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Origins of Human Worth

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This paper addresses the problem of conditional self-worth among Latter-day Saints. Four principles are expounded which form the foundation of a cognitive strategy to replace the irrational belief that the worth of human beings is contingent on certain external conditions: (1) people are not upset by things, but by the view they take of things; (2) all human beings are flawed, imperfect, and fallible; (3) all human beings have equal worth; and (4) the worth of a human being is his or her capacity to become as God. These hierarchical principles form the basis of a healthy personal philosophy that encourages an unconditional view of human worth. The author asserts not only that belief in the unconditional worth of human beings is a more enlightened life-approach than a concept of conditional human worth, but also that unconditionality is more conducive to emotional health and is consistent with both the central teachings of Jesus in the Gospels, and the words of modern-day prophets.

Ellen,¹ a 19-year-old BYU-Idaho sophomore, has kept herself in a state of semi-starvation for the past 18 months. In the mornings, she eats a popsicle. Later in the day, she eats fruit and a tortilla with cheese, but then she forces herself to vomit because she fears she's eaten too much. In the evenings, she repeats her mid-day routine, complete with self-induced vomiting. Ellen has also used laxatives and rigorous exercise to control her weight in the past, but has since settled on her current approach. For Ellen, adding any weight to her 5'5," 98-pound frame is intolerable. Although her eating disorder is complex, weight gain is unacceptable to Ellen in large part because she believes her worth as a person is contingent on her weight remaining under 100 pounds. Many may think Ellen's sense of self-worth is highly arbitrary and significantly impaired, and they would be right. Ellen's sense of self-worth is impaired because it's *conditional*. Ironically, Ellen's definition of human worth has much in common with that of many others who consider themselves to be well adjusted.

Insightful human beings have long realized the impact

conscious thought plays in shaping emotional experience. But in the modern era, it was Albert Ellis who popularized these classical insights and made them common parlance in psychotherapy. Since the 1950s, he has asserted that the vast majority of human emotional disturbance stems from irrational thinking (Ellis, 1994, 1996, 2001). In essence, Ellis believes people's emotional problems are caused by *conditional self-acceptance*—a dysfunctional life philosophy which bases human worth on arbitrary, transitory, fluctuating conditions, such as physical appearance, personal performance, or approval from others. Thus a person with *conditional self-worth* believes she has worth only to the extent that certain cherished external conditions are met. If these conditions are not met, she will perceive a drop in her overall

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sense of worth, which is likely to set off a dramatic chain of events: feelings of inadequacy, self-loathing, despair, or anger, which can lead to self-defeating behaviors of all kinds—including a willingness to systematically starve oneself to feel better.

Although I don't consider myself a bona fide devotee of Ellis, my experiences as a psychologist working among Latter-day Saints have supported many of Ellis' assertions. My experience has shown me that most of us Latter-day Saints seem to perceive that our worth as individuals is contingent on certain arbitrary external conditions or requirements being met. In my therapeutic work, I often attempt to assist Church members in becoming more aware of their conscious and unconscious conditions of worth in order that these can ultimately be replaced with more healthy, reasonable, gospel-consistent sources of *unconditional self-worth*.

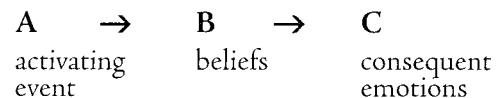
My purpose here is not to elaborate in depth on the causes of conditional self-worth or the therapeutic processes of changing unhealthy beliefs, but rather to enumerate four simple – yet key – insights I have found helpful, both in my own life and in my practice with those struggling with conditional self-worth. These insights build upon one another and ultimately lead one to embrace the same perspective I believe that God has for us: *unconditional human worth*.

INSIGHT 1: HUMAN BEINGS ARE NOT UPSET BY THINGS, BUT RATHER, BY THE VIEW THEY TAKE OF THINGS.

Stoic philosophers of ancient Greece and Rome—such as Epictetus, Seneca, and Marcus Aurelius—knew that human beings largely create their own emotional experiences in life. These philosophers asserted that “things” in and of themselves, such as a public speaking engagement or lack of approval, are in fact neutral occurrences—neither positive nor negative—that it is only we, with our uniquely human experiences, values, beliefs, and biases, who color such occurrences as either positive or negative, good or bad. While we seem, as a species, to have an innate capacity to experience and express a wide variety of emotions almost from birth, much of the emotion we experience later on is socially created or mediated, existing largely as a by-product of our learned beliefs and opinions about ourselves and the world around us.² Central to healthy emotional

functioning, then, is the “soundness,” reasonableness, or rationality of our beliefs and personal life philosophies. Yet because human beings are imperfect, we have a tendency to adopt faulty, irrational beliefs about ourselves and the world we live in, which leads to emotional disturbance.

Psychologists have posited a simple conceptual model of human emotion using classic ideas of Stoic philosophy:



A represents the activating event or adversity that blocks us from attaining our many desirable goals; B represents the myriad of thoughts and beliefs we have which are triggered by A; and C represents the consequent emotional experiences which result from B. Many people make the assumption that life-events (A) lead directly to emotional experiences (C). But according to the model above, emotion is the direct result of our beliefs, not our experiences. Let's imagine, for example, that someone believes the following (B) very deeply:

I must be completely competent at all important endeavors in my life, or else I'm worthless.

According to this model, whenever this person experiences his own occasional incompetence, he will feel worthless. The primary issue isn't so much whether he was or wasn't in fact incompetent, but rather *what he told himself about being incompetent*. If he can be convinced that his worth as a person has nothing to do with his competence, and that his desire for competence is merely a *preference* rather than a genuine *must*, then he can work to adopt a more rational belief:

Although I'd strongly prefer to be competent at everything I do, I can't always be, and when I'm not, it simply means I'm a fallible human being, not a worthless person.

Such an adjustment in his beliefs will make him less likely to be emotionally disturbed the next time he doesn't perform as well as he'd like, while also motivating him to perform better in the future because he *prefers* competence.

The ABC model of emotion is elegant for a variety of reasons. First, the model is simple without being simplistic. It explains a great deal of emotional experience in only three basic steps. Second, the model shows how painful, often dysfunctional emotions (such as depression, rage, or panic) are actually self-created and self-sustaining. We play an active role, via our personal philosophies and beliefs, in generating many of our feelings. Thus, such beliefs can be unlearned over time, and as a result, dysfunctional emotions need not remain lifelong realities. Knowing where emotions come from gives us hope and a greater sense of control. Once irrational beliefs are discovered, we are typically better off working hard to discard and replace them with more accurate, flexible, healthy philosophies.

**INSIGHT 2: ALL HUMAN BEINGS ARE—BY NATURE—
FLAWED, IMPERFECT, AND FALLIBLE.**

This insight lays a foundation not only for healthy emotional functioning, but also for true Christian discipleship. Once we acknowledge our inherent frailty—not just through lip service, but through deep and sincere personal acceptance—we feel liberated. By embracing the reality that human perfection is an impossibility, I believe we're much more apt to live a grace-centered, Christ-like life in the following ways:

1. We realize that much of *the spiritual life* is not and cannot be quantified, but rather is a *state-of-being*.³
2. We stop expecting personal perfection as a requirement for God to accept us, and as a result, we are likely to feel more love *for* God and *from* God.
3. We increase our emphasis upon the Holy Spirit as a guide to help us negotiate the nuances of life and our relationship with God, rather than focusing on reaching perfection or even “100% effort,” both of which, I assert, are impossible for human beings to achieve consistently, if at all.⁴
4. We become more accepting of ourselves as we are at any given moment—as *works-in-progress*—while striving to improve.
5. We become increasingly *compassion centered* in our life approach: more inclusive, accepting, and tolerant of others and their flaws.
6. We increase our faith and reliance in Christ as the “perfect half” of a redeeming, saving partnership.

If it were possible that human beings could attain perfection through their own efforts, earthly flawlessness would then be the standard of salvation. Fundamental gospel concepts such as atonement, mercy, grace, and repentance would become merely crutches for the weak, rather than centerpieces of Christ's gospel for all. When accurately translated and understood, Christ's injunction for us to “be ye therefore perfect, even as your Father which is in heaven is perfect” (Matt. 5:48 and footnote) represents an ideal for us to be *complete* or *fully developed*, and when read in the larger context of the chapter, Christ admonishes us to be *compassionate* and *unconditionally loving* as part of being complete or whole.⁵ Certainly, one can be an “evolved human being”—living a life of integration, wholeness, and compassion—and still be imperfect.

