is a vast untapped potential for spiritual approaches to therapeutic change. The way is open for creative Christian counselors and others to develop and assemble a repertoire of useful techniques that add to what is already known and can be done. At the same time, we need to remember our obligation to be empirical, eclectic, and ecumenical.

The Empirical Dimension

It is essential that a spiritual strategy have an empirical dimension if it is to have credibility in the profession at large and if we are serious about using all of the sources of truth God has given to us. Certainly, the scientific method in its various forms (experimental, correlational, qualitative, descriptive) is a rich source of truth which we cannot afford to ignore even though we may be emphasizing processes that are not easy to observe in traditional scientific ways. Nevertheless, we can observe many of the effects or consequences of invisible spiritual processes such a spiritual experience. Just as in biology or physics, many of our phenomena will be inferred from observable events. It has been noted for instance that there seem to be material consequences to spiritual conviction. This is manifested in the fact that physical health of people who have a sense of coherence in their lives or a certain way of believing in God are healthier than others (Antonovsky, 1979; McIntosh & Spilka, 1990). We also note that there are correlations between the quality of one's life-style, the nature of one's belief system and mental health indices (Bergin, 1991).

Although the psychology of religion field, as exemplified by the work of the members of The Society for the Scientific Study of Religion, is pertinent to the empirical dimension of a spiritual

strategy, much of it is essentially secular social psychology. We need to carefully identify those subsections of research that are particularly pertinent to an approach that openly acknowledges the reality of the invisible spiritual dimension in life. Much of psychology of religion research simply ignores the possibility of a spiritual reality. On the other hand, Hood's work on mystical and religious experiences constitutes a set of studies and measures which give us an observational handle on a very private domain of phenomena (Spilka, Hood & Gorsuch, 1985). Hood's mysticism scale expressly identifies and quantifies self reports of transcendental spiritual experiences. This work exemplifies the encounter of empiricism with spiritual phenomenology that is not intimidated by behavioristic, mechanical, or other objectivistic strictures that might otherwise inhibit good research in this area.

At the same time, we would not want to ignore objectivist research that is pertinent to the cause of the spiritual agenda. For instance, there is an abundant literature in the area of prevention of mental disorders and social pathology which shows a very positive effect of religion (Payne, Bergin, Bielema & Jenkins, 1991). Many other research areas, for example the study of Intrinsic and Extrinsic religious orientations, illustrate the value of standard psychology of religion research (Donahue, 1985; Kirkpatrick, 1989).

In entering the empirical domain, we do not want to be limited entirely to traditional designs, however. Qualitative, descriptive research may be very important in analyzing the relation between a religious lifestyle and personality traits and mental health indices. In addition, we need to be brave enough to consider a spiritual method itself as a form of empiricism. That is, a researcher may use a spiritual perception of the characteristics of a person being studied that is not accessible by ordinary observational techniques. In this sense spirituality overlaps with intuition, inspiration, illumination and creativity. Such phenomena have been noted by some therapists who have touched on the transpersonal realm and have referred to the possibility that therapists may be able to perceive characteristics of a client and to commune with the spirit

of that client in a way that goes beyond ordinary empathic perception (Rogers, 1980).

This kind of spiritually enhanced perception can occur in research as well as in therapy and might become the focus of new studies in which spiritual tests become part of the realm of empirical testing. By spiritual tests we mean that the researcher tests the communications from or impressions received from a subject against a sensed perception of the truth as witnessed by the spirit to the observer. This is a type of internal consistency or a reliability on which validity is based. Such perception still needs to be checked against the perceptions of equally qualified observers and against consensually established scriptural criteria of truth. A balance is required between idiographic and nomothetic perceptions in order to avoid self-deception. Although this method may seem radical, it will be essential to consider it in the repertoire of assessment devices available within a spiritual strategy. Although there are many dangers to this, there are also many potentialities. This procedure takes research beyond the ordinary qualitative and descriptive methods of the empirical approach. Reports of its use are rare, but as a prototype it could become an essential ingredient of a spiritual strategy.

Eclectic

Since much of the ground we are currently exploring in developing a spiritual strategy is uncharted, there is considerable opportunity for creativity. We must take care, however, that we do not reinvent the wheel. There are resources within the behavioral sciences that can be tapped for the purpose of our effort. Therefore, as we seek to integrate psychological theory and technique, eclecticism will be a valuable guiding principle as we select what is useful from a variety of sources.

Consider some examples of efforts toward such an integration. Jones' (1989), as previously discussed, attempted to integrate some aspects of the theory and practice of the rational-emotive approach into a religious framework while also discarding major aspects of the theory. Smith and Hendelman (1990) have made similar efforts with regard to religion and psychoanalytic thought. The

goal of their book, *Psychoanalysis and Religion*, is to help bridge the gap that has so long existed between psychoanalysts and religious thinkers, especially in identifying healthy ego processes in religious experience and expression. Another exemplary effort is a book edited by Miller and Martin, *Behavior Therapy and Religion* (1988), which attempts to establish integration of spiritual and behavioral approaches to change. Of particular note is Martin and Carlson's (1988) chapter on health psychology in which they "emphasize . . . combining modern, well-tested medical and behavioral health interventions with appropriate spiritual ones" (p. 103). They note an interesting series of exploratory studies showing a positive effect of a "Divine Love" film on measures of immune function.

Propst et al. (1990) has also demonstrated the value of integrating religious content into cognitive therapy of depression. When Propst's Religious Cognitive Therapy was conducted according to a prescribed technique manual, Christian religious clients benefited more from the religiously integrated therapy than from standard cognitive techniques. We would do well to follow the lead of these and other pioneers in seeking to broaden the interface between religion and secular psychology.

In addition to learning from secular approaches, a spiritual strategy has much to offer psychology at large, especially regarding the way it deals with religious and spiritual issues. It may be that those who are currently ignoring relevant spiritual and religious content would be less likely to do so if it were translated into the terms of their espoused strategy. By first understanding other strategies and then asking ourselves how religious and spiritual issues fit into their system (by "speaking their language"), we will be better prepared to extend contributions from the spiritual strategy to other strategies. The fact that they are framed in a familiar language will make it more likely that those from other strategies will recognize these potential contributions.

Dombeck and Karl (1987) have created a model as an aid for understanding how spiritual aspects of mental health care fit into four different helping professions: Medicine, Nursing, Humanistic Psychology, and Pastoral Counseling. They explore the distinctions between the professions, seeking to understand how spiritual needs

might fit uniquely into the framework of each. Case illustrations are given, including one of a man who had become elated after an inspirational religious experience during a retreat. He was diagnosed as hypomanic but the psychiatrist recognized the religious experience as valid and separate from the man's pathology. Diagnosis and treatment allowed for retention of the religious dimension following mental improvement. Neither the psychiatric nor the religious perspective dominated, but each did its respective part in a balanced, eclectic approach to the helping process.

In addition to educating therapists and sensitizing them to religious issues, Miller and Martin (1988) offer the following possibilities for spiritual contributions to psychology: (a) enlarging the scope of inquiry, (b) stretching the science, (c) unlocking training, (d) raising clinical issues, (e) improving effectiveness and accessibility of therapy, and (f) broadening perspectives.

In sum, a spiritual strategy can be eclectic in two ways. First, by integrating useful technique and theory *from* a variety of sources within psychology, and second, by seeking to introduce a spiritual perspective or frame of reference *to* traditionally secular techniques and theories.

Ecumenical and Denominational

One avenue we must pursue in seeking to increase the utility of our work is that of breaking down the barriers that can prevent productive communication of thought between denominations. In order to be of maximum benefit, our work must be ecumenical in the following ways: (a) areas of agreement should be sought out and specified, rather than focusing upon narrow areas of disagreement, and (b) even in areas where disagreement on specific doctrinal issues or beliefs exist, we can seek out ways to apply things learned within the context of one denomination to other denominations.

The interface between psychology and religion is only part of a larger ecumenical movement noted by Sprinthall and McVay (1987). The spirit of their essay suggests that those interested in the interface between religion and psychotherapy may learn from

each other and learn together in spite of divergence in belief systems or denominations. In order to be truly ecumenical, this exchange must include not only traditional Christian religion but other religions as well, and, in our culture, this should include particular attention to our Judaic heritage. Hutch (1983) points out that some bridges can be built between Christian and Eastern philosophies in their approaches to anxiety, human suffering and insight into the human condition.

Perhaps, there are bridges that should not be built, but generally a free interchange between denominations and even across cultures opens the door for research and theorizing to be done in a broad manner. We may then comprehend human nature and human need in a worldwide way that will better fulfill the purposes of the Lord and those who wish to serve Him.

Beit-Hallahmi (1975) provides an example of how issues on therapy—even those which are denominationally specific on content—can be reported in an ecumenical manner. He uses specific examples from case studies to illustrate more general or universal issues in working with religious clients.

For example, he presents a therapy case of an individual from an orthodox Jewish background. He discusses the importance of understanding that Israeli society is divided into a religious subculture and a secular subculture. Understanding this division and the coinciding differences in terms of beliefs, appearance (dress), and behavior allowed the therapist to work more effectively with the client in his struggles within the context of that society. This example is used to illustrate the universal problem of understanding the client's specific religious group and the client's way of defining himself within it.

In addition, Beit-Hallahmi uses this case to illustrate the general issue of dealing with the gap in religiosity between the client and the therapist. Since Beit-Hallahmi did not wear a skullcap, it was obvious to the client that he did not practice orthodox Judaism. He describes how the tension that resulted from the client-therapist religious difference was discussed openly and how this initial

openness set the stage for future work on religious aspects of the client's life.

While the discussion of the client's specific religion and its influence in therapy provides illustrative clarity, the author's specification of the universal issues which the case studies illustrate insures that the article's scope of application will be ecumenical.

At the same time, the role of concepts and techniques specific to denominations must be recognized. Evangelical Christian, Latter-Day Saint, and Orthodox Jewish clients present different needs embedded in languages and lifestyles that demand technical content adapted to their needs (Lovinger, 1984, 1990; Spero, 1985). A psychologist whose background and perspective derive strongly from a denominational context needs to learn how to function both in the broader ecumenical world and in the fine texture of his or her own tradition. A viable spiritual strategy must be responsive to both ends of this continuum and persist in the conceptual struggle to embrace them both. An example of this was recently noted in a newsletter article on pain management ("Using Faith," 1990). Coping skills are taught for handling suffering using two types of spiritual content ("Christian" and "God and Faith") and a non-spiritual format. Watson, Hood, Morris and Hall (1985) nicely illustrate ways of carefully integrating denominational Christian concepts of sin and salvation with the psychology of personal growth and self-esteem. Lovinger's work (1985, 1990) reflects an attempt to touch upon common themes across religions within an ego-analytic perspective, while Jensen and Bergin (1988) attempt to identify mental health values that can be endorsed by persons of diverse denominational origins.

Conclusion

We have noted but a few of the many illustrations that could be given of substantial work in each of the seven tasks we have outlined for the development of a "Spiritual Strategy." It is encouraging that a literature is evolving that could form the basis for a new approach that is comparable in substance with the existing major strategies. At the same time, we must realistically acknowledge that this work is relatively primitive compared with

the main secular traditions. In all areas of theory, practice, and research, major work remains to be done. We hope that our outline will provide a meaningful structure and a stimulus for this challenging cause.

Authors' Note

References

Antonovsky, A. (1979). *Health, Stress, and Coping.* San Francisco: Jossey-Bass.

Aust, C. F. (1990). Using the client's religious values to aid progress in therapy. *Counseling and Values, 34,* 125-129.

Beit-Hallahmi, B. (1975). Encountering orthodox religion in psychotherapy. *Psychotherapy: Theory, Research and Practice, 12,* 357-359.

Bergin, A. E. (1980). Psychotherapy and religious values. *Journal of Consulting and Clinical Psychology, 48,* 95-105.