Why are human beings imperfect? We as Church members tend to endorse one of two views. One perspective asserts that human imperfection is due to *an inherent spiritual flaw*—that in spite of our best efforts over the span of a lifetime, we cannot always choose the right or do the best thing. Another view asserts that human beings are *spiritually sound but lack the proper guidance and direction* to always be spiritually competent. Knowing which perspective we endorse is significant because these beliefs lay a foundation for how we approach our own and others' lives. If we are spiritually flawed, then spiritual empowerment (becoming “born again”), replenishment (renewing covenants), and regeneration (progressively repenting) are called for. If we are spiritually sound but unenlightened, then the answer is knowing proper laws, receiving proper guidance and education, and then following these to the letter. The scriptures support the first alternative: “Wherefore, all mankind were in a lost and in a fallen state, and ever would be save they should rely on this Redeemer” (1 Nephi 10:6; see also Mosiah 4:5, Alma 12:22, Alma 34:9). Because we are *fallen*, no matter how hard we try to live by all the proper teachings, moral exhortations, and commandments we're given, we won't always be competent and will need to continually experience the renewing power of the Atonement (2 Nephi 25:23; Mosiah 2:21). These facts are neither terrible nor catastrophic. Rather, they imply that rules, regulations, and exhortations, while helpful and necessary, are not suf-

ficient in themselves to keep us from imperfection. Our flaws and attending behavioral lapses can be clarified by the law, but not eradicated by it. While faith, progressive repentance, and utilization of the Atonement can justify us before God (Gal. 3:24), as long as we live, we remain imperfect beings.

INSIGHT 3: ALL HUMAN BEINGS HAVE EQUAL WORTH.

Try a thought experiment I sometimes use with students. In a vivid way, imagine a miniature version of a prophet of God standing on your up-turned left palm. Then on your right palm imagine a miniature version of a convicted felon. Which of these two has more ultimate worth as a human being? I assert that while the prophet is *better off spiritually* than the convicted felon in many ways, and that God may be *much more pleased* with the prophet, *both have equal ultimate worth*. On what basis does this assertion make sense? It makes sense only if human worth is *unconditional*, based on something common to all members of the species, something permanent, unalterable. The gospel supports this perspective: “All flesh is mine, and I am no respecter of persons” (D&C 38:16); “Remember the worth of souls is great in the sight of God” (D&C 18:10). Note that the scripture does not state that only righteous souls are of worth unto God. (See also Acts 10:34, Eph. 6:9, Rom. 2:11, D&C 1:35, Moses 1:39.)

Some have made the error of confusing *divine favor* with *divine love*. While it may be true God is more pleased with the righteous than the unrighteous, and as a result, the righteous are more likely to enjoy certain blessings than the unrighteous (1 Nephi 17:35; Acts 10:35; D&C 1:30, 60:2, 98:19), this does not mean the righteous have any more inherent worth than the unrighteous. As the most highly evolved being in existence, our Heavenly Father represents the ultimate ideal of what a person can be. Yet sadly, for a variety of reasons (Rector, in press), we so often envision God in the image of a neuroticizing bad parent.

The good parent realizes that while he or she may be much more pleased with an obedient child than a disobedient child, the love of the parent for both children and the ultimate worth of both children remain the same. The Jewish cultural elite of Jesus’ time did not believe in the unconditional worth of the human soul.

Jesus did, however, and went to great pains during his mortal ministry to make clear that his Father in Heaven felt the same way. The Pharisees often condemned Jesus for relating in close, personal ways with those considered by holy law to be unclean—“sinners.” Jewish religious law represented a mindset suggesting that those seeking to imitate God could become most like him by following strict purity codes endorsing *cleanliness through separation*. In contrast, Jesus explicitly taught by word and deed that the best way for Israel to imitate God was by being *compassionate* (Bell, 2001; Borg, 1995). One remarkable Bible chapter (Luke 15) gives an account of Jesus, in defense of his open-table fellowship with those the law considered to be unfit or unclean, offering three separate parables which reiterate the unconditional worth of the human soul: *the parable of the good shepherd*, *the parable of the lost coin*, and *the parable of the prodigal son*. In each case, God represents the authority figure or the owner, and we as sinners represent the lost object. Each parable depicts God loving and valuing the sinner just as much as the righteous, so much so that he is willing to leave the righteous in order to find, reclaim, or simply embrace the sinner. In other words, just because the sheep or the coin is “lost” does not diminish its inherent worth, and while it may be true the prodigal son will likely not have the same sort of inheritance as the righteous son, it remains evident that in the eyes of the father the wayward son has as much worth to him as does his righteous son.

INSIGHT 4: “THE WORTH OF A HUMAN BEING IS HIS OR HER CAPACITY TO BECOME AS GOD” (MONSON, 2006).

For no matter how much we like to pussyfoot around it, all of us who postulate a loving God and really think about it eventually come to a single terrifying idea: God wants us to become Himself. We are growing towards godhood. God is the goal of [human] evolution. (Peck, 1978, p. 269)

Each of us at one time or another has heard preached from the pulpit that “the worth of souls is great in the sight of God” (D&C 18:10), that all people have infinite worth as children of God, that each of us was worth the life of the Savior. While most Church members will claim to believe such statements, my experience has been that many of us don’t

seem to be empowered much by them. Why is this? One reason, I believe, has to do with the fact that we belong to a very works-oriented church culture where measurable performance receives a great deal of emphasis and praise. For example, we are encouraged to feel good about ourselves because we've read the scriptures daily, or completed this month's home teaching assignment, or held family home evening, or paid 10% of our income to the church, or attended all our church meetings, or not indulged in tea, coffee, tobacco, or even R-rated films, but we place much less emphasis on feeling good about ourselves for things intangible or immeasurable. Many individuals can scarcely imagine what human worth could be based on if not measurable performance. In the words of more than one of my psychotherapy clients, "What else is there?"

Often within the first few sessions of my work with emotionally troubled Latter-day Saint clients I ask, "The worth of a human being—what would you say that's based on?" In almost every case, my client will respond with some sort of conditional definition of human worth, such as "well, I suppose human worth depends upon whether or not you have a positive impact on others' lives" or "how much you're able to accomplish in your life." And often I find that my client's suffering is linked, at least in part, to their perception that somehow they aren't quite measuring up to their own idiosyncratic, conditional definitions of worth. While the client's conditional definition of worth may represent a praiseworthy life goal, it is flawed when used as a way of defining one's sense of self-worth because no matter how hard they try to live up to their own idiosyncratic definition of worth, because they are a fallible human being they will eventually fall short. The inevitable result is the perception that their worth has diminished or even disappeared, with the attending feelings of depression, rage, or panic. One of our therapeutic goals, then, is to reformulate over time the client's definition of worth from the conditional to the unconditional.

Perhaps another reason statements such as "all people have infinite worth as children of God" aren't as powerful as they could be is that they don't tell us exactly *why* it is that children of God have such great worth, or *why* the worth of souls (both righteous and unrighteous) is great in the sight of God. The principle that human worth is based on nothing other than our unique, innate

capacity to ultimately become as our Creator answers these questions and has some profound implications:

1. We have the capacity to become as God simply by virtue of being a member of the human race.
2. While it is true we are *better off* in many ways if our behavior conforms to God's commandments, our worth is not contingent upon our behavior. Therefore, whether our behavior is righteous or sinful, the worth of the soul is stable and remains intact.
3. In every phase of our eternal progression, we retain our identity as a member of a divinely-sired species, and thus our potential or capacity for godhood remains intact.⁶

Unfortunately, it seems that these are some of the best kept secrets in the Church. When we make the erroneous assumption that our worth depends on our past, present, and future performance, we begin to hierarchically arrange ourselves and others, from the worthy to the worthless. If we believe we are worthless because of our sins or other perceived failings, we are likely to be depressed and unlikely to reach out to God for help. If we believe that our works alone place us in the *worthy* or *righteous* category, we are misguided, for Jesus taught:

Two men went up into the temple to pray; the one a Pharisee, and the other a publican. The Pharisee stood and prayed thus with himself, God, I thank thee, that I am not as other men are, extortioners, unjust, adulterers, or even as this publican. I fast twice in the week, I give tithes of all that I possess. And the publican, standing afar off, would not lift up so much as his eyes unto heaven, but smote upon his breast, saying, God, be merciful to me a sinner. I tell you, this man went down to his house justified rather than the other: for every one that exalteth himself shall be abased; and he that humbleth himself shall be exalted. (Luke 18:10-14)

King Benjamin pointed out this truth rather succinctly: "If ye should serve him with all your whole souls yet ye would be unprofitable servants. . . . can ye say aught of yourselves?" (Mosiah 2:21, 25). In other words, all of us, no matter how "righteous," prominent, or accomplished, are in the same position: Our works will never be good enough in and of themselves to save us. So don't

think our behavior ever gives us more or less ultimate worth before God, because the worth of a human being is based on a completely different principle.