Bergin, A. E. (1985). Proposed values for guiding and evaluating counseling and psychotherapy. *Counseling and Values, 29,* 101-115.

Bergin, A. E. (1988a). Three contributions of a spiritual perspective to counseling, psychotherapy, and behavior change. *Counseling and Values, 33,* 21-31.

Bergin, A. E. (1988b). The spiritual perspective is ecumenical and eclectic (rejoinder). *Counseling and Values, 33,* 57-59.

Bergin, A. E. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist, 46,* 394-403.

Beutler, L., Crago M., & Arizmendi, T. (1986). Research on therapist variables in psychotherapy. In S. Garfield & A. Bergin (Eds.), *Handbook of Psychotherapy and Behavior Change* (3rd ed., pp. 257-310). New York: John Wiley & Sons.

Brandsma, J. M. (1985). Forgiveness. In D. G. Benner (Ed.) *Baker Encyclopedia of Psychology.* Grand Rapids, Michigan: Baker Book House.

Collins, G. R. (1977). *The rebuilding of psychology: An integration of psychology and Christianity.* Wheaton, Il. Tyndale House.

Collins, G. R. (1980). *Christian counseling: A comprehensive guide.* Waco, TX: Word
    Publishing

Dambeck, M. & Karl, J. (1987). Spiritual issues in mental health care. *Journal of
    Religion and Health, 26,* 183-197.

Donahue, M. J. (1985). Intrinsic and extrinsic religiousness: Review and meta-analysis.
    Journal of Personality and Social Psychology, 48, 400-419.

Donnelley, D. (1982). *Putting Forgiveness into Practice.* Allen, Texas: Argus Communica-
    tions.

Fillipaldi, S. E. (1982). Zen-mind, Christian-mind, empty-mind. *Journal of Ecumenical
    Studies, 10,* 69-84.

Frank, J.D. (1973). *Persuasion and healing (Rev. ed.).* New York: John Hopkins
    University Press.

Harrison, S. M. (1988). Sanctification and therapy: the model of Dante Alighieri. *Journal
    of Psychology and Theology, 16,* 313-317.

Hope, D. (1987). The healing paradox of forgiveness. *Psychotherapy, 24* 240-244.

Hutch, R. A. (1983). An essay on psychotherapy and religion. *Journal of Religion and
    Health, 22,* 7-18.

Jensen, J. P. & Bergin, A. E. (1988). Mental health values of professional therapists: a
    national interdisciplinary survey. *Professional Psychology: Research and Practice, 19,*
    290-297.

Jones, S. L. (1989). Rational-emotive therapy in Christian perspective. *Journal of
    Psychology and Theology, 17,* 110-120.

Kirkpatrick, L. A. (1989). A psychometric analysis of the Allport-Ross and Feagin
    measure of intrinsic-extrinsic religious orientation. In M. L. Lynn and D. 0. Moberg
    (Eds.) *Research in the Social and Scientific Study of Religion.* Vol. 1, 1-31, Greenwich,
    Connecticut: JAI Press.

Liebert, R. M. & Spiegler, M. D. (1990). *Personality: strategies and issues.* Pacific Grove,
    CA: Brooks/Cole.

Little, G. L. & Robinson, K. D. (1988). Moral reconation therapy: a systematic
    step-by-step treatment system for treatment resistant clients. *Psychological Reports, 62,*
    135-151.

Lovinger, R. J. (1984). *Working with religious issues in therapy.* New York: Jason
    Aronson, Inc.

Lovinger, R. J. (1990). *Religion and counseling: The psychological impact of religious belief.*
    New York: Continuum Publishing Co.

Martin, J. E., & Carlson, C. R. (1988). Spiritual dimensions of health psychology. In
    W. R. Miller & J. E. Martin (Eds.), *Behavior therapy and religion: Integrating spiritual
    and behavioral approaches to change* (p. 57–110). Newbury Park, CA: Sage
    Publications, Inc.

McIntosh, D., & Spilka, B. (1990). Religion and physical health: The role of personal
    faith and control beliefs. In M. L. Lynn and D. O. Moberg (eds.), *Research on the
    social scientific study of religion.* (Vol. 2) (p. 167-194). Greenwich, CT.: JAI Press.

Meyer, M. S. (1988).   Ethical principles of psychologists and religious diversity. *Professional Psychology: Research and Practice, 19*, issue 5, 486-488.

Miller, W. R., & Martin, J. E. (1988). *Behavior therapy and religion: Integrating spiritual and behavioral approaches to change.* Newbury Park, CA: Sage Publications, Inc.

Payne, I. R., Bergin, A. E., Bielema, K. A. & Jenkins, P. H. (1991). Review of religion and mental health: Prevention and the enhancement of psychosocial functioning. *Prevention in Human Services, 9*, 11-40.

Propst, L. R. (1980). The comparative efficacy of religious and nonreligious imagery for the treatment of mild-depression in religious individuals. *Cognitive Therapy and Research, 4*, 167-178.

Propst, L. R., Ostrom, R., Watkins, P., Dean, T., & Mashburn, D. (1992). Comparative efficacy of religious and nonreligious cognitive behavioral therapy for the treatment of clinical depression in religious individuals. *Journal of Consulting and Clinical Psychology, 60*, 94–103.

Rogers, C. R. (1980, January). Healing and growth in the therapeutic relationship. In C. W. Waymon (Chair), *The efficacy of psychotherapy: New Perspectives for Tomorrow.* Symposium sponsored by The Institute for Social Systems Engineering and The University for Humanistic Studies, San Diego, California.

Smith, J. H., & Handelman, S. A. (1990). *Psychoanalysis and religion.* London: John Hopkins.

Spero, M. H. (Ed.) (1985). *Psychotherapy of the Religious Patient.* Springfield, Ill: Charles C. Thomas.

Spilka, B., & Bridges, R. A. (1989). Theological and psychological theory: Psychological implications of some modern theologies. *Journal of Psychology and Theology, 17*, 343-351.

Spilka, B., Hood, R. W. Jr., & Gorsuch, R. L. (1985). *The psychology of religion: An empirical approach.* Englewood Cliffs, N.J.: Prentice-Hall.

Sprinthall, N. A., & McVay, J. G. (1987). Value development during the college years: A cause for concern and an opportunity for growth. *Counseling and Values, 31*, 126-138.

Using "Faith" as a coping skill. (1990, Fall). *Coping Skills Development (DSC) Newsletter*, p. 1. 124-B Exchange Pl. Lafayette, LA 70503.

Watson, P. J., Hood, R. W., Morris, R. J., & Hall, J. R. (1985). Religiosity, sin, and self-esteem. *Journal of Psychology and Theology, 13* (2), 116-128.

Wilson, W. P. (1974). Utilization of christian beliefs in psychotherapy. *Journal of Psychology and Theology, 2*, 125-131.

Worthington, E. L. Jr. (1978). The effects of imagery content, choice of imagery content, and self-verbalization on the self-control of pain. *Cognitive Therapy and Research, 2*, 225-240.

Worthington, E. L., Jr. (1986). Religious counseling: a review of published empirical research. *Journal of Counseling and Development, 64*, 421-431.

Hiding, Health, and Love:
Some Interrelationships

Burton C. Kelly, Ph.D.

I f you were asked to select one term, and only one, which de-
scribed the phenomena that you believe were most related to
both psychogenic psychopathology and relationship pathology, what
term would you select? I have selected a very common, nonjargon
term, one usually not considered a psychological term: "hiding."

I will first define and illustrate hiding behavior, with its
determinants and consequences, to both physical and emotional
health. Then I will suggest some remedies. I will conclude with
what I believe to be the primary cause of hiding—the lack of love.

Since I believe that typically we best learn to distinguish
between good and evil from our own experience, I ask each of you
as you read this article to ponder the concepts presented and to
note carefully the feelings and thoughts you experience as you do
so. This will help you determine for yourself their validity.

Hiding

Definition

I use the term "hiding" in a psychological sense. I define it as
concealing from oneself or others that which is unpleasant or
threatening to self. Or in a more theoretical sense, hiding is a
denial of rational awareness, awareness derived from reasoning and
feelings subjected to rational analysis. (When I say, "feelings
subjected to rational awareness," I mean that feelings may come
from beliefs—articulated or nonarticulated, of which we may or

may not be fully aware, our present thoughts, the Light of Christ or the Holy Ghost, or in unusual circumstances biological functioning, or more commonly, malfunctioning. Hence, it is important to assess the source of one's feelings and when that source is one's underlying beliefs or thoughts, to carefully evaluate them to assess their validity.)

Hiding may at times be healthy and constructive, for example, when we make a strategic retreat in order to recoup, reorganize or replenish our forces to successfully attack a threatening challenge. Also, hiding may be considered healthy when rational analysis indicates that it is necessary to protect ourselves or others from objective danger or harm. My focus, however, will be destructive hiding. The primary motivation behind destructive hiding is fear—fear of rejection.

Although we may become relatively unaware of well-practiced hiding, nevertheless we are aware of it at some level. That awareness is demonstrated by our becoming defensive when challenged or confronted with something hidden, if we are not ready to face it. There would be no need to be defensive if we had no awareness of any inappropriate behavior to defend against.

Illustrations

Some types of hiding are much more readily discernible or transparent than others. I will start with the more transparent.

The bold, black, and other lies. While black lies are obviously a form of hiding, other lies are also; they are merely less obvious. Examples are exaggeration or understatement ("terminological inexactitude"), withholding relevant information, stating true facts while at the same time purposefully conveying a false impression, and allowing someone to maintain an erroneous perception, such as giving you credit for something you have not done.

Hypocrisy, guile, deceit, and the common defense mechanisms. The heart of all defensive behavior is avoidance of reality.

Self-justification. "Every way of a man is right in his own eyes" (Proverbs 21:2). To avoid guilt over questionable or inappropriate behavior, we make it right by justifying our actions.

The "if only" lament. "If only I had been born at a different time," "if only I had different parents," "if only the breaks had come my way." An individual fully willing to accept personal responsibility would more likely say, "even though this happened, I will still. . . ."

Controlling and manipulating others. Typically we use manipulation to cover up our own inadequacy to deal with life and our limited self-control.

Lifestyles. Hiding behavior becomes so pervasive in certain lifestyles—such as homosexuality, anorexia, and bulimia, largely because of their nonacceptability in the general culture—that it often becomes a way of life.

Living in the past. By dwelling on past successes or failures, or future possibilities, one not only avoids the challenges of the present but increases the probability of failure by focusing time and energy on inaccessible time periods.

Consistently engaging in self-blaming or pitying behavior. People who exhibit such behavior are typically trying to manipulate others into feeling sorry for them or are sending signals to others not to expect much from them, because they are inadequate: and this allows them to remain irresponsible and unresponsive to life's challenges.

Symbolic disconfirmation. This refers to a person testing his or her deficiencies to prove that they are really not there, or trying to symbolically disconfirm their existence. For example, the diabetic who stops taking his insulin to prove that he no longer has this deficiency.

Anger. Interpersonal, and probably all negative emotions reflect hiding behavior. We do not get angry without first being thwarted in pursuing our goals, threatened (physically or psychologically), or hurt. Even these do not create anger. A discerning judgment of whether what happened is good or bad will not create anger at the perpetrator of the event. To create anger we must condemn the individual whom we perceive to have thwarted, threatened, or hurt us. If we were to perceive our "offender" in a compassionate way and desire to help him or her respond more appropriately, we

would not become angry. We would try to help the individual respond more effectively rather than trying to control and punish his behavior—the purposes of anger. In the final analysis, we are responsible for our anger; and yet typically we think, "He made me angry," thus avoiding personal responsibility. In a similar manner we may try to escape responsibility for our other negative emotions. We often hear statements such as "he frustrated me," "she made me feel sad," or "if he hadn't upset me so much, I would have done well." Although the falsity of such statements is readily demonstrated (for example, by noting that others experiencing the same external stimulus often have different feelings), many people continue to believe or act as if other people or circumstances created their emotions for them. While the stimulus is part of the emotional equation, it does not *make* us feel a specific emotion; rather it merely provides an opportunity for us to react with our pre-programmed emotion.