On a more practical level, embracing an unconditional source of self-worth makes us much less likely to become emotionally disturbed (e.g., depressed, enraged, or panicked) when our lives don't unfold as we'd like. Instead of rating our *selves*, our *global being*, when we fall short, we are much better off if we instead rate our behaviors, thoughts, and feelings in regard to our goals and purposes. When we realize our personal worth is not at stake, our emotions are more manageable and healthy. For example, if I base my self-worth on having the admiration of my colleagues, then I'll believe that I *must* have their approval, and I'll be likely to become either *depressed* or even *enraged* if I don't receive it. On the other hand, if I base my self-worth on the unconditional source mentioned above, then I'll merely *prefer* to have my colleagues' admiration; as a result, I'll probably just be *disappointed* or *annoyed* when my colleagues don't approve of me for whatever reason. Disappointment

and annoyance are much healthier, more manageable emotions than depression or rage.

Let's return now to Ellen, the BYU-Idaho sophomore with an eating disorder. I believe that her cure in large part depends on her ability to grasp a new reality about herself—one in which her old paradigm of conditional self-worth is supplanted by a more enlightened concept of unconditional worth. For some, psychotherapy is a necessary part of the change process. For others, simply becoming aware of a more enlightened alternative vision of humanity will help in beginning the transition. The more we understand and appreciate the primary insights above, the less likely we are to be emotionally disturbed when we are faced with a decrease in one of our cherished sources of self-validation. We can also be liberated from the stress and anxiety which accompany the attempt to gain or retain a false sense of achieved, conditional self-worth. Instead, our efforts can be calmly motivated by the simple desire to improve for improvement's sake, for the benefits which come from continued growth and development, and out of gratitude to God for our unconditional human worth.

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FOOTNOTES

- 1 To protect my client's confidentiality, I have changed her name and some of her demographic information. However, the content of her behavioral/emotional condition remains factual.
- 2 This is not to assert a morally or ethically relativistic universe, since we maintain that some of the beliefs and philosophies we cherish have been imparted to us by God, but it is to say that it is we who place the morals and values we're given into a context imbued with our own limited and sometimes faulty understanding.
- 3 By spirituality as a state-of-being, I mean being in the sense Erich Fromm (1976) intended: "aliveness and authentic relatedness to the world....the true nature, the true reality of a person

in contrast to deceptive appearances”(p. 12). These aspects of being are spiritual: qualitative rather than quantitative in nature, difficult and complicated to measure. This is why our quantitative attempts to measure spirituality often miss the mark: One can be a consistent home teacher, pay a full tithe, and hold a temple recommend without relating in an alive and authentic way with God or the world. Conversely, one can relate with God and the world authentically and with aliveness without engaging in outward religious behaviors. Yet we often erroneously assume that measurable religious behavior is always synonymous with inner spirituality.

4 It is my belief that all devout, emotionally healthy Christians have some sort of reasonably flexible, “personal calculus” worked out between themselves and God. Whether consciously or unconsciously, they use their emotions and intuition to help guide them through the process of living, knowing they cannot live perfectly, nor can they give God 100% effort consistently or at all. (After all, what does 100% effort towards anything look or feel like?) If 100% effort isn’t required by God, then what degree of effort is sufficient to sustain the relationship between ourselves and God? This must be personally discerned by the Spirit.

5 Dr. Paul R. Fleischman (1993) offers some profound insights regarding wholeness: Rather than representing a state of perfection, “wholeness requires an affirmation of our totality, the ability to uplift, incorporate, and synthesize, rather than to repress, split off, or deny” (p. 52). As Spencer W. Kimball (1996) noted in *The Miracle of Forgiveness*, peoples’ sins often arise from their attempts to satisfy basic human needs and desires. Wholeness, in this respect, means having full awareness of the needs and desires we are attempting to meet, and rather than repressing or attempting to split these off, consciously integrating these within ourselves so that our needs and desires might find fulfillment through non-destructive channels.

6 See James E. Faust’s (2003) General Conference address, “Dear are the sheep that have wandered,” in which he quotes Apostle Orson F. Whitney’s classic reiteration of Joseph Smith’s doctrine that ultimately, the sealings of faithful parents would save not only themselves, but even their rebellious, wayward posterity. The implications of this rarely acknowledged doctrine are profound and sweeping.

Theistic Psychotherapy

P. SCOTT RICHARDS, PhD

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This article describes theoretical and empirical work that has been done during the past few decades to develop a theistic framework and approach for psychotherapy. It provides a brief summary of the reasons a theistic strategy for counseling and psychotherapy is needed, then explores its theological, philosophical, theoretical, and empirical foundations. The article suggests future directions of theistic psychotherapy and invites Latter-day Saint professionals to join the effort to bring this framework and approach more fully into the therapeutic mainstream and into their own practices.

During the past 25 years, my colleague Allen E. Bergin and I have devoted much of our scholarly effort to developing a theistic spiritual strategy¹ for mainstream mental health professionals. Given the fact that in the Western Hemisphere and in Europe more than 80% of the population profess belief in one of the major theistic world religions (Barrett & Johnson, 2002), we think a theistic strategy is needed in mainstream psychotherapy to provide a culturally sensitive framework for theistic clients (Bergin, 1980, 1991; Richards & Bergin, 2000). In addition, there is much healing potential in the theistic world religions (Benson, 1996; Richards & Bergin, 1997). We believe that if more fully accessed by psychotherapists, the spiritual resources found in the theistic religious traditions, those that are in harmony with the truths of the restored gospel, could enhance the efficacy of psychological treatment.

In this article I briefly discuss problems with the prevalent approach of scientific naturalism and affirm the need for a theistic strategy for psychotherapy.

I describe a theistic framework that Dr. Bergin and I have proposed for mainstream psychotherapy and review its theological, philosophical, theoretical, and empirical foundations. I discuss future directions for a theistic strategy in theory, research, education, and training.² I conclude by extending an invitation to Latter-day Saint mental health professionals to help bring a theistic framework and approach for psychotherapy more fully into their own work, as well as into the professional mainstream.

THE NEED FOR A THEISTIC ALTERNATIVE: PROBLEMS WITH SCIENTIFIC NATURALISM

Although not all scientists are atheistic or agnostic, most scientists and behavioral scientists during the past century have adopted scientific naturalism as the primary underlying assumption of their theories and research (Griffin, 2000). According to the philosophy of scientific naturalism, "the universe is self-sufficient, without supernatural cause or control, and . . . in all probability the interpretation of the world given by the sciences is the only satisfactory explanation of reality" (Honer & Hunt, 1987, p. 225). Scientists who accept scientific naturalism assume that human beings and the universe can be understood without including God or divine influence in the scientific theories, including

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theories of therapeutic change and healing, or in the interpretation of research findings.

As the central dogma of science (Leahey, 1991), scientific naturalism received relatively little critical scrutiny during the 20th century; however, during the past couple of decades a number of scholars have carefully examined this worldview and found it wanting (e.g., Griffin, 2000; Jones, 1994; Plantinga, 1991, 1993). Scientific naturalism carries with it a number of philosophical commitments that are problematic for science, including sensationism, materialism, and atheism. These philosophies are problematic because they prevent “the scientific community from providing rational explanations for a wide range of phenomena” (Griffin, 2000, p. 36). They are also inconsistent with empirical evidence and with “hard-core common sense beliefs”—beliefs that are “inevitably presupposed in practice” by both laypersons and scientists (Griffin, 2000, pp. 36, 99).

To escape religious contamination and establish psychology and psychiatry as respected sciences, Sigmund Freud, along with early founders of the behavioral tradition (i.e., Watson, Thorndike, Skinner, Hull, Wolpe, Bandura, Rogers) and other early leaders of the behavioral sciences, accepted the prevailing scientific philosophies of the day (Kariyer, 1986; Wertheimer, 1970). Although it was not always done explicitly or even deliberately, they built their theories on faith in the worldview and philosophical assumptions of scientific naturalism (Kariyer, 1986; Leahey, 1991). Their foundational axiom of faith was that human behavior could be explained naturalistically: i.e., without resorting to spiritual or transcendent explanations. As a result, all of the mainstream psychotherapy traditions—including the psychodynamic, behavioral, humanistic-existential, cognitive-behavioral, and family systems traditions, as well as the many variations of therapy based upon these approaches—are grounded in the theology and philosophy of scientific naturalism.

Not only is the scientific naturalistic worldview problematic for natural and behavioral scientists, but in my view it poses insoluble problems for contemporary mental health practitioners and researchers who attempt to apply it (Bergin, 1980; Griffin, 2000; Richards & Bergin, 1997; Slife, 2004; Slife, Hope, and Nebeker, 1999). Scientific naturalism provides an impoverished view of human nature upon which is difficult to build theories of personality and therapeutic change (Griffin, 2000,

2001). Scientific naturalism also constrains, biases, and ultimately forecloses many conceptual and clinical options that would otherwise be open to therapists and researchers (Slife, 2004; Slife et al., 1999). Finally, scientific naturalism conflicts with the worldviews of the major theistic world religions, thereby failing to provide a culturally sensitive psychotherapy framework for religious clients who seek assistance from mental health professionals (Bergin, 1980). In my view, a theistic perspective provides a radically different and more positive framework upon which to build theories of psychology and psychotherapy.

A THEISTIC STRATEGY FOR PSYCHOTHERAPY

Theistic psychotherapy is a comprehensive orientation that includes a theistic conceptual framework, a body of religious and spiritual therapeutic interventions, and guidelines for implementing theistic perspectives and interventions (Richards & Bergin, 2005). The foundational assumptions of this approach “are that God exists, that human beings are the creations of God, and that there are unseen spiritual processes by which the link between God and humanity is maintained” (Bergin, 1980, p. 99). It also assumes that people who have faith in God’s power and draw upon spiritual resources during treatment will have added strength to cope, heal, and grow. No other mainstream tradition has adequately incorporated theistic spiritual perspectives and practices into its approach, and so this orientation fills a void in the field.

As my colleagues and I have explained in more detail elsewhere (Richards & Bergin, 1997, 2005), our theistic strategy is *integrative* in that we advocate that spiritual interventions should be combined in a treatment-tailoring fashion with a variety of standard mainstream techniques, including psychodynamic, behavioral, humanistic, cognitive, and systemic ones. The strategy is *empirical* in that it is grounded in current research about psychotherapy and spirituality and will continue to submit its claims to empirical scrutiny. The strategy is *ecumenical* in that it can be applied sensitively to people from diverse theistic religious traditions. Finally, our strategy is *denominational* in that it leaves room for psychotherapists to tailor treatment to the fine nuances of specific religious denominations. In our view, these four characteristics are essential for any viable spiritual approach to psychotherapy.

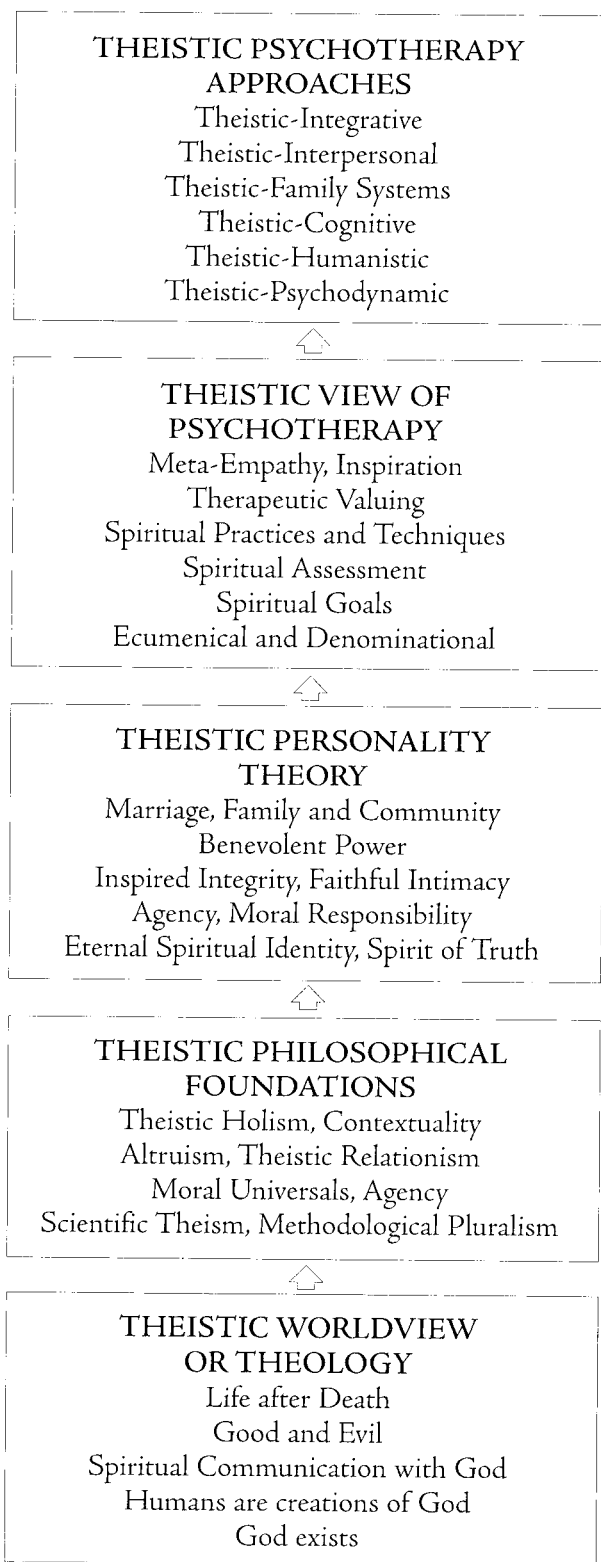


Figure 1. Theological, Philosophical, Theoretical, and Applied Foundations of a Theistic Spiritual Strategy

As illustrated in Figure 1, the conceptual framework for theistic psychotherapy includes (a) theological premises that are grounded in the theistic worldview, (b) philosophical assumptions that are consistent with the theistic worldview, (c) a theistic personality theory, and (d) a theistic view of psychotherapy. These conceptual foundations provide a rationale embracing (1) why spiritual interventions are needed in psychotherapy, (2) what types of spiritual interventions may be useful, and (3) when such interventions might appropriately be implemented. Our theistic conceptual framework does not, however, tell psychotherapists specifically how to implement spiritual interventions in treatment, nor does it tell them how to integrate such interventions with mainstream secular perspectives and interventions. We recognize that a theistic strategy can be applied in practice in numerous ways, as illustrated in recent publications (e.g., Richards & Bergin, 2004; Sperry & Shafranske, 2005). I now briefly describe the theological, philosophical, theoretical, and empirical foundations of theistic psychotherapy.

THEOLOGICAL FOUNDATIONS

The theological foundations of theistic psychotherapy are grounded in the worldview of the major theistic world religions. There are five major theistic religious traditions in the world: Judaism, Christianity, Islam, Zoroastrianism, and Sikhism (Smart, 1994). Judaism, Christianity, and Islam are the major theistic religions of the Western world. Zoroastrianism and Sikhism are theistic religions whose followers live mainly in India. Approximately 60% of the world's population profess adherence to one of these religions (Barrett & Johnson, 2002).

Although there is great diversity between and within these five world religions in terms of specific religious beliefs and practices, at a more general level they share a common worldview. According to the theistic worldview, God exists, human beings are the creations of God, there is a divine purpose to life, human beings can communicate with God through prayer and other spiritual practices, God has revealed moral truths to guide human behavior, and the human spirit or soul continues to exist after mortal death (Richards & Bergin, 1997). Compared to the scientific naturalistic worldview, the theistic worldview provides a dramatically different

position from which to build theories of therapeutic change and an approach to psychotherapy (Bergin, 1980).

PHILOSOPHICAL FOUNDATIONS

Our theistic framework for psychotherapy is grounded in a number of philosophical assumptions about human nature, ethics, and epistemology, including *scientific theism*, *theistic holism*, *human agency*, *moral universalism*, *theistic relationism*, *altruism*, and *contextuality* (Richards & Bergin, 2005). These philosophical perspectives are gaining support among contemporary scientists and philosophers of science (e.g., Griffin, 2000; Jones, 1994; Slife, 2004; Slife et al., 1999), providing a positive and defensible philosophical foundation for a theistic framework of personality theory and psychotherapy.

To fully discuss all of these assumptions and their implications is beyond the scope of this presentation, although this has been done more fully elsewhere (e.g., Bergin, 1980, 1991; Howard & Conway, 1986; Jones, 1994; Richards & Bergin, 2005; Slife, 2004; Slife et al., 1999; Slife & Williams, 1995; Williams, 1992). Table 1 briefly defines the philosophical assumptions of the theistic framework and summarizes their conceptual strengths for mental health professionals. Here it can be seen that the assumptions underlying the theistic orientation provide a dramatically different foundation in contrast with naturalistic assumptions upon which to build theories of personality and therapeutic change (Richards & Bergin, 2005).