Modal operators. Linguists term certain frequently appearing expressions in our language that are used to exert a given force or influence, "Modal Operators." (Gordon, 1988, pp. 168–174). There are, for example, modal operators of impossibility, such as *impossible, unable to, can't,* and *couldn't*; and modal operators of necessity, such as *should, must, have to, need,* and *ought to.* Often these modal operators are used to hide. For example, the word *can't* nearly always means "I don't want to," "I won't," or "I'm not willing to expand the necessary effort," rather than "I really can't." The person who says, "I can't go with you now" nearly always could but really prefers to do something else. *Should* is generally used to avoid commitment or to manipulate others. "I should do this 'really means' maybe I will and maybe I won't." People who say, "I have to leave now" rarely ever really have to. It may be important that they leave, they really want to, or it's more important to leave than to stay, but very seldom do they really "have to." *Must, have to, got to,* and other commonly used modal operators, unless they are being used in a lawful sense, violate reality (in other words, unless we want certain consequences, there is probably nothing we *have* to do), agency, and our nature to be, or to desire to be, free. Hence in using these words we are

wittingly or unwillingly hiding. Thus we see that the modal operators of impossibility and necessity are typically linguistic ways of hiding our true intent from others and often from ourselves as well.

Two other words commonly used to hide are *mistake* and *accident.* These words are appropriately used to refer to unplanned, unforeseen, chance events or to circumstances arising from faulty judgment, lack of knowledge, or carelessness. However, *mistake* and *accident* are often purposefully used to refer to behavior that was known beforehand to be inappropriate, wrong, or risky—to avoid or lessen one's responsibility for the behavior. For example, one may lose control of his car on a curve while exceeding the speed limit by 40 mph and call it an "accident." True, it was unplanned and unforeseen, and it may have occurred because of faulty judgment or lack of knowledge, but for most people such driving would be purposeful risk-taking behavior. Calling it an accident helps remove responsibility for the unwise behavior and its consequences—but it also deters correction.

Self-Betrayal. Sometimes individuals choose not to follow their impulses to do good. They avoid facing this self-betrayal by creating negative emotions, such as anger or disgust, and blame them on the misbehavior of others. The self-betrayer then typically attempts to elicit victimizing behavior from the recipient(s) of the negative emotion. If successful, he or she feels justified in blaming the other(s) for creating his or her negative emotions; thus the other becomes a colluder in the negative, destructive pattern. Each person thinks he is victimized by the other and is justified in his behavior—a marvelous scheme of self-betrayal and hiding that makes change impossible as long as both the betrayer and colluder see themselves as victimized (Warner, 1982, 1983).

For the sake of brevity, I will list and define or merely list other examples that further illustrate the breadth and scope of hiding behavior:

Tension or stress. When first generated (before becoming a habitual response to a given stimulus), this kind of hiding typically

reflects an attempt not to be exposed or be seen as we are, or to deny the realities of time, our capabilities, and so forth.

Obsessive-compulsive behavior. This is generally a cover-up for anger or other negative emotions.

Procrastination. Typically this is a way to avoid facing the possibility of failure

Flight into activity. By frenetic activity an individual may avoid dealing with threatening challenges and have an excuse for not dealing with them. Workaholicism usually has similar dynamics.

Surrendering to gratification of wishes or desires, escaping into pleasure, thrill-seeking. I define it as "surrendering" when we act contrary to what we really believe is best.

Conversion reactions. Here I refer to the standard meaning of converting a psychological conflict into a bodily symptom, such as a headache, to avoid directly facing the conflict, or hiding the real reason from others or self.

Externalization. By this I mean waiting for someone else or circumstances to solve problems, make decisions or bring happiness rather than accepting personal responsibility for them.

Overgeneralization. By this I refer to the common practice of inappropriate inclusion of others, such as "they all said," "everybody is doing it," and "everyone agrees with me."

Lack of speech clarity. This refers to the mumbler, the overly soft-voiced speaker, who fails to communicate clearly while appearing to do so.

Non-specificity. By this I mean being vague, usually purposefully, in our communication.

Intellectualization. This refers to hiding one's feelings in a barrage of words, often erudite expressions.

Alcohol and drug abuse.

I'm a private person.

The failure syndrome.

Denying our age, our mortality, and that we are subject to human limitations.

Not differentiating between fact, wishes, fears.

Faddish behavior.

Always planning and never doing.

Pseudo-pride.

Avoiding growing up.

These examples sufficiently illustrate the extent of this phenomenon. You may be thinking that I see hiding in all our behavior. No, I don't see all behavior as having an element of hiding in it, but I do see hiding behavior in virtually all psychogenic intrapersonal and interpersonal pathology.

Nor am I suggesting that complete self-disclosure or openness in interpersonal communication is the answer either (see Kempler, 1987; Wintrob, 1987). That may be either inappropriate or as destructive as hiding. The writer of Proverbs (16:13) says that "a fool layeth open his folly." A personal experience may illustrate the point.

At a late hour in the day, I was sharing with two colleagues the basics of a program I had developed. Abruptly, one of them emphatically stated, "You're boring me to death," while the other continued to express interest. She thought I would appreciate her honesty and openness and was somewhat surprised when I said I didn't. I don't know why she was bored—whether she was anxious to go home, whether she was upset before we started, whether I was moving too slowly for her, whether she wasn't interested in the program, process or content, or what—because she had created her own boredom (possibly with my help). She had not expressed her most basic thoughts or feelings, and by blaming me for her boredom, she was engaged in hiding. Further, I saw no evidence of caring in either her words or her behavior. Openness without love or caring may or may not be better than none at all. (I responded to her judgmental criticism—I did not say her honesty or openness—by abbreviating the presentation.) Self-disclosure that does not consider the needs or interests of the recipient equally with one's own may be more destructive than constructive. Healthy openness involves sharing for a greater reason than merely self-expression or confrontation (see Luke 9:24).

Determinants and Purposes

Hiding or avoidance for the purpose of protecting one's self, ensuring one's well being, and preserving self-esteem (Branden, 1983, p. 156) is illustrated by the following vignette. At age 27, Dexter Manley, a Washington Redskin defensive end and a graduate of Oklahoma State University, had a severe learning disability that effectively rendered him illiterate. He then entered a lab school to learn how to read. Three years later, at the age of thirty, he stated, "Somehow or another, you have to find the will to come forward and ask for help. That's the most difficult thing for a human being to do. . . . I had to humble myself, I had to walk into lab school and not pretend. Today I can read and write. I have some self-respect" (*The Daily Herald*, May 19, 1989, p. A4).

Lippard (1988) states that the motivations for deception include a desire for control of resources, affiliation, self-protection, conflict avoidance, protection or manipulation of another, excuse for failure, and joking. With the exception of joking, I suggest that the central emotion behind all of these motivations is fear. Hiding seeks to ameliorate that fear.

Inception

Where and when is the first recorded hiding incident? Genesis 3:8–10 speaks of Adam and Eve after they partook of the forbidden fruit, of which they were commanded not to partake:

> And they heard the voice of the Lord God [as they were] walking in the garden in the cool of the day, and Adam and his wife hid themselves from the presence of the Lord God amongst the trees of the garden. And the Lord God called unto Adam and said unto him, Where art thou? And he said, I heard thy voice in the garden, and I was afraid, because I was naked; and I hid myself.

Hiding has been practiced for a long time, and from its inception it has been motivated by fear.

Who told them to hide? The adversary did. Why? His two primary objectives are that we fail to reach our potential and that we be miserable in the process. Hiding is a marvelous tool for

Satan to achieve both of these objectives. His introduction of it in the very beginning was not an accident.

Consequences

In the intrapersonal realm, hiding is so destructive because self-awareness is the initial basis of all change and hence is requisite to individual growth, development, and fulfillment. As painful as the revelation might be, becoming aware of our weaknesses is essential to overcoming them (see Ether 12:27). To the degree that we avoid or hide that awareness, we have no basis for change and well-being. "Successful functioning entails the ability to be aware of the facts and requirements of external reality and of the inner experience *without* sacrifice of one awareness to other" (Branden, 1983, p. 179, emphasis added).

In the Bible we read, "He that covereth his sins shall not prosper; but whoso confesseth them and forsaketh them shall have mercy" (Proverbs 28:13). A number of other scriptures portray the negative consequences of hiding and also its futility: Deuteronomy 7:20; Job 31:33–37, 34:22; Psalms 32:5, 69:5; Proverbs 26:26; Isaiah 23:14–22, 29:15; Jeremiah 16:17, 23:24; Matthew 10:26 (cf. Mark 24:2; Luke 8:17, 12:2), 1 Corinthians 4:5; 2 Corinthians 4:1–2; 1 Timothy 5:25.

Among interpersonal relationship problems caused by hiding is a lack of marital intimacy and satisfaction. Dorothy Briggs' statement, "Psychological intimacy is not possible without appropriate sharing of feelings" (Briggs, 1977, p. 167), is supported by a number of studies of the relationship of self-disclosure to marital intimacy and satisfaction (Antill, Cotton, & Sander, 1987; Waring & Chelune, 1983; Dickson-Markman, 1984).

That self-disclosure is also related to the degree of liking and closeness in other relationships is well documented (Broder, 1982; Montgomery, 1986; Winum, 1983) and is also supported in the scriptures (see Proverbs 27:5; 28:13).

Since integrity is a major determinant of the trust others have in us, when we hide, we have less power and influence with others. With whom do we really have power and influence? I suggest we have power only with those who have significant confidence in our

veracity, who believe that we are not hiding, not covering, not faking, not being deceptive. I further suggest that our Heavenly Father has the power and influence He has with those who have faith in Him because they know that "he cannot lie" (Ether 3:12), that He has perfect integrity. He has perfect honor; hence with those that have that faith in Him, our Heavenly Father has unlimited power (see Doctrine and Covenants 29:36 and Helaman 12:7–17).

Openness and awareness of reality are essential for our survival. They result in freedom. Jesus the Christ taught this principle: "If ye continue in my word, then are you my disciples indeed; and ye shall know the truth, and the truth shall make you free" (John 8:31–32). I suggest that the path to inner peace requires our awareness of self and others and living in accordance with that awareness.

Physical Health

Many studies have suggested a link between self-disclosure and various dimensions of physical health (Blotcky, Carscaddon, & Grandmison, 1983; Cumes, 1983). Some of the most meaningful work on openness/hiding and physical well-being that I am aware of is that of Pennebaker and associates at Southern Methodist University in Dallas, Texas. Operating from a general psychosomatic model wherein they assumed that inhibiting or holding back one's thoughts, feelings, and behaviors was associated with long-term stress and disease (Pennebaker, Kiecolt-Glaser, & Glaser, 1988), they have conducted a number of very intriguing studies. They have found, for example, that behavioral inhibition is associated with increases in skin conductance level. This suggests that long-term behavior inhibition may be a factor in psychosomatic disease (Pennebaker & Chew, 1985). Pennebaker and Beall (1986) found that students who wrote about their most traumatic experiences had relatively higher blood pressure and a negative mood following the disclosure, but also had fewer health center visits in the following six-month period than did subjects who wrote about superficial topics. Pennebaker et al., (1988) also found that confronting the facts and emotions of traumatic experiences

was beneficial to immune system functioning as measured by immunological assay. Writing or talking about just the facts of the traumatic experience—not feelings and emotions—did not result in the same positive outcome (see also Pennebaker, Hughes, & O'Heeron, 1987).

As might be anticipated, some other researchers have questioned Pennebaker's interpretation of the data (Neale, Valdimarsdottir, & Stone, 1988). However the Pennebaker et al., (1988) response to Neale et al., suggests to me that they have found valid relationships between self disclosure/openness and physical health as measured by health center visits and immunological assays.