THEORETICAL FOUNDATIONS

A theistic spiritual perspective has direct implications for the ways clinicians conceptualize human personality and the change processes that characterize growth, development, and healing. Integrating such content into mainstream clinical theory, research, and practice is a formidable undertaking, and much work remains to be done. According to the theistic perspective, human development and personality are influenced by a variety of systems and processes (e.g., biological, cognitive, social, psychological), but the core essence of identity and personality is spiritual. Consistent with the teachings of most of the theistic world religions, my colleagues and I have theorized that human beings are composed of both a mortal body and an eternal spirit or soul that continues to exist beyond the death of

the mortal body. This eternal spirit is of divine creation and worth, and it constitutes the lasting or eternal identity of the individual. The spirit “interacts with other aspects of the person to produce what is normally referred to as personality and behavior” (Richards & Bergin, 1997, p. 98).

According to our theistic view of personality development, people who believe in their eternal spiritual identity, follow the influence of God’s spirit, and live in harmony with universal moral principles are more likely to develop in a healthy manner socially and psychologically (Richards & Bergin, 1997). Spiritually mature people have the capacity to enjoy loving, affirming relationships with others, they have a clear sense of identity and values, and their external behavior is in harmony with their value system (Bergin, 1980). They also feel a sense of closeness and harmony with God, and they experience a sense of strength, meaning, and fulfillment from their spiritual beliefs. People who neglect their spiritual growth and well-being or who consistently choose to ignore the influence of God’s spirit and do evil are more likely to suffer poor mental health and disturbed, unfulfilling interpersonal relationships.

Therapeutic change and healing can be facilitated through a variety of means, including physiological, psychological, social, educational, and spiritual interventions. But complete healing and change require a spiritual process. Therapeutic change is facilitated and is often more profound and lasting when people heal and grow spiritually through God’s inspiration and love. This may occur in a variety of ways, but it often involves an affirmation of clients’ sense of spiritual identity. When clients experience a deep affirmation of their eternal spiritual identity and worth during prayer or other spiritual experiences, the event is often life transforming for them. Such experiences help heal their sense of shame or feelings of badness, and this renewal often reorients their values from a secular or materialistic value system to a more spiritual one. These inner changes in self-perceptions and values often lead to outer changes in their lifestyle, which leads to healthier behaviors and reductions in psychological and physical symptoms and problems. Thus, identity-affirming spiritual experiences can set people on a path that is conducive to physical and mental health (Richards & Bergin, 1997; Richards, 1999). We and others have written much more about the implications of theism for personality theory, and

Table 1. Philosophical Foundations of Theistic Psychology and Psychotherapy

Philosophical Perspective	Strengths for Behavioral Scientists and Psychotherapists
<p><i>Scientific Theism:</i> God is the ultimate creative and controlling force in the universe and the ultimate reality. Human beings can understand God and the universe, although this knowledge will always be incomplete and distorted. Scientific (rational and empirical) methods can discover some aspects of reality, but spiritual ways of knowing (intuition and inspiration) are also needed. Epistemological and methodological pluralism are endorsed.</p>	<ul style="list-style-type: none"> • Provides a richer, more positive view of the world and human nature than scientific naturalism. • In harmony with the spiritual worldviews of most people, thus the majority of psychotherapy clients. • Leaves room for common realities that most people presuppose in practice, including agency, responsibility, meaning and purpose, genuine love and altruism, and invisible realities such as spiritual communion with God.
<p><i>Theistic Holism:</i> Humans are holistic spiritual beings, and cannot be reduced simply to biology, mind, or relationships. They are composed of an eternal spirit or soul. The human spirit interacts with and influences other dimensions of reality, including the physical, cognitive, emotional, interpersonal, and cultural. Humans cannot be adequately understood by reducing or dividing them into smaller units or by ignoring the spiritual dimension.</p>	<ul style="list-style-type: none"> • Affirms the spiritual worth and unlimited potential of human beings. • Affirms the eternal nature of the human soul and personality. • Avoids dehumanizing people into smaller, mechanistic, deterministic parts. • Provides a positive view of human nature—a view that may help lead to a more “positive psychology” in the mainstream behavioral sciences.
<p><i>Agency:</i> Human beings have moral agency and the capacity to choose and regulate their behavior. Human behavior has antecedents, such as biological and environmental influences that may limit a person’s choices in some situations, but not his or her agency. Choices have consequences.</p>	<ul style="list-style-type: none"> • Affirms the reality of human agency, choice, responsibility and accountability, and thus is consistent with beliefs that are presupposed in practice by virtually all psychotherapists and clients. • Acknowledges that agency is not absolute and that all events, including human actions and emotions, have meaningful antecedents (e.g., biological realities, environmental influences, unconscious processes, childhood experiences) that can set some limits on human choices.
<p><i>Moral Universalism:</i> There are universal moral principles or values that influence healthy psychological and spiritual development, although the application of these values may vary depending on the time, context, and other competing values. Some values are more healthy and moral than others.</p>	<ul style="list-style-type: none"> • Affirms the importance of values and lifestyle choices in human development and functioning. • Provides a moral and ethical framework or rationale that therapists and clients can use to evaluate whether values and lifestyle choices are healthy. • Helps therapists and clients avoid the incoherency of ethical relativism, which differs from cultural relativism.
<p><i>Theistic Relationism:</i> Human beings are inherently relational. Humans can be understood through the study of their relationships with other human beings and with God.</p>	<ul style="list-style-type: none"> • Helps therapists and clients avoid a narrow, individualistic focus that can lead to preoccupation with self and alienation from others. • Affirms the importance of relationships and community and encourages social conscience and connection with others and with God.
<p><i>Altruism:</i> Human beings often forego their own rewards (pleasure) for the welfare of others. Responsibility, self-sacrifice, suffering, love, and altruistic service are valued above personal gratification.</p>	<ul style="list-style-type: none"> • Affirms the value of self-sacrifice and service to others and thereby helps promote love and relationships. • Promotes treatment goals and interventions that are concerned with familial and societal welfare.
<p><i>Contextuality:</i> At “least some of the properties and qualities of things. . . come from outside the thing—in its context” (Slife, 2004, p. 48). There are real phenomena that are contextual, unique, and private—phenomena that are not necessarily empirically observable, generalizable, or repeatable (e.g., transcendent spiritual experiences).</p>	<ul style="list-style-type: none"> • Reminds therapists about the importance of context and culture in treatment. • Affirms the importance of tailoring treatment interventions to fit the unique issues and characteristics of each client. • Reminds therapists, clients and researchers that non-observable, infrequent, and private experiences may be real and important.

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I refer readers to other sources for more information about this topic (e.g., Bergin, 2002; Emmons, 1999; Miller & Delaney, 2005; Olson, 2002; Richards & Bergin, 2005).

THEISTIC VIEW OF PSYCHOTHERAPY

The sacred writings of all of the major theistic religious traditions affirm God's power to inspire, comfort, and heal. Our theistic orientation assumes that clients who have faith in God's healing power and draw upon the spiritual resources in their lives during psychological treatment will receive added strength and power to cope, heal, and grow (Richards & Bergin, 1997). Theistic psychotherapists, therefore, may encourage their clients to explore how their faith in God and their personal spirituality may assist them during treatment and recovery.

Another contribution of our theistic orientation is that it provides a body of spiritual interventions that can be used in working with the spiritual dimension of clients' lives, including praying for clients, encouraging clients to pray, discussing theological concepts, making reference to scriptures, using spiritual relaxation and imagery techniques, encouraging repentance and forgiveness, helping clients live congruently with their spiritual values, self-disclosing spiritual beliefs or experiences, consulting with religious leaders, and recommending religious bibliotherapy (Richards & Bergin, 1997). Most of these spiritual interventions have been practiced by religious believers for centuries; they have endured because they express and respond to the deepest needs, concerns, and problems of human beings (Benson, 1996; Richards & Bergin, 1997, 2000).

Another aspect of our viewpoint is that both therapists and clients may seek, and on occasion obtain, spiritual enlightenment to assist in treatment and recovery by entering into meditative or prayerful moments (Richards & Bergin, 2005). Spiritual impressions can give therapists and clients important insight into problems, as well as ideas for effective interventions or healing strategies.

A distinctive view of our orientation is that it asserts that a theistic moral framework for psychotherapy is possible and desirable. By moral framework, we mean that there are general moral values and principles that influence healthy human development and functioning which can be used to guide and evaluate psychotherapy

(Bergin, 1980, 1991). Although there is great diversity in beliefs and practices between and within the theistic religions, they agree that human beings can and should transcend selfish hedonistic tendencies in order to grow spiritually and to promote the welfare of others. There is also general agreement that values and principles such as integrity, honesty, forgiveness, repentance, humility, love, spirituality, religious devoutness, marital commitment, sexual fidelity, family loyalty and kinship, benevolent use of power, and respect for human agency promote spiritual enlightenment and personal and social harmony (Bergin, 1991; Richards & Bergin, 1997).