Self-Esteem

I define self-esteem broadly as a sense of efficacy, control, or self-worth; it is the reputation we acquire with ourselves, a sense of self-confidence and self-respect. Nathaniel Branden (1983), and others, suggest, and I concur, that positive self-esteem is a basic need and the primary element in mental health. Further, the most important evaluation one will make in life, in terms of well-being and accomplishments, is that of self-worth. Since that evaluation is the lens through which we evaluate everything else, its importance can hardly be over-estimated. So important is a positive conception of one's self that in its absence people are prone to pretend that they have confidence and self-respect. In vain, they attempt to repress the image they really have of themselves to try and maintain a positive sense of self-worth.

One's self-esteem is derived from both external and internal feedback. If we deny awareness of our weaknesses and limitations, when we receive negative feedback from others, which all of us inevitably do, it creates an internal conflict within us—because we have been denying those deficits. Accordingly, negative feedback from others results in significant anxiety, frequently further denial of awareness of our deficits, defensiveness, and negative (often global) self or intrapersonal talk; and these weaken our self-esteem more. If we accept our weaknesses, we will expect some negative feedback in our lives. When it comes we have less need to defend ourselves and are more ready to accept ourselves. Also, we are then

more apt to integrate constructive negative feedback into our lives and make healthy changes.

To the degree that we have not accepted ourselves and have attempted to fake self-worth by projecting a false image, even positive feedback tends not to improve our self-esteem. How many times have we said, "People only think or say that because they don't really know me. If they knew me better, they would have a different perception?" Having revealed only part of ourselves to them and having purposely put our "best foot forward" and done everything we could to manage others impressions of us, they do not really know many aspects of us—for we have hidden them from their view, fearing rejection for our deficits and weaknesses. Accordingly, both negative and positive feedback tend to result in negative ruminations and further destruction of an already impoverished self-esteem. Thus self-esteem ultimately derives from internal roots rather than external roots. Healthy self-esteem is fundamentally based on personal honesty and integrity and limited hiding and deception. We need to let others see and know us as we are in order to use their feedback constructively to enhance our self-esteem. Also, when we share with others negative aspects of ourselves, we are communicating to them that we trust them to treat these revelations with respect, and this encourages them to feel more positively towards us.

I am not saying that maintaining some privacy in our lives is always destructive, because I do not believe that it is. However, when feedback from others reflects our faking, our image-impression management, we are in difficulty. The only way to improve self-esteem is to face reality, allow it into awareness, and act in harmony with that awareness.

The impact of hiding on self-esteem can be demonstrated by the following brief experiment (for which I am indebted to Richard Bednar, PhD, BYU Clinical Psychology Program). In a relaxed, closed-eyes state, think back to when you openly faced a failure, or a weakness, or rose to a challenge to talk with someone, to confront a difficult situation, or accept a challenging opportunity. Vividly recall the experience in as much detail, including sensations and emotions, as possible. How did/do you feel about yourself?

Contrariwise, think and visualize in detail an incident when you failed to be open, a time when you hid, covered up. How did/do you feel about yourself? Thus we see that lowered self-esteem results primarily from our own disapproval, not the disapproval of others. We only create genuine self-esteem when we stop hiding and face reality congruently, and live congruently with it.

Remediation

Since hiding is such a central factor in both our physical health and psychological well-being, what can we do to reduce it? Of probably many ways, I offer and will briefly discuss relaxation procedures, a sentence-completion technique, reframing of perceptions, meditation, monitoring, prayer, and developing our ability to love more fully.

Since tension usually accompanies hiding, learning and practicing relaxation procedures is very helpful—and not only to reduce the unhealthy tension. In a relaxed state, we can listen to ourselves more carefully and in the process become more aware of aspects of our lives that we have hidden. Further, this state also facilitates creative thinking which enables us to deal more effectively with the feared elements of our lives.

Nathaniel Branden (1983a, 1983b) has developed and used extensively what he has found to be a powerful sentence-completion format to aid in self-discovery. He provides clients with question stems such as "If I were willing to be more honest about my needs and wants, . . ." "If I were to be more honest about expressing my emotions, . . ." "If I were willing to be more straightforward about expressing my thoughts and opinions, . . ." Recipients are to rapidly complete the sentences with as many responses as they can without any evaluation of their responses. He has found this technique to facilitate both cognitive and emotional awareness of hidden feelings and attitudes. Try it and assess for yourself the value of this procedure.

We can also help clients accept, or more important, recognize that they are responsible for themselves. For example, when clients complain that others take advantage of them, we can help them to

discover how they *invite* others to take advantage of them. When clients complain, "No one understands me," we can ask them to ask themselves, "Do I do anything to make it difficult for others to understand me, or what am I doing to help them to understand me?"

Self-criticism can also be constructively reframed. We can teach our clients that the ability to criticize their own behavior suggests that they are both capable of making self-judgments and improving themselves. Rather than being a bad trait, self-criticism suggests competency and implies that the critic is worthy and deserving of growth. This is a very different way of looking at self-criticism that has a very different effect on self-esteem.

Meditating on problems and challenges faced directly and openly and those not faced directly and openly, as suggested above, also helps us and clients get in touch with how we create feelings and emotions. Understanding how we create our own emotions is essential to growth and development. Effective coping involves facing the world, ourselves, and others openly, and then doing what we judge to be best.

One technique I have found very helpful is the simple suggestion to monitor hiding and non-hiding behavior by tallying it under columns so headed on a 3" by 5" card each day and then determining what led to the hiding or nonhiding behavior and the accompanying feelings and thoughts. For some, this simple activity has been one of the most helpful self-discovery methods they have used.

For many, prayer is a most effective device to help get in touch with and accept self. This effectiveness was well portrayed in a statement to me recently by an individual who had had serious difficulty in dealing with the loss of his wife. He said, "Prayer is such a wonderful way to express your feelings. It is a great way to open up and understand yourself."

Finally, I suggest that the most important thing to do, albeit not necessarily the easiest thing, is to learn to love ourselves and others more completely. It is not by chance that Jesus the Christ,

when asked what the great commandment in the law was, respond-
ed,

> Thou shalt love the Lord thy God with all thy heart and with all thy
> soul, and with all thy mind. This is the first and great commandment.
> And the second is like unto it, Thou shalt love thy neighbor as thyself.
> On these two commandments hang *all* the law and the prophets.
> (Matthew 22:36–40, italics added)

Because the basic determinant of hiding is fear, and because love
casts out all fear, the real antidote for hiding is love: "There is no
fear in love; but perfect love casteth out fear. . . . He that feareth
is not really perfect in love" (1 John 4:18; cf. 1 Peter 4:8; Romans
13:10; 1 Nephi 19:9; and, Proverbs 10:12.) To alleviate the fear
that leads to hiding, we must love God, others, and self.

Many of the foregoing remedies for hiding behavior are also
helpful in developing greater love. In addition, I suggest a three-
step meditation I have found to be very helpful. The first step is
desire. In it there is with each exhalation a rhythmic repetition of
a statement, such as "I want to love more fully, I want to love (a
specific person) more fully." This continues for one to five
minutes. While the content is different, the procedure followed in
steps two and three is the same as that in step one. Step two is
one of affirmation, using statements such as "I am a loving person,"
or "I am becoming a more loving person." The third step is one
of commitment. For example, "I will or I plan to do _____"
(something that you believe will help you *today* to achieve your
desired goal). As we and clients engage in this meditation daily, we
will find ourselves automatically thinking, feeling, and acting in a
more loving manner. (Incidentally, this approach can be used to
facilitate the achievement of most self-change goals, i.e., goals that
do not depend on others changing their behavior.)

To the degree that we love, we really have no need to hide, to
cover up, or to distort our behavior. Rather, we are able to face
life, our self, and others openly, to allow ourselves full awareness of
our experiences. We are then able to grow and to help others grow
at a maximum rate, and in the process have the joy that we seek.

Summary

The focus of this paper has been unhealthy hiding, or avoiding the truth, primarily about ourselves, but also about others and life. With the aid of numerous illustrations, I have shown hiding to be a very pervasive behavior, a behavior that originated in the Garden of Eden with Adam and Eve and one that has been thoroughly practiced ever since. Research, reason, and an experiential activity were cited as evidence that hiding is associated with probably all psychogenic psychopathology and results in impoverished interpersonal relationships, diminished personal change and growth, psychosomatic problems, and lowered self-esteem. It was suggested that healthy self-esteem is impossible to the degree that hiding is practiced.

Several methods for reducing/eliminating hiding were given. I postulated that the ultimate antidote for hiding is the development of increasing love for God, others, and self. Suggestions for developing greater love, including an original three-step, structured meditation were also presented.

Burton C. Kelly recently retired from his position in the BYU Counseling and Development Center. He and his wife are now serving a mission in the Canada Winnipeg Mission. This paper was presented at the Psychological Conference, University of Lodz, Lodz, Poland, June 16–18, 1989 and at the 1989 Fall AMCAP Convention, September 28, 1989.

References

Antill, J. K., and Cotton, S. (1987, April). Self disclosure between husbands and wives: Its relationship to sex roles and marital happiness. *Australian Journal of Psychology, 39* (1), 11–24.

Blotcky, A. D., Carscaddon, D. M., and Grandmaison, S. L. (1983, December). Self disclosure and physical health: In support of curvilinearity. *Psychological Reports, 53* (3, Pt. 1), 903–906.

Branden, N. (1971). *The psychology of self esteem.* New York: Bantam Books.

Branden, N. (1983a). *Honoring the self.* Los Angeles: J. P. Tarcher.

Branden, N. (1983b). *If you could hear what I cannot say.* New York: Bantam Books.

Briggs, D. C. (1977). *Celebrate yourself.* New York: Doubleday.

Broder, Steven N. (1982, August). Liking, own disclosure, and partner disclosure in female roommates. *Journal of Social Psychology, 117* (2), 303–304.

Cumes, D. P. (1983, May). Hypertension, common disclosure of personal concerns, and blood pressure response. *Journal of Clinical Psychology, 39* (3), 376–381.

Dickson-Markman, F. (1984, December). How important is self disclosure in marriage? *Communication Research Reports. 1* (1), 7–14.

Gordon, D. (1988). The role of Language in Therapy. In Zeig, J. K. and Lankton, S. R. (Eds.) *Developing Ericksonian Therapy.* New York: Brunner/Mazzel.

Kempler, B. (1987, Winter). The shadow side of self-disclosure. *Journal of Humanistic Psychology, 27* (1), 109–117.

Lippard, P. V. (1988, Winter). Ask me no questions, I'll tell you no lies: Situational exigencies for interpersonal deception. *Western Journal of Speech Communication, 52* (1), 91–103.

Montgomery, B. M. (1986, December). Interpersonal attraction as a function of open communication and gender. *Communication Research Reports, 3,* 140–145.

Neale, J. M., Cox, D. S., Valdimarsdottir, H., and Stone, A. A. (1988, August). The relation between immunity and health: Comment on Pennebaker, Kiecolt-Glaser, and Glaser. *Journal of Consulting and Clinical Psychology, 56* (4), 636–637.

Pennebaker, J. W., and O'Heeron, R. C. (1984, November). Confiding in others and illness rate among spouses of suicide and accidental death victims. *Journal of Abnormal Psychology, 93* (4), 473–496.

Pennebaker, J. W., and Chew, C. H. (1985, November). Behavioral inhibition and electrodermal activity during deception. *Journal of Personality and Social Psychology, 49* (5), 1427–1433.

Pennebaker, J. W., and Beall, S. K. (1986, August). Confronting a traumatic event: Toward an understanding of inhibition and disease. *Journal of Abnormal Psychology, 95* (3), 274–281.