Such values provide theistic psychotherapists with a general framework for evaluating whether their clients' lifestyles are healthy and mature and for choosing therapeutic goals. Although therapists must permit clients to make their own choices about what they value and how they will apply these values in their lives, we think it would be irresponsible for therapists not to share what wisdom they can about values when their knowledge and ideas are relevant to their clients' problems (Bergin, 1991; Richards et al., 1999).

There are many other distinctive views underlying a theistic psychotherapy approach, including the purpose of psychotherapy, the nature of the therapeutic relationship, ethical considerations for conducting psychotherapy, components of a psychological-spiritual assessment, the purpose of spiritual interventions, and the responsibilities of the therapist and client. It is beyond the scope of this article to discuss ethical and process considerations for theistic psychotherapy, but this has been done elsewhere (Richards & Bergin, 1997, 2004, 2005). Table 2 summarizes some additional distinguishing characteristics of our theistic view of psychotherapy.

EMPIRICAL FOUNDATIONS

A large body of research is consistent with and provides support for many aspects of the theistic framework described above. It is beyond the scope of this article to discuss these findings in detail, but here I briefly mention four scholarly domains that have provided an empirical foundation for our theistic strategy: (1) research on religion and health, (2) research on human virtues and strengths, (3) research on near-death, spiritual, and anomalous healing experiences, and (4) research on the outcomes of spiritually-oriented treatment approaches.

Table 2. Distinguishing Characteristics of Theistic Psychotherapy

Goals of Therapy	Therapist's Role in Therapy	Role of Spiritual Techniques	Clients' Role in Therapy	Nature of Relationship
Spiritual view is part of an eclectic, multisystemic view of humans, and so therapy goals depend on the client's issues. Goals directly relevant to the spiritual dimension include the following: (a) help clients affirm their eternal spiritual identity and live in harmony with the Spirit of Truth; (b) assess what impact religious and spiritual beliefs have in clients' lives and whether they have unmet spiritual needs; (c) help clients use religious and spiritual resources to help them in their efforts to cope, change, and grow; (d) help clients resolve spiritual concerns and doubts and make choices about the role of spirituality in their lives; and (e) help clients examine their spirituality and continue their quest for spiritual growth.	Adopt an ecumenical therapeutic stance and, when appropriate, a denominational stance. Establish a warm, supportive environment in which the client knows it is safe and acceptable to explore his or her religious and spiritual beliefs, doubts, and concerns. Assess whether clients' religious and spiritual beliefs and activities are affecting their mental health and interpersonal relationships. Implement religious and spiritual interventions to help clients more effectively use their religious and spiritual resources in their coping and growth process. Model and endorse healthy values. Seek spiritual guidance and enlightenment on how best to help clients.	Interventions are viewed as very important for helping clients understand and work through religious and spiritual issues and concerns and for helping clients draw on religious and spiritual resources in their lives to assist them in better coping, growing and changing. Examples of major interventions include cognitive restructuring of irrational religious beliefs, transitional figure technique, forgiveness, meditation and prayer, scripture study, blessings, participating in religious services, practicing spiritual imagery, journaling about spiritual feelings, repenting, and using the client's religious support system.	Examine how their religious and spiritual beliefs and activities affect their behavior, emotions, and relationships. Make choices about what role religion and spirituality will play in their lives. Set goals and carry out spiritual interventions designed to facilitate their spiritual and emotional growth. Seek to use the religious and spiritual resources in their lives to assist them in their efforts to heal and change. Seek God's guidance and enlightenment about how to better cope, heal, and change.	Unconditional positive regard, warmth, genuineness, and empathy are regarded as essential foundations for therapy. Therapists also seek to have charity or brotherly and sisterly love for clients and to affirm clients' eternal spiritual identity and worth. Clients are expected to form a working alliance and share in the work of change. Clients must trust the therapist and believe that it is safe to share their religious and spiritual beliefs and heritage with the therapist. Clients must know that the therapist highly values and respects their autonomy and freedom of choice and that it is safe for them to differ from the therapist in their beliefs and values, even though the therapist may at times disagree with their values and confront them about unhealthy values and lifestyle choices.

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Research on religion and health. Most of the research on religion and health has examined the relationship between measures of religious commitment and various accepted indicators of physical and mental health. Several recent books provide up-to-date and comprehensive reviews of the empirical research on religion, spirituality, and health (e.g., Koenig et al., 2001; Pargament, 1997; Plante & Sherman, 2002).

The *Handbook of Religion and Health* (Koenig et al., 2001) is a particularly comprehensive resource on this topic, reviewing over 1600 empirical studies. These studies provide strong support overall for the health benefits

of religious commitment and involvement, a finding that is consistent with the conclusions of numerous other literature reviews of the past two decades.

Religiously active people show lower rates of incidence for a vast array of diseases, including heart disease, hypertension, immune system dysfunction, cancer, and age-related disability. Religious people tend to live longer. Coping tends to be better for disease, pain, death, and other forms of stress. Recovery rates from surgery are better for religiously active individuals. Religious people are also less likely to engage in unhealthy behaviors such as cigarette smoking, alcohol and drug use, and high-risk

sexual behaviors. Members of certain religious groups are also more likely to follow healthy diets (Koenig et al., 2001; Plante & Sherman, 2002).

Many studies have shown that religiously committed people tend to report greater subjective well-being and life satisfaction. Several large epidemiological studies have found negative relationships between religious participation and psychological distress. Studies have also shown that people who are religiously active tend to have lower levels of hostility and stronger feelings of hope and personal control than those who are not.

People who engage in religious coping (e.g., praying, reading sacred writings, meditating, seeking support from religious leaders and community) during stressful times tend to adjust better to crises and problems. Evidence shows that people who turn to God for help in coping with stress have lower levels of anxiety, less depression, greater self-esteem, and higher psychosocial competence.

Many studies have provided evidence that people who are intrinsically religious report less anxiety, including less death anxiety, than those who are not. These persons also experience more freedom from worry and neurotic guilt (i.e., guilt in the absence of wrongdoing, resulting in depression, anxiety, or obsessions) than do less religious people. Several studies with non-clinical samples have shown that religious commitment is usually associated with lower levels of depression. Some evidence also suggests that church attendance is strongly predictive of less depression in elderly people.

Studies have consistently shown that people who attend church are less likely to divorce than those who do not. Studies have also consistently shown a positive relationship between religious participation and marital satisfaction and adjustment.

Considerable evidence indicates that those with high levels of religious involvement are less likely to use or abuse alcohol, with lower rates among members of denominations that discourage or prohibit alcohol consumption. There is also extensive evidence that religiously committed people are less likely to use or abuse drugs.

Many studies have shown that religious denominations that have clear, unambiguous prohibitions against premarital sex have lower rates of premarital sex and teenage pregnancy than others. Research has consistently shown that religious commitment, as

measured by church attendance, is negatively associated with delinquency. Finally, numerous studies have found that religiously committed people report fewer suicidal impulses and more negative attitudes toward suicide, and they are less likely to commit suicide than are non-religious people.

Research on human virtues and strengths. After becoming President of the American Psychological Association in 1997, Seligman (2002) coined the term *positive psychology* and called on psychologists to change their focus "from a preoccupation only with repairing the worst things in life to also building the best qualities in life" (p. 3). He also asserted:

We have discovered that there are human strengths that act as buffers against mental illness: courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, the capacity for flow and insight, to name several. Much of the task of prevention in this new century will be to create a science of human strength whose mission will be to understand and learn how to foster these virtues in young people. (Seligman, 2002, p. 5)

In response to Seligman's call, numerous journal articles and book chapters have been published about positive psychology, as well as several books (e.g., McCullough, Pargament, & Thoresen, 2000; Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002). In general, the findings to date support the idea that human virtues such as forgiveness, spirituality, gratitude, ultimate concerns and spiritual strivings, hope, faith, love, and humility are positively associated with healthy human functioning (Snyder & Lopez, 2002). These findings are consistent with the teachings of the major theistic world religions who have long espoused and sought to promote such human virtues and strengths (Park, 2003).

Research on spiritual experiences. A growing body of qualitative and quantitative research is exploring the types of spiritual experiences people have, including near-death and other death-related experiences, mystical and spiritual experiences, and spiritual and faith healings. For example, in his pioneering study, Moody (1975) identified a number of elements that seem to characterize many near-death experiences (NDE): (a) feeling ineffability, (b) hearing oneself pronounced dead,

(c) experiencing feelings of peace and quiet, (d) hearing unusual noises, (e) seeing or passing through a dark tunnel, (f) leaving one's body, (g) meeting spiritual beings, (h) experiencing a bright light or being of light, (i) having a panoramic life review, (j) sensing a border or limit, (k) coming back into the body.