Pennebaker, J. W., Hughes, C. F., and O'Heeron, R. C. (1987, April). The psychophysiology of confession: Linking inhibitory and psychosomatic processes. *Journal of Personality and Social Psychology, 52* (4), 781–793.

Pennebaker, J. W., Kiecolt-Glaser, J. K., and Glaser, R. (1988, April). Disclosure of traumas and immune functions: Health implications for psychotherapy. *Journal of Consulting and Clinical Psychology, 56* (2), 239–245.

Pennebaker, J. W., Kiecolt-Glaser, J. K., Glaser, R. (1988, August). Confronting traumatic experience and immunocompetence: A reply to Neale, Cox, Valdimarsdottir, and Stone. *Journal of Consulting and Clinical Psychology, 56* (4), 638–639.

Waring, E. M., and Chelune, G. J. (1983, March). Marital intimacy and self disclosure. *Journal of Clinical Psychology, 39* (2), 183–190.

Warner, C. T. (1982, April). Feelings, self deception and change. *Journal of the Association of Mormon Counselors and Psychotherapists, 8* (2), 21–31, 35.

Warner, C. T. (1983, April). Transformations. *Journal of the Association of Mormon Counselors and Psychotherapists, 9* (2), 26–34.

Wintrob, H. L. (1987). Self disclosure as a marketable commodity. *Journal of Social Behavior and Personality, 2* (2, pt. 2), 77–88.

Winum, P. C., and Banikiotes, P. G. (1983). The effects of similarity and actual levels of self-disclosure and self-disclosure flexibility on perceptions of interpersonal attraction and adjustment. *Social Behavior and Personality, 11* (2), 17–21.

The Temple, Psychotherapy, and the Traditions of the Fathers[*]

Wendy L. Ulrich, PhD

I suppose that every psychologist has at least one patient whose difficulties are sufficiently pervasive and obstinate as to engender serious doubts about the therapist's own professional competence and spiritual discernment. I had such a patient for a brief time—a young man whose obsessive-compulsive behavior was so rampant that he had sunk to a life-threatening level of despondency and hopelessness. His perfectionistic requirements for himself were so rigid that seeking help was extraordinarily threatening; however, I soon discovered something even more threatening to his fragile sense of self when I attempted to gather a simple history of his background and upbringing.

"Leave my parents out of this," he stated. "My parents are wonderful people who did everything possible for us. They have nothing to do with my problems." All of my explanations about the possible usefulness of such information in his treatment availed nothing. His determination to protect his parents from, as he perceived it, the intrusive, accusing eye of psychotherapy prevailed. I never learned any more about his parents, and his therapy took a different course, which was both short-lived and relatively unproductive.

The desire to protect even unrighteous parents from incriminating insinuations of others is particularly poignant in the LDS culture. Our reverence for family is almost legendary; we even ascribe a kind of spiritual status to lineage and ancestral blessings. Within such a culture it is not easy to define the role of psychotherapeutic processes exploring the impact of painful childhood experiences on current mental health. However, the restoration of the gospel through Joseph Smith includes important information and concepts relevant to this topic. The gospel affirms our opportunity and obligation to explore our own lives and the lives of our ancestors for information that will assist us in rejoicing in our mortal journey.

Baptism for the Dead

Joseph Smith's statement that baptism for the dead constitutes the "most glorious of all subjects belonging to the everlasting gospel" (Doctrine and Covenants 128:17) has struck me as curious. Given the vast array of doctrines and practices of the gospel, including those unique to Mormondom, baptism for the dead does not come first to *my* mind as the "most glorious." While Joseph's intention with this statement is not completely clear, his superlative suggests that the significance of this ordinance extends even beyond the obvious function of providing the opportunity for all to be baptized.

John A. Widtsoe once declared that if we are to be truly empowered by temple ordinances—of which baptism for the dead is fundamental—then we must see "beyond the symbol, the mighty realities for which the symbol stands" (*Utah Genealogical Magazine*, 12:62). I have concluded that temple work for the dead symbolizes "mighty realities" beyond the powerful symbols the same ordinances imply for the living. The ordinance of baptism for the dead embodies a rich and instructive symbol that serves the process of making peace with our parents and our culture—"welding [the] link . . . between the fathers and the children" (Doctrine and Covenants 128:18).

The most obvious reason for the ordinance of baptism for the dead is to provide everyone with the opportunity of accepting the

gospel of Christ. Baptism suggests death and burial of the sinful
self and a rebirth process through which one takes the name of
Jesus Christ, accepts him as a personal Savior, and is reborn under
his spiritual parentage. The ordinance abundantly symbolizes the
death and resurrection of Christ, and, through Christ, of all Adam's
posterity. It further symbolizes the cleansing and purifying of the
inner self. It reflects prerequisite processes of faith and repentance,
a covenant to remember Christ and keep his commandments, and
submission to his authorized servants.

    All of these concepts are equivalently symbolized by the
ordinance of baptism for the dead. Consequent to our redeeming
work on their behalf and their acceptance of the ordinance
performed for them, they are released from spirit prisons to
continue their spiritual progression.

    In Joseph Smith's time, the Saints could serve as proxies only
for their own dead ancestors and family members (Smith, 1970,
pp. 179, 191, 201). Quoting Malachi, Joseph explicitly delineated
the purpose of genealogical research and temple work for the dead
as "turn[ing] the heart of the fathers to the children, and the heart
of the children to their fathers" (Malachi 4:6). Joseph further
explained that "their salvation is necessary to our salvation, as Paul
says concerning the fathers—that they without us cannot be made
perfect—neither can we without our dead be made perfect"
(Doctrine and Covenants 128:15–18).

    Powerful symbolism pervades the ordinance of baptism for one's
kindred dead—symbolism beyond that inherent in the ordinance
for the living. Specifically, baptism for the dead represents the
critical, celestial process of cleansing and forgiving our ancestors'
sins in our own lives. By participating in this ordinance we both
make the Atonement available to them, and personally accept the
Atonement for their sins which have been visited on us.

Spirit Prisons

    We take upon us our ancestors' sins both as innocent victims
of their transgressions and perpetrators of their erroneous ways
(Broderick, 1989). But through the ordinance of baptism for the
dead we pronounce our willingness to have our kindred and our

culture forgiven for those sins. It symbolizes our personal covenant to repent of their sins as well as our own and stop the transmission of those sins. In short, baptism for the dead symbolizes the combined power of human repentance and Christ's Atonement in breaking the intergenerational cycles of sin and transgression, perfecting both parent and child in the process.

As we participate in this ordinance we symbolically release our forebears from three kinds of spirit prisons: (1) The spirit prisons of our judgments and animosity toward them, even though we have suffered innocently because of their transgressions; (2) The spirit prisons of their own guilt and pain as they view with eternal perspective the negative results of their sins in our lives; and, (3) The spiritual chains that prevent them from completing their efforts to repent. They can no longer influence nor make restitution for the unrighteousness in our lives that we have learned from them. We symbolically allow them to complete the process of repentance by our recognition of their sins, our regret of them, our resolve not to allow them to be passed on to yet another generation, our lives of restitution and renewal. We become, in powerful ways, saviors on Mt. Zion on behalf of dead forebears who await our redeeming work.

Sins of the Parents and the Atonement of Christ

According to the Pearl of Great Price, these celestial principles have been taught since the time of Adam. Adam was taught that baptism was institutionalized as a symbol of the atonement of Christ, and that it is through the atonement of Christ that "the sins of the *parents* cannot be answered upon the heads of the children" (Moses 6:54, emphasis added). Not only Adam's transgression, but also the sins of all parents are specifically included in the atonement of Christ. Although we suffer under the mortal consequences of the transgression of Adam and Eve and the sins of our parents, we are promised that—through the Atonement—those consequences need not be eternal. As baptism affirms the power of Christ's Atonement in our personal lives the sins of our parents "cannot be" answered upon our heads. We may be

punished for our own sins, but not for the tacit, ingrained habits, and unconscious replications of our parents' transgressions.

Inevitably, we are subject to the consequences of our parents' choices and to the wise and foolish patterns of living they teach us. Continuing with Moses 6:55, we are "conceived in sin" (the sinful context of our parents' lives), and as we grow "sin conceiveth in [our] hearts" as we learn the sinful patterns of previous generations. Just as we must endure the mortal consequences of Adam's transgression, so do the transgressions of our immediate forebears also provide an indispensable context for our growth and learning—we "taste the bitter, that [we] may know how to prize the good."

Within the confines of this mortal training we experience a wide variety in the amount and kind of parental transgression through which we must work. The transgressions of some parents may be limited to occasional impatience and normal inexperience. Others may learn more damaging habits at their parents' hands—abuse, negligence, dishonesty, and addiction. These great evils are part of the world of opposites we have voluntarily come to earth to experience and overcome. Other phases of our immortal journey (in the pre-mortal worlds) have provided us with ample experience with good, but with minimal experience with the stinging, bitter consequences of evil. Overall, mortality is constructed to minimize the possibility that we will experience too little of evil to make informed choices, although, unfortunately, many of us will experience too little of good. In fact, there have been occasions when there is so much evil and so little goodness operating that children would grow up without true choices about their behavior. When such is the case, wholesale destruction is ordained by God because the purposes of mortality are being thwarted. At the other extreme, Enoch's society developed to the point where so little evil remained and where good so dominated that the purposes of mortality were also transcended and God translated the whole society to a different state (Moses 7:21).

The critical element of choice is essential to our learning about the nature and consequences of evil. Even if we attain the increased power of exaltation, God will not, and cannot, force us

to use the power attained for good. Choice will always be before us. We must learn by our own experience to choose good not simply because it is the godly "thing to do," but also because we deeply understand and value it. This earthly realm is apparently the only one in which sufficient uncertainty permeates our existence to allow us to make our choices based on what we have truly learned to value, rather than on the reigning paradigm of whomever has the most power—even if that is God. Such values are forged in the fire of our own often painful experience and observation of the consequences of good and evil in human life.

These values are apparently of such import that God conspicuously resists interfering with our choices while in this probation, even when they have remarkably painful consequences in the lives of innocent others. However, his plan ensures that the innocent can ultimately be freed from those consequences through the Atonement, and that our eternal fate will be determined by our own intentions and choices and not the unconsciously acquired transgressions of our parents, our ancestors, or our cultures.

Although the sins of the parents vary, common themes recur. I conclude that these common themes represent false principles critical to our eternal understanding of true principles. These include the evils of unrighteous dominion, neglect, greed, fear of opinions of others, pride, retaliation, deceit, self-pity, and addiction. Experience with these evil realities is critical to our eternal valuing and choosing of agency, compassion, sacrifice, trust, humility, mercy, integrity, dignity, and discipline. Apparently all of us need seasoning in both ends of this continuum to learn by our own experience good from evil.

Perhaps when we consider the repeated scriptural warning that the sins of the parents are visited on the heads of the children to "the third and fourth generation of them that hate me" (Exodus 20:5), it is not accidental that we are specifically enjoined to begin our genealogical research by completing work for the four generations immediately preceding us. Nor is it accidental that family history, not genealogy alone, is the recently reiterated goal of our research. Our assigned task does not consist in simply completing temple ordinances; we are to keep journals, write family histories,

seek information about the lives and choices of our ancestors and pass such information about our own lives on to our posterity. By so doing we begin to recognize the patterns in our own lives that echo the sins and blessings of our parents' lives, that we humbly share credit for our moral successes, and awaken awareness of our learned and inherited predispositions for moral failure. Thus, even though the consequences of our parents' sins are visited upon us, we can be assured that the responsibility for them will not be. "The fathers shall not be put to death for the children, neither shall the children be put to death for the fathers: every man shall be put to death for his own sin" (Deuteronomy 24:16).

Justice and Mercy

Just as baptism can occur as either initiation or culmination of the process of being born again, so participation in ordinances of baptism for the dead does not presume that we have completed (or even begun) the process of making peace with our ancestors and repenting of sinful patterns learned from them. The "mighty realities" represented by baptism for the dead rightly "belongeth to my house" (D&C 124:30) because they are celestial principles of considerable magnitude.