Many other studies during the past two decades have provided general confirmation of the nature and reality of the NDE. It is now a well accepted fact that anywhere from 5% - 30% of those who come close to death have a NDE (Greyson, 2000). A number of well documented case reports of near-death experiences, as well as several carefully conducted research studies, have made it increasingly difficult for skeptics to discount near-death experiences as simply physiological or psychological epiphenomena (e.g., Ring & Cooper, 1997; Sabom, 1998; van Lommel, van Wees, Meyers, & Elfferich, 2001). Although they have attracted less research, a variety of other death-related experiences have been reported in the literature, including (a) visions or visitations of the deceased to their loved ones; (b) dreams, visions, and other premonitions of the living that a loved one has recently died or is going to die; and (c) near-death visions where someone who is about to die sees and describes loved ones who have previously passed on (Morse, 1994a).

Mystical and spiritual experiences also have important implications for a theistic orientation. Such experiences are not well understood by naturalistic scientists, but they are common and have been subjects of considerable scholarship (e.g., Hood, 1995). In a June 2002 Gallup survey, 41% of Americans indicated that they had had a "profound religious experience or awakening that changed the direction of [their lives]" (Gallup, 2003, p. 7). This confirms previous surveys that have consistently found that more than 30% of Americans report life-changing religious experiences (Gallup, 2003). Such findings have been replicated with much consistency in numerous other surveys, including one conducted in Great Britain (Hay & Morisy, 1978).

Considerable research has been done about the nature of mystical and spiritual experiences and their psychological and religious correlates (Spilka, Hood, & Gorsuch, 1985; Wulff, 2000). Most mystical experiences seem to be (a) noetic—perceived as a valid source of knowledge, (b) ineffable—incapable of being adequately described, (c) holy—perceived as an encounter with the

sacred or divine; (d) pleasant—accompanied by feelings of peace, bliss, and joy; (e) paradoxical—defying logic. Some people report sensing inner subjectivity, unity of all things, timelessness and spacelessness, and loss of self (Spilka et al., 1985). Research has shown both mild and extreme types of mystical experiences—the extreme ones adding distinctive elements such as dramatic mood swings or the use of various ascetic practices (Wulff, 2000). Although more studies are needed, research to date suggests that mystical experiencing is not usually associated with psychopathology, but is most often correlated with better psychological functioning (Spilka et al., 1985; Wulff, 2000). There is also some evidence that mystical experiences may promote therapeutic healing and change (Wulff, 2000).

In addition to these classic aspects of mystical experience, people throughout the ages have reported a variety of other types of spiritual manifestations, including (a) "hearing" the voice of God within their minds, (b) receiving spiritual impressions and insights, (c) having an inspirational dream or vision, (d) experiencing the presence (or spirit) of God, (e) feeling the presence of deceased loved ones, (f) feeling loved and forgiven by God, (g) receiving flashes of insight and inspiration when confronted with difficult problems, (h) experiencing feelings of awe, gratitude and oneness with God and others, and (i) receiving spiritual impressions or warnings that protect self and/or loved ones from danger (Griffin, 2000; Miller & C'DeBaca, 1994). Such experiences sometimes come unbidden and unexpected, but at other times accompany religious practices such as praying, meditating, worshipping, participating in religious rituals, and studying scriptures.

Many types of spiritual experiences are normative in various theistic religions, and the report of such experiences is not usually associated with psychopathology (Sanderson, Vandenberg, & Paese, 1999). Furthermore, spiritual experiences often provoke major life changes and positive and enduring transformations in the values and lifestyles of those who experience them (Miller & C'DeBaca, 1994).

Human history is also replete with accounts of miraculous faith healings and other unexpected recoveries from serious illness and injury (Benor, 1993). Although a proportion of these accounts are probably not genuine or may be "spontaneous" remissions, many of them have occurred in modern times, are medically well

documented, and cannot be explained in the context of conventional biomedicine (Benor, 1993; Benson, 1996; Krippner & Achterberg, 2000; Levin, 2001).

Studies and case reports examining the phenomenology of spiritual and anomalous healing experiences have found that during the time such healings takes place, it is not uncommon for people to “see religious figures or balls of great white light, to have special dreams or visions, and to feel heat and tingling in the location of the problem” (Krippner & Achterberg, 2000, p. 363). Positive emotions and long-term improvements in mental, spiritual and physical well-being have also been reported by those having these experiences (Benson, 1996; Krippner & Achterberg, 2000; Levin, 2001). Many people attribute their healing and recovery to spiritual beliefs, practices and influences, such as prayer, meditation, guided imagery, sense of purpose, and faith rather than to medical treatment (e.g., Achterberg & Lawlis, 1989; Benson, 1996; Hirshberg & Barasch, 1995; Krippner & Achterberg, 2000).

Findings concerning near-death, spiritual, and healing experiences provide further evidence of the role of spiritual realities in human functioning. Although wrenching to traditional empirical philosophies, they continue to accumulate, often from surprisingly reliable witnesses. We are aware, of course, of the various naturalistic explanations that have been offered to account for near-death experiences, parting visions, faith healings, and other spiritual experiences, such as oxygen deprivation to the brain, chemically induced hallucinations, psychological defenses, delusions, irrationalities, and so on (e.g., Blackmore, 1993; Groth-Marnet, 1989; Morse, 1994; Ring, 1980; R. K. Siegel, 1980). However, those who try to explain all spiritual experiences in naturalistic terms seem more incredulous than those who are willing to stretch their theoretical boundaries to take in evidence from the invisible, spiritual, but real world. William James, perhaps the greatest of American psychologists, was willing to do this (James, 1902/1936).

The “methodological imperialism” of some naturalists constrains the creativity needed to address the increasingly robust indicators of “other” realities. We hope that scientists will approach the study of spiritual and other anomalous experiences with open minds. We hope that they will not rule out theistic understandings of these experiences *a priori* simply because such understandings call into question the prevailing assumptions of

the materialistic and naturalistic scientific worldview. We believe that a better understanding of such spiritual experiences could have important implications for science and humanity.

Research on spiritually oriented treatment approaches. Empirical research on religious and spiritual issues in mental health and psychotherapy has expanded rapidly during the past two decades. In a comprehensive *Psychological Bulletin* review, Worthington, Kuru, McCullough, and Sanders (1996) examined 148 empirical studies on religion and psychotherapy, which provided considerable insight into “(a) religion and mental health, (b) religion and coping with stress, (c) religious people’s views of the world, (d) preferences and expectations about religion and counseling, and (e) religious clients’ responses to counseling” (p. 451). They concluded that the methodological quality of this research has improved to the point of approaching “current secular standards, except in outcome research” (Worthington et al., 1996, p. 448). Since the publication of Worthington et al.’s review, there have been several updates of the research literature in this domain, including a meta-analysis of religiously accommodative outcome studies (McCullough, 1999) and several narrative reviews (e.g., Worthington & Sandage, 2001).

Although relatively few experimental therapy outcome studies of religious and spiritual therapies have been conducted, their number is increasing (Worthington & Sandage, 2001). Six experimental outcome studies have compared standard and religiously accommodative versions of cognitive, cognitive-behavioral, or rational emotive behavior therapy (McCullough, 1999). In general, these studies have provided evidence that theistic cognitive therapy that makes use of scriptures, religious imagery, and references to Christian theology tends to be equal to standard cognitive therapy at reducing depression and to be superior at increasing spiritual well-being. Three experimental outcome studies have also investigated the effectiveness of a Muslim-accommodative cognitive therapy approach for anxiety and depression (Azhar, Varma, & Dharap, 1994; Azhar & Varma, 1995a, 1995b). According to these studies, those clients who received the religiously accommodative treatment approach tended to have better outcomes than those who received a standard secular treatment, although weaknesses in methodology call for tentativeness about these findings.

Several other recent outcome studies of spiritual treatment approaches with other clinical issues and populations have been conducted, including a spiritual growth group for eating disorder inpatients (Richards et al., 2001), a spiritually integrated reminiscence group for assisted-living facility adults (Emery, 2003), a religiously integrated forgiveness group for college women who had been wronged in a romantic relationship (Rye & Pargament, 2002), a spiritually informed cognitive-behavioral stress management workshop for college students (Nohr, 2001), a spiritually focused therapy group for cancer patients (Cole, 2000), a spiritually focused puppet therapy for adults with chemical dependency (Vizzini, 2003), and psycho-spiritual manualized individual therapy intervention for female sexual abuse survivors (Murray-Swank & Pargament, 2004). These studies, in general, have found that theistic integrative interventions are equivalent to and sometimes more effective for religious clients than standard secular treatment approaches. Collectively they represent an increasing body of evidence that spiritual treatment approaches may be effective with a wide variety of clinical issues and populations.