Where our parents have been righteous and emotionally healthy, making peace with them may be a reasonably straightforward process. Where there have been more serious problems, releasing parents from spirit prisons of our own and their making can be strenuous and painful—a task not for neophytes in things of the Spirit. This "graduate course" in intra- and inter-personal relations appropriately belongs to the spiritual university of the House of the Lord. Nevertheless, the command to repent goes to all, for all humans are "lost, because of the transgression of their parents" (2 Nephi 2:21).

People who struggle with intergenerational conflict seem to follow a consistent path in identifying and resolving the sins of their ancestors. Two great milestones along this path can be identified as two vital characteristics of God and godhood: justice and mercy.

The principle of justice requires an honest appraisal of our current symptoms and the realities of our pain. Denying our parents' sins is no more healthy nor helpful than denying our own. Justice requires a gathering of evidence about the impact of parental actions on our lives. Sometimes the damaging consequences of parental transgression are fairly easy to identify and feel. At other times transgressions are more subtle and difficult to discern. Looking for repeated patterns of problems in our own lives and examining childhood memories assist us in identifying painful emotions that provide clues to the nature and extent of parental sins and transgressions. To forgive prematurely can close the doors to the important realities that painful affect can open. It is by experiencing the painful consequences of others' sins that we shape our own values and clarify our efforts not to repeat them.

Justice requires us to fully acknowledge a balanced perspective that mediates between our own contributions to problems and the contributions of others. Justice further requires that we not assume responsibility for sins we have not committed, that we not assume power to control decisions we cannot control, and that we not exonerate others' actions when they are dangerous and destructive. To attempt to be merciful in the absence of justice is to deny the characteristics which make God God.

The principle of mercy follows the principle of justice, but cannot rob it. To forgive others in a merciful fashion is not to condone their sins or place a vote of approbation upon that which causes pain and dysfunction. To forgive is to trust in God's ultimate justice for wrongdoing, and to believe that he, also, condemns the sins that have caused us wrongful suffering. Mercy further assists us in taking responsibility for our own lives, encouraging us away from the safe but powerless domains of blame or one-sided perspectives. Mercy allows peace to come to us as forgivers as we enlarge our understanding of all contributors, take action on our own behalf, and extend to others the mercy we would claim for ourselves through the Atonement of Christ. The forgiver leaves to God the sorting out of responsibility and intentionality, acknowledging others' circumstances and agency, and

accepting any and all good consequences that have come from our relationships, just as we have acknowledged the evil.

Denial—Confession

People often recognize that problems they struggle with have roots in parental injunctions. Some readily identify the pain in their lives that results from unresolved conflicts with home, but for many these painful feelings have been minimized or buried in order to proceed with life. Many blame themselves for the problems, citing the apparent success of siblings or acquaintances from similar backgrounds as evidence that the "true" problems lie not with upbringing—but with their own eternal nature. People are often very aware that thinking about family dynamics is painful and provokes much anxiety, anger, depression, or guilt. Increased awareness of painful consequences of their parents' choices may feel to some like a betrayal of their parents.

A variety of defenses protect us from this increased awareness, or this "betrayal" of our parents. We may decide it is better to keep such painful feelings buried or "on the shelf." We may deflect the feelings in the numbing effects of activity, excitement, alcohol, or depression. We may bury unpleasant memories that have little obvious relevance to the present. We may divert the pain into excessive and senseless anxiety or guilt. Alternatively, our acknowledgment of pain may include excessive or one-sided blame, retaliation, or rejection, that can also serve to protect and blind us to the full and "just" reality of the complex family dance. For example, the parent whom we first identify as a problem to us is often a smokescreen for the deeper pathology engendered by the second parent (Klimek, 1991).

For healing to begin we must understand that we repeat the patterns of the past when we do not see them (Bowen, 1978; Hartman & Laird, 1989). We relinquish our agency to ignorance and fear. The purposes of mortality are thwarted because we do not grow in our understanding of good and evil when we are unwilling to taste the bitter of fully acknowledging our lives. We cease to be free agents, but continue despite our best efforts to pass to our children the negative paradigms under which we blindly

operate. While many aspects of our lives may be undermined, the greatest negative effects occur within our families. Efforts to change our dysfunctional behavior are thwarted. Even if we change outward behavior, deeper thoughts and beliefs continue to subtly yet powerfully influence our interactions. Buried feelings leak out in ways that appear mysterious, but are in fact quite predictable. Family therapists have long recognized that among the most powerful forces affecting family life are the conflicts and secrets that are never discussed (Bowen, 1978; Hartman & Laird, 1989). Acknowledgment of the reality of our parents' choices is a first step in making peace.

Sara, a young woman with three children, approached me for a consultation on how to handle her son, Scott, age 11, the oldest child. Scott's behavior was creating considerable turmoil for his entire family. He was frequently abusive to his siblings, hitting them, threatening them, and yelling at them. His moods dictated the emotional tone of the home. Everyone walked on eggshells to placate Scott and ward off his temper outbursts.

"When you are angry with the kids, how do you express it," I asked his mother. "What do you do with your anger?" She looked reflective for a moment and then responded somewhat sheepishly, "I probably yell, and then I threaten him, and if that doesn't work I guess I hit him." She then acknowledged that she had not previously recognized a connection between her expression of anger and her son's.

Exploring further I asked, "Whom in the family does Scott most remind you of?" She said that Scott reminded her of her father, to whom she had been very close before his death ten years previously. The resemblance in her mind included both Scott's tender, spiritual qualities, admired in her stake president father, and Scott's temper. Although Sara had never been the recipient of her father's outbursts, she had seen him send her older brother flying into a wall on one occasion, had repeatedly observed him hit another brother in the face, and had frequently heard angry comments that were belittling, cruel, and rejecting.

Sara became very uncomfortable when I labeled these behaviors abusive. "It really bothers me to hear you call my father abusive," she stated. "He was a wonderful man with so many good qualities. I'm afraid I've given you the wrong impression."

Despite Sara's recognition of the many spiritual qualities of her father, her unwillingness to acknowledge his sin of anger at face value and work through her feelings about it are perpetuating a continuation of abusive patterns in her own family and in successive generations. Although Sara may believe she is not as "hot-tempered" as her father was, her distorted perceptions of her own and others' anger colors her interpretations and responses in contexts arousing anger. The sins of her father are being visited upon the heads of his children and grandchildren in part because they are not being confessed, but denied.

Acknowledgment and "confession" of the sins of our parents is no more a betrayal of our parents than is acknowledgment and confession of our own sins a betrayal of our worth as a person. In both cases, confession is simply the first step in the process of overcoming the sin. It is an act of maturity, love, and honoring of that desire which is most deeply held by all true parents: that their children will succeed where they have failed. It is not focusing on the mote that is in another's eye while failing to regard the beam that is in our own; rather it is to fully acknowledge the beams in our own eyes, grown there in response to the motes of others that distorted their perceptions and influenced their vision of us.

Prophets remind us of the importance of understanding our historical roots when they emphasize reading the scriptures, studying history, and doing family history research. When I read the Old Testament I used to be confused by the apparent favoritism, deceit, and dishonesty occasionally observed in the lives of the great prophets and their wives. I assumed that these faults were either being represented as virtues, or were being excused because of the status of the perpetrators. More recently I have come to the conclusion that these details are included so that we might learn from the failings of our righteous forefathers as well as from their spiritual triumphs. I find great comfort in the fact that these individuals are not represented as one-sided, faultless beings to

whom I cannot relate. I am thrilled to discover that God speaks to, and ultimately approves, such fallible kindred spirits. Just as reading the Old Testament forces the thoughtful reader to struggle with the sins and injustices of our spiritual forebears in ways that expand our understanding of the gospel, struggling with the sins of our personal forebears expands our understanding of ourselves and the values we will choose and live by.

Even when an individual trusts the therapist's injunctions to review parental acts that were damaging, this process is often hampered by poor recall of early years. This is particularly likely when the early years have been traumatic. Therapeutic techniques that are helpful at this step include hypnosis, memory records, role playing, and backward arrow. The first is familiar to most readers, so I will comment only on the last three techniques.

Memory records. For individuals with few early memories, a useful exercise is to obtain 3" by 5" cards or a small journal in which the client records early memory fragments. The individual records recollections of the circumstances, the people involved, their responses, the emotions experienced, and the conclusions drawn from the experience. Clustering these memory records by age can provide clues as to the client's conclusions during various developmental stages. Clustering them by similar emotions or conclusions provides an historical context for current choices. Early memories with relevance for current problems can be expanded into scripts or role plays for further exploration.

Role playing. Role playing remembered events is a particularly valuable therapeutic technique, allowing both therapist and client insight into the impact of early events on the individual. Where the early events include physical or sexual abuse, an absence of verbal interchange, or a large number of individuals, role playing may not be a comfortable vehicle for reconstructing them. In such cases the situation can be written as a script, in which the imagined thoughts of the people involved are portrayed, as well as any remembered dialogue.

I find many clients are initially reluctant to engage in role playing and have a difficult time immersing themselves in the role

as the affective impact of the situation becomes painful and overwhelming. Patience is warranted to encourage the effort, however, as this is one of the most powerful techniques for working through intergenerational pain.

A useful format for roleplaying is to have the client play the self while the therapist, with prompting, plays the parent. (This technique was presented at the Cognitive Therapy Conference in Newport Beach in 1989 by Aaron Beck and Susan Beyers). After the roleplay, the client is encouraged to report the feelings and conclusions experienced. Then the roles are switched, after which both client and therapist talk about the feelings they experienced.

Clients often find it very affirming to realize that the feelings the therapist experienced playing the client as a child are quite similar to the feelings they experienced at the time. Also, clients often gain new perspective on the parent's behavior, and the parent's excessive power is diminished by taking their role. Once the therapist has a clear idea of how the parent behaved, the initial role play may be repeated to allow further immersion in the feelings of the time. Experiencing these feelings is critical to the therapeutic steps that follow.

Backward arrow. The downward arrow technique in cognitive therapy takes a statement or conclusion of the client and continues to ask, "And if that were true, what would that mean to you?" or "What is so bad about that?" until basic assumptions are uncovered. The backward arrow looks for historical precedents for current feelings. As a current concern is identified, the therapist asks "Can you think of an earlier time when you had a similar conflict or feeling? What happened then? Are there any other, earlier times?" The earliest remembered events becomes the basis of the role play script.

Retasting the Bitter—Prizing the Good

Making peace with painful experiences from the past requires us to fully re-experience these painful feelings, to identify them, to correctly associate them with their original perpetrators, and to acknowledge and learn from them. The Atonement of Christ involved the suffering of an innocent individual for the sins of

another in order that those sins might not have eternal consequences. In like fashion, we become saviors on Mount Zion when we are willing to suffer again as innocents the feelings of despair, pain, rejection, and anxiety inflicted during our childhood, but which we found too overwhelming at that time to integrate. To do this we must emotionally "become as little children . . . submissive, meek, humble, patient, . . . willing to submit to all things which the Lord seeth fit to inflict upon him, even as a child doth submit to his father" (Mosiah 3:18–19). We re-experience that pain against which we felt no choice but to psychologically defend when young. Re-experiencing the pain plays an essential part in releasing ourselves, our parents, and our children from the spirit prisons of previously unattended ancestral sins.

It is no wonder that we shrink from such a task and wish to avoid it. I believe the Atonement of Christ included this kind of pain—a bitter cup from which even Christ wished he could shrink and not partake. Yet he partook, "and finished" that cup (Doctrine and Covenants 19:18), experiencing fully the soul-tearing, God-forsaken, and totally undeserved anguish of the innocent for the sins of all parents, in all ages of time. He invites us to share a taste of that experience with him as we repent for those who have gone before—repentance literally meaning "being in pain again" (Klimek, 1991).

As the client recounts or relives early experiences the therapist may encourage venting and experiencing of the painful affect. What conclusions about self, the world, the future, and the relationship are being drawn during the remembered interchange, and what feelings do those conclusions prompt?

If the pain we uncover is extensive, we deserve help. One of my clients, Andrea, had a difficult time role-playing herself during a reenactment of a childhood memory because she felt uncomfortable when the early feelings of despair and worthlessness intruded. As mentioned previously, we then switched roles so that I played her and she played her punitive, rejecting mother. She had much less difficulty staying with this role, which she had fully internalized. I felt totally rejected, hopeless, and worthless against the

onslaught of disdain and criticism she poured forth in the role of her mother.

As I acknowledged to her that in playing her role I felt near tears with painful feelings of helplessness and despair, she was surprised, having assumed that her own feelings were unwarranted and inappropriate. As we tried the role-play again she was more willing to stay with her own role, rather than attempting to deflect and intellectualize. She began to identify the eternally fallacious but situationally warranted conclusions she had drawn about her own powerlessness, ineffectiveness, and unlovableness during such interchanges as she monitored the thoughts and conclusions associated with the feelings.

We must re-experience our early emotions so that we can more fully comprehend the consequences of our parents' sins. The purpose of tasting the bitter is not simply to have the experience. These bitter fruits help us learn the outcomes of evil so that we can draw valid conclusions about what we value and claim as good.

John spent almost a year working through painful feelings associated with an abusive, neglectful mother and step-father. He experienced enormous guilt for his "judgments" of his parents, and his resentful feelings toward them. Re-experiencing the negative emotions associated with early scenes of rejection and neglect helped him realize that the fruits of his parents' behavior in his life had been extremely bitter. As John contrasted these painful fruits with the warm, secure feelings he experienced from his grandfather and others, he could clearly identify that the attitudes and actions of his mother and stepfather were evil. This did not mean, however, that his mother and stepfather were evil people. By seeing this contrast John could see himself as a free agent who could choose with confidence between the two courses of action exemplified by his parents on the one hand and his grandfather on the other.

As John re-experienced the negative early events, he realized that he had feelings of hatred for his mother and stepfather, feelings he immediately condemned. These feelings caused him to feel extremely guilty and reinforced his self-perception of badness. He assumed

these feelings represented reality. He had trouble articulating his judgments of the actions of his parents, but had little difficulty articulating and supporting their critical judgments of him.

A simple therapeutic technique assisted John in recognizing that he did not need to hate his parents in order to hate and reject their behavior. While role-playing this situation, John reported to me what the critical voice in his own mind was telling him about himself. In turn, I responded to that critical voice with truthful observations about him and about his choices. I based these responses on scriptures and personal observations, agreeing with whatever was truthful in the message of the critical voice and then assertively giving evidence for what I disagreed with. In one interchange, John spoke as the critical voice of his parents in his own mind, and I spoke as if I were John, from the role of his advocate:

John (critical parental voice speaking to John): You are overreacting to this entire situation. We are good people. You are entirely too sensitive to a little normal discipline.

Me (as John's self-advocate): I am very sensitive about this situation, but that is because it has been very painful for me. What you did was not normal discipline—it was emotional and physical abuse.

John: What right do you have to judge us? This is none of your business.

Me: It is my business because it is affecting my life. I do not have any right to judge you, and I am not judging you. I have an obligation, however, to judge your behavior. That is the purpose of my mortal life—to learn from my own experience good from evil. It is essential that I learn to make judgments about good and evil based on the consequences of behavior in people's lives. I judge your behavior to be abusive and evil because it has caused me lifelong pain, has caused my siblings undeserved pain, and has led us to come to conclusions about ourselves that have interfered with our growth and spirituality. I judge these abusive behaviors to be bad.

John: You and your siblings just don't have the internal fortitude to deal with a little discipline. It is not our fault, it is yours.

Me: Children must see the world the way their parents teach them to see it. We do lack internal fortitude. I believe this is because we were not treated with respect, patient tutoring, and kindness. I have evidence for this. When people do treat me with respect and kindness I can feel the difference in its impact on me.

John: How dare you judge us. I am an important man in the church, and the name of your mother's great grandfather is in the Doctrine and Covenants.

Me: Christ said he could raise up from stones children of Abraham. A person's name and lineage are not what is important to the Lord. They are not children of Abraham who bear his name, but who do his works (John 8:39). The same is true today.

At this point John interrupted the interchange, tearful as he felt the truthfulness of this scripture. "This is right. This is the Lord's way. I feel that the Lord has the same judgment of my parents' evil behavior as I do." He realized that the Lord agreed with his assessment of their behavior, and did not require him to say that they were right and he was wrong in order to forgive them.

This stage generally takes many months, and even years, of hard work to achieve. When "forgiveness" is achieved around painful issues without a lengthy period of labor, the result is usually an abortion rather than a rebirth. Patient submission to the labor pain is necessary. Like labor, the pains of rebirth are not constant but intermittent, and they are often worst when the process nears completion. Unlike labor, the pains of rebirth can be cut short by unwillingness to endure them, with the individual rushing to an intellectual forgiveness of the parents that lacks integrity. Alternatively, the individual may retreat to the dull pain of past patterns, running from the intensity rather than working through it. When the process of working through old feelings is successful, the outcome is the death of the "natural man" who is fused with the sins of the parents and the birth of a new creature in the truth and integrity of Christ's divine parentage and eternal perspective of us.

Regret

Regret is an important element in the repentance process, whether for our own sins or inherited sins. When working through the pain of ancestral sin, we must deal with our grief, or regret, for all we have lost as a result of that sin. We must see clearly the ways the sin has contributed to our failures, robbed us of opportunities, or skewed our vision of reality. These losses are real, and grieving for them is an important step for many people. Often this grief is keenest when we begin to see more clearly our influence on our own children.

Ellen struggled for years to improve her tense relationship with her overly critical father. While she had come to understand many aspects of this relationship, and had no difficulty being aware of the negative impact of his criticism on her life, a dramatic experience of grief over the price she had paid for his criticism helped her take the relationship in a different direction.

Ellen's boss was usually a reasonably caring individual, but he was something of a perfectionist and frequently pointed out minor errors or shortcomings in her work that made Ellen feel very defensive. She recognized at one level that she was probably overreacting to this criticism, but this was not enough to defuse the alternating anger at him and devaluation of herself she experienced whenever she perceived unanticipated criticism. On one occasion when she was particularly vulnerable from other stress she began crying when her boss offered his suggestions to a report. Ellen was humiliated by her tears, even though her boss was quite supportive.

Ellen returned to her empty house, racked with frustration over her own excessive sensitivity to criticism, which she blamed on her father's excessive disapproval. Having worked on this issue some in therapy, she gave full vent to her feelings, sobbing and screaming at her absent parent for the crippling effect he had had on her self-esteem. She grieved for the opportunities she had let slip away, panicked by the risk of failure. She grieved for the humiliated child inside who cried over a trivial correction. She grieved over the many times her fear of criticism had caused her to be critical of her own children out of fear of what others might think of her

if they were imperfect. Feeling deeply her grief and expressing it
fully (instead of becoming depressed and guilty) were relatively new
experiences that helped Ellen accept her losses and let go of her
resentment.

Although she never shared her experience with her father, it
marked a turning point in their relationship. Having fully heard
her own voice and felt her own grief, she became newly able to
hear her father's unspoken self-criticism and underlying love. She
could see things in the complex family relationship that she could
not have seen before. The bitterness left. Over time Ellen acquired
an appropriate assertiveness with her father that both curbed his
criticism and buffered her self-esteem from his attacks. She also
became more sensitive to the pain her children were experiencing
at her hand, and became somewhat more successful at curbing her
tendency to criticize them.

Managing Judgment

Although Ellen acknowledged that her father's behavior was evil,
having an honest and truthful perspective on this entire situation
allowed her to separate his agency from her own. She recognized
that she was not responsible for her father's bad choices and
stopped personalizing them. She also recognized that perhaps her
father was not entirely responsible for his behavior either, but that
he too could have been victim of the unrighteous choices of others.
She was able to judge his choices as evil without judging him.
Judgment of him as a person she could gladly leave to the Lord.
She felt confidence in the mercy, justice, and judgment of God,
confident that no one's eternal life would be permanently altered
because of the choices of other people, but only because of their
own choices. Having experienced the loving acceptance of God in
her own life, she was ready to forgive freely what had been in some
ways her worst enemy—a loved member of her own household.

Although it is still difficult sometimes for Ellen to imagine that
her father would care much about her perceptions or forgiveness,
Ellen is confident that she is at peace with him. She is able to pray
for her "enemy" with real intent, and see more clearly other
elements of the family dance.

As Ellen continued the process of working through her painful relationships, she was occasionally very judgmental of herself. Repeating the negative parental messages she had received, she berated her lack of accomplishments and obedience. (In fact, Ellen was a faithful, accomplished woman.) A simple question helped Ellen place her own inadequacies in perspective. I asked Ellen what the world would be like if everyone in it were like her. At first she responded only with the inadequacies the world would experience, but with gentle questioning, Ellen began to acknowledge that the world would be free of murder, war, drug abuse, theft, and jails. She began to weep as she acknowledged that the world would in fact be a rather nice place overall. She saw herself from a different perspective. She also could acknowledge for the first time that some of her positive attributes—honesty, discipline, and love of learning—were acquired from her father. This simple question can be very helpful in increasing the integrity of judgments of self and others.

Covenant people

The final challenge for individuals working through intergenerational pain is to stop the cycle of sin from continuing in interactions with others. Having come to our own conclusions about good and evil, and having experienced fully the consequences of both in our life, we are in a position to freely choose our course. This is not always simple, but the compulsive repetition of previous patterns, or the compulsive avoidance of some aspects of previous problems, has less hold.

Bev's extreme pain over her mother's adultery and divorce when Bev was an adolescent was close to the surface. The resulting rejection from her mother made her mother's behavior even easier to reject; however, it was difficult not to reject her mother as well. After Bev experienced the strong pull of temptation from a meeting with an old boyfriend during a stressful period in her own marriage, Bev was more forgiving of her mother's choices, and more determined to stop the cycles of sin begun (at least) by her adulterous grandmother. Although this increased tolerance helped Bev make peace with her mother, it also made her feel, although

briefly, that the adultery was not so bad. As Bev remained firmly in touch with her own pain as an adolescent, that pain helped her choose and live her values.

Although Bev's mother is dead, Bev felt it was time to release her from the spirit prisons of her own anger. She determined to complete the process of repentance for her mother, and to facilitate her release from the spirit prison of inability to correct or influence those she had hurt and taught by her negative example. Bev wrote an extended letter to her mother over several weeks, recounting her experiences, her feelings, and her conclusions. As she wrote, she stopped to feel deeply whatever feelings began to emerge. Leaning into these feelings helped her work through them and feel heard—by herself. This therapeutic technique allowed her to be more honestly accepting of her own paradigm. Although Bev is now more responsible for her own behavior, she is also much closer to fulfilling the purpose of her mortal life. She is learning by her own experience the good from the evil. She is taking the risk of choosing her own behavior, becoming an independent agent of her own growth and learning.

"For our own Sins"

The statement that we are punished for our own sins and not for Adam's transgression is profound. It is also precise. We are, in fact, punished, hurt, and injured *by* our parents' sins. However, in the eternal perspective, thanks to the Atonement of Christ "wherein the sins of the parents cannot be answered upon the heads of the children, for they are whole from the foundation of the world" (Moses 6:54), we are not subject to the lasting consequences of others' choices. We are not punished *for* these sins.

Likewise, this Article of Faith applies to our children. As parents we can be comforted in the knowledge that our children will not reap eternal consequences for our failures. Trusting in the justice of God, we can be assured that our children, too, will be judged for what they did with what they had to work with. As we teach them repentance and live exemplary lives of emotional integrity and courage, they will be better able to make the most of their mortal probation by learning from their own experience and

cleansing further our common lineage. Although we do not wipe out sin in one generation, our children will have an easier time making peace with us if we are loving, teaching, encouraging of self-government. Guilt experienced from our own parenting failures will not haunt us eternally, thanks to the Atonement of Christ.

Among modern Christian faiths, baptism for the dead is a unique doctrine. The great truths represented in this doctrine bear further testimony of the divine inspiration of the prophet who revealed and emphasized it. Joseph Smith once stated that a "correct idea of [God's] character, perfections, and attributes" is essential to our having faith in God (*Lectures on Faith* 3:2–5). The principle of baptism for the dead testifies of the consummate justice and mercy of those whose plan for our salvation we strive to follow, and whose good and healing characteristics we strive to emulate.

Wendy L. Ulrich is a psychologist in private practice in Ann Arbor, Michigan. She has a PhD in psychology and education from the University of Michigan.

References

Bowen, M. (1978). *Family therapy in clinical practice.* New York: Jason Aronson.

Broderick, C. (1989). The uses of adversity. In M. E. Stovall & C. C. Madsen (Eds.), *As women of faith.* Salt Lake City, UT: Deseret Book.

Hartman, A., & Laird, J. (1989). *Family centered social work practice.* New York: Free Press.

Klimek, D. E. (1991). *Wisdom, Jesus, and psychoanalysis.* Ann Arbor, MI: Winstead Publications.

Smith, Joseph Fielding (Ed.), 1970. *Teachings of the Prophet Joseph Smith.* Salt Lake City, UT: Deseret Book.

Beyond the Bottom Line

Greg Forbush, MEd
Jonathan M. Chamberlain, PhD

There is no issue more central to those who own and manage businesses than that of assuring a net profit. Corporations, as well as small firms do not survive without adequate profit margins. A basic role of those who lead firms is to maximize profits, increasing the margins through better management and utilization of resources.

Likewise, those who have chosen the helping professions as their life's work must fill basic roles and master specific skills. Communicating unfeigned love and fostering trust are essential abilities for those involved in successful counseling or therapeutic relationships. Positive change, after all, is the anticipated outcome, and love and trust are essential precursors to effective interventions.

Given the above propositions, it is fair to ask whether all of those involved in the helping professions can successfully integrate a genuine concern for others with a management style and philosophy which has, at its base, a profit orientation. Nowhere are these issues better illustrated than in the psychiatric hospital industry.

Over the past five to ten years, the psychiatric hospital industry has expanded enormously in Utah and throughout the nation. For the most part, people in Utah utilizing services of the several new mental health facilities pay in excess of $500.00 per day. Treatment generally extends over a period of several weeks. Sound principles

of business management are meticulously applied in these facilities which are often affiliated with large national parent companies specializing in mental health care. The professionals employed in the facilities are expected to support the corporate ethic with its profit emphasis. Hospital administrators usually have a business background with an attendant overriding concern for profitability. In contrast, the typical helping professional comes from a medical, psychological, or social work background with an emphasis on helping all individuals, regardless of financial status.

The result of this mixed marriage between unfeigned love and unabashed capitalism is interesting. The following examples are drawn from experiences with a number of our prestigious local facilities.

The avowed mission of most psychiatric hospitals is to provide the best possible service to people in the community who are experiencing emotional or mental health problems. In carrying out this mission, a professional staff is brought together and necessary physical structures are built. Patient charges reflect these costs and include a margin for profit. Because hospitalization and treatment costs are increasingly high, many individuals with inadequate funds or insufficient (or nonexistent) insurance are unable to obtain needed care.

One marketing ploy, endorsed by administrators, advertised that all patients receive free initial evaluations. However, after the initial evaluation, those who need care but cannot pay are referred to community-based sources of care. But because the referring professionals are undoubtedly aware of the inadequacy of some community-based programs available to the needing person, they are, in effect, denying these needed services to individuals. The calloused repetition of this convenient routine numbs the con- science of the professional who withholds services sorely needed by a fellow human being. As a result of being forced to develop a detached view toward the financially ineligible, one's profession takes on a different persona. The help extended to one's fellow man becomes intricately enmeshed with the socioeconomic status of the potential patient. Class distinctions are created as the professional says in effect, "I will care for you . . . if you can pay

for it." Consequently, concern for others becomes dependent upon the needy parties' ability to pay. Throughout one's work week, the professional is expected to sell concern and attention at premium rates so that corporate stockholders can reap expected earnings and administrative staff can retain their well-paying positions of power. Wise therapists take the view: I can "sell" my time and my services, my mental clarity, my expertise, and understanding, but I cannot and do not "sell" my love and my caring. While these therapeutic qualities come with the helping professional, they are not sellable commodities. This distinction needs to be clearly communicated to the client.

Hospital administrators and Insurance HMOs are similar to those of any other corporation. They are busy marketing their services, making the most expedient use of facilities and staff, and feeling the pulse of the community in an effort to meet perceived needs. Examples of administrative creativity include a 24-hour emergency hotline with the letters HOPE or HELP or other such words comprising the last four places of their phone number. Community lectures on prevalent interpersonal and mental health issues are provided nearly every week. All this is with the dual purpose of marketing services and aiding and educating the community as preventative measures. But as more and more people become aware of services that would fulfill their needs, professionals are required to turn more and more away. As this occurs, we wonder if the professional's figurative emotional calluses become thicker with each refusal. What does this do to the professional?

Imagine how a professional must feel receiving a hotline call, handling the crisis as trained, conducting a free evaluation, and then denying needed services because the would-be client has insufficient funds. Undoubtedly, there are many professionals who strive to help as much as possible regardless of the client's ability to pay. But the administrator is not providing a charity service. Paying customers get treatment, hardship cases do not. Even though none of the major psychiatric hospitals we visited were filled to capacity, those empty beds and rooms were reserved for paying customers only. On the other hand, there was a long

waiting list for the nine available beds at one center which provides service for a three county area. Encouragingly, this deplorable condition significantly changed recently. The in-patient center was closed and agreement was reached with a larger hospital unit in the county to care for those needing in-patient treatment. The bill for these individuals will be paid by the counties.

Perhaps more important than the issue of empty beds is the potentially negative affect working for a for-profit hospital could have on the client-therapist relationship. We briefly referred to this above when we observed that professional center mandates are such that therapist availability and concern are tied strictly to patient economic status. Good therapeutic relationships in any setting are based on the exchange of genuine communication. Feelings are not to be faked; concern cannot be affected. Intimacy is essential to the sharing of private information (MacMurray, 1986). Unfeigned love cannot, by definition, be manipulative (McKee, 1986). Yet the helping professional is always caught in the position of answering to two masters: client's needs and profit margins. By allowing only the economically-able to be assisted, hospital administrators are in danger of transforming the love and concern of helping professionals into a commodity in that therapeutic relationships are turned on or off contingent upon adequate insurance coverage or cash up front. Unless adequate communication and understanding of these issues is established early, the client-therapist relationship may be dangerously undermined as both participants realize the underlying economic nature of their relationship.

Nowhere is the conflict between unfeigned love and the drive for profits more obvious than in the current medical profession. Examples are increasing of both mistreatment and lack of appropriate treatment. Pressures are put on primary care physicians by HMOs when they impose monetary penalties for referring patients to specialists even if the better treatment is required. Horror stories are increasing daily among insured consumers of the medical professions of the effects suffered because of this financial arrangement. In some cases the doctor's financial fears have interfered

with the execution of sound treatment and sound judgment on behalf of the patient.

To be sure, individuals are assisted and helped at psychiatric facilities. This indicates that sufficient unfeigned love and concern is being extended and may give reason to question the validity of the above points. (We can only speculate about these points from personal observations and conclusions.)

Most counseling and therapy, including that available through psychiatric hospitals, has a price attached to it. Costs are paid, if not by the individual, then by their employer, insurance coverage, church, or school. Therapists are paid to provide these services, making the potential love/profit conflict nearly universal. However, being up front with the financial arrangements goes a long way toward preventing this conflict and may be considered part of that needed, unfeigned love.

Unless a therapist's prime motivation stems from a genuine desire to help others, duplicity could render that therapist ultimately ineffective. Therapists who "help" in a condescending fashion, with a view toward self-aggrandizement, have their own set of personal issues which inhibit properly helping another.

Our world seems to be fashioned in such a way that conflicts such as the one discussed above are built-in. But we must remember that it is only in this world that everything can be had for money (Nibley, 1984). But should mental health be included? As therapists, we are called upon to walk this tightrope while earning our living. However, as we do this, we must guard against selling the gifts of God, of which charity or unfeigned love is one of the most revered.

With these cautions in mind, the uneasy partnership between real concern and bottom-line profits can be seen for what it is. Hopefully, it is a tenuous and fleeting anomaly. Because it is unlikely that the emphasis of the corporate office will change, those who have chosen the helping professions must extend their vision far beyond the bottom line. They must be prepared to handle potentially undermining financial issues up front with their clients and in such a way that the therapist's true values regarding caring

are clearly conveyed to the client. Only by offering the needed genuine love and concern, and by keeping the commitment to help people foremost, can counselors and therapists maintain their effectiveness in a world in which money and profit are recognized as the ultimate measure of success in all things.

Greg Forbush is a counselor at West High School in Salt Lake City. In 1990, he earned his MEd in Educational Psychology from Brigham Young University. Jonathan M. Chamberlain is a Clinical Professor of Educational Psychology and a counseling psychologist at Brigham Young University.

References

MacMurray, V. D. (1986). Love unconditional or love unfeigned: Justice and mercy in human development. *AMCAP Journal, 12* (1), 35–37.

McKee, T. E. (1986). Confidentiality: the basis of the therapeutic relationship. *AMCAP Journal, 12* (1), 14–25.

Nibley, H. W. (1984). Leadership versus Management. *BYU Today,* February, pp. 16–19, 45–47.

Bibliography of Recent
Publications by AMCAP Members

Bergin, Allen E. (1988). Three contributions of a spiritual perspective to counseling, psychotherapy, and behavior change. *Counseling and Values, 33,* 21–31.

Bergin, Allen E., Masters, K.S., Stinchfield, R.D., Gaskin, T.A., & Sullivan, C.E. (1988). Religious life-styles and mental health: An exploratory study. *Journal of Counseling Psychology, 35,* 91–98.

Bergin, Allen E., & Jensen, J.P. (1990). Religiosity of psychotherapists: A national survey. *Psychotherapy, 27,* 3–7.

Bergin, Allen E. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist, 46,* 394–403.

Bunker, Diane E. (1991). Spirituality and the four Jungian personality functions. *Journal of Psychology and Theology, 19,* 26–34.

Payne, I. Reed, Bergin, Allen E., Bielema, K.A., & Jenkins, P.H. (1991). Review of religion and mental health: Prevention and the enhancement of psychosocial functioning. *Prevention in Human Services, 9,* 11–40.

Richards, P. Scott, Smith, S.A., & Davis, L.F. (1989). Healthy and unhealthy forms of religiousness manifested by psychotherapy clients: An empirical investigation. *Journal of Research in Personality, 23,* 506–524.

Richards, P. Scott (1991). Religious devoutness in college students: Relations with emotional adjustment and psychological separation from parents. *Journal of Counseling Psychology, 38,* 189–196.

Richards, P. Scott (1992, in press). Religious bias in moral development research: A psychometric investigation. *Journal for the Scientific Study of Religion.* (December, 1992, issue)

Shepherd, David R. (1992). Assertive communication in custody/visitation mediation. *Arizona Coalition on Dispute Resolution: ACDR Newsletter, 3* (3), Spring.

Shepherd, David R. (1986). The clinical value of a sociological perspective in brief, mandatory counseling. *Conciliation Courts Review Journal, 24* (1), June.

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