FUTURE DIRECTIONS FOR A THEISTIC STRATEGY

Impressive progress has been made during the past two decades, but much work remains to be done if a theistic strategy is to take a place of equality and influence in mainstream psychology and psychotherapy. I will now briefly describe some future directions for a theistic strategy in theory, research, education, and training.

Theory and research. Perhaps the most pressing research need is for more outcome studies with actual clients on specific spiritual interventions and on spiritual-secular integrative treatment approaches (McCullough, 1999; Richards & Bergin, 2000; Sperry & Shafranske, 2005; Worthington et al., 1996; Worthington & Sandage, 2001). Additional studies that document the effectiveness of spiritual treatment approaches are essential. We endorse the call by Worthington et al. (1996) for more research on psychotherapy with religiously and culturally diverse groups because to date most theory and research in this domain has focused on the Judeo-Christian religious traditions and Western (Euro-American) cultures (Richards & Bergin, 2000).

Much scholarly work has also been done during the past two decades in the psychology of religion (Emmons & Paloutzian, 2003), which has great relevance to a theistic framework for psychology and psychotherapy.

Progress has been made in conceptualizing and measuring religion and spirituality, including the publication of a handbook of religious and spiritual measures (Hill & Hood, 1999). In addition to textbooks on the psychology of religion, chapters on the psychology of religion are beginning to appear in introductory psychology texts (Hester, 2002). Research in the psychology of religion interfaces with and influences scholarship in personality psychology (e.g., the study of spiritual transcendence, ultimate concerns, spiritual transformation), developmental psychology (e.g., the study of religious and spiritual development), positive psychology (e.g., the study of virtues such as gratitude, forgiveness, humility), psychotherapy (e.g., the study of spirituality, health, and healing), and many other areas of psychology, and so the study of the psychology of religion is likely to strengthen the empirical foundations of a theistic strategy in psychology. Many other topics are relevant to a theistic, spiritual strategy for which recent progress has been made, but that need continues to attract scholarly attention (Richards & Bergin, 2005).

Education and clinical training. For many years religion and spirituality were neglected as aspects of diversity in education and training. During the past decade this has changed to some degree. For example, religion is now recognized as one type of diversity in the American Psychological Association's ethical guidelines (APA, 2002a) and in APA's *Guidelines on Multicultural Education, Training, Practice, and Organizational Change for Psychologists* (APA, 2002b). Increasing numbers of multicultural books and journal articles are giving at least some attention to religious and spiritual aspects of diversity. Furthermore, many prominent multicultural scholars and a majority of mental health professionals now acknowledge that religion and spirituality are important aspects of multicultural diversity (Crook-Lyon, O'Grady, & Richards, 2004; Sue, Bingham, Porche-Burke, & Vasquez, 1999).

Although the majority of professionals now believe that religion and spirituality are multicultural issues, most graduate training programs in the mental health professions still do not systematically address these topics (Bishop, Avila-Juarbe, & Thumme, 2003; Richards & Bergin, 2000; Shafranske, 1996, 2000; Shulte, Skinner, & Claiborn, 2002). Recent surveys suggest there is a gap between professional *beliefs* and *practice* regarding inclusion of religion and spirituality in multicultural training.

Shafranske and Malony (1996) have offered a number of suggestions to help remedy the lack of graduate training in religious and spiritual issues. They opined that the ideal curriculum would include four components: "a 'values in psychological treatment' component, a 'psychology of religion' component, a 'comparative-religion' component, and a 'working with religious issues' component" (Shafranske & Malony, 1996, p. 576). Their recommendations are still current. I also appreciate the suggestions offered by Brawer, Handal, Fabricatore, Robers, & Wajda-Johnston, (2002). They recommended that training directors do the following: 1. Enhance their awareness of and sensitivity to issues of religion and spirituality and develop an academic environment that encourages students to gain knowledge and personal understanding of these issues. 2. Be knowledgeable of religious systems, including traditions, language, culture, and assessment measures. 3. Integrate training in religion and spirituality into already existing courses. 4. Ask faculty members who share an interest in religion and spirituality to identify themselves as mentors for current students and potential applicants. 5. Invite guest speakers who are knowledgeable in the areas of spirituality and religion. 6. Make books and publications on religious and spiritual issues available to students. 7. Inform students about conferences that examine issues of spirituality and religion.

I wish that every graduate training program in the mental health professions would incorporate these recommendations. Some training in religious and spiritual aspects of diversity can take place in existing multicultural classes. Spiritual perspectives could also receive some coverage in the courses in counseling theories that are required by most programs. Some of the leading introductory textbooks on counseling and psychotherapy now devote space to the topics of religion and spirituality (e.g., Corey, 2005; Ivey, Ivey, Myers, & Sweeny, 2005), which should make it easier for instructors to include this as a component of their classes. It is also essential that graduate students receive supervision from professionals with expertise in religious issues and diversity (Bishop, Avila-Juarbe, & Thumme, 2003).

I am pleased with the progress that has been made in bringing religious and spiritual aspects of diversity and psychotherapy practice into training during the past decade. For example, Larson, Lu, and Swyers (1996) developed a model curriculum about spirituality for

psychiatric nurses' training, which has helped lead to the implementation of courses about spirituality by the majority of U.S. medical schools (Puchalski et al., 2000). The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), a division of the American Counseling Association, has published professional practice guidelines for counselors concerning religion and spirituality (Young, Cashwell, Wiggins-Frame, & Belaire, 2002). Efforts are also underway within Division 36 (Psychology of Religion) of APA to develop professional practice guidelines for psychologists who work with religious and spiritual clients. I hope that accrediting organizations, including the American Psychological Association, will soon require all graduate training programs in the mental health professions to provide a substantial training component in religious and spiritual aspects of diversity and practice.

AN INVITATION TO LATTER-DAY SAINT PSYCHOTHERAPISTS

Our theistic strategy for psychotherapy has been formulated broadly with the hope that it will be suitable for mental health professionals from a variety of theistic religious traditions, including many branches within Judaism, Islam and Christianity. We think this is most appropriate for an orientation that emerges from the professional mainstream. It must appeal to a broad range of practitioners and clients and not be too denomination specific. This will make it useable in the wide spectrum of training programs and clinical facilities that serve a diverse but mainly theistic public. Denomination-specific practices can be developed within this broad orientation for use in parochial settings by qualified clinicians.

Most psychotherapists do not use the term *theistic* to describe their therapeutic orientation, possibly because it has not previously been offered as an option for mainstream professionals. Allen Bergin and I have offered this as a valid option in our most recent publications (Richards & Bergin, 2004, 2005). We have proposed the term *theistic psychotherapy* as a general label for psychotherapy approaches that are grounded in the theistic worldview. *Theistic psychotherapy* refers to a global psychotherapy orientation or tradition, comparable to the psychodynamic, humanistic, and cognitive traditions, not to the psychotherapy of a specific denomination,

such as Latter-day Saint, Protestant, Catholic, Jewish, or Islamic therapies. We also use the term *theistic psychotherapy* to describe approaches that begin with a theistic foundation but also absorb and integrate interventions from mainstream secular approaches.

We proposed the term *theistic psychotherapist* to refer to psychotherapists who believe in God and who incorporate theistic perspectives and interventions to some degree into their therapeutic approach. Since surveys have shown that approximately 30 – 50% of psychotherapists are members of one of the theistic world religions, believe in God, and use spiritual interventions in their professional practices (e.g., Bergin & Jensen, 1990; Richards & Potts, 1995; Shafranske, 2000; Shafranske & Malony, 1990), many therapists could appropriately be called *theistic psychotherapists*. At least, they might include the term *theistic* in describing their approach. I wish to emphasize that *theistic psychotherapists* are *not* spiritual advisors, nor do they have any ecclesiastical authority. To the contrary, *theistic psychotherapists* must be cautious to avoid engaging in any practices that should be reserved for ecclesiastical leaders, and they should make sure their clients understand they have no such authority. *Theistic psychotherapists* are licensed mental health professionals who integrate spiritual perspectives and interventions with their secular training and interventions in an ethically sensitive and effective manner (Richards & Bergin, 2004, 2005).

We assume that most, if not all, *theistic psychotherapists* will integrate theistic perspectives and interventions with one or more of the mainstream secular psychotherapy traditions. Thus psychotherapists who combine theistic concepts and interventions with psychodynamic ones might wish to describe their therapeutic approach as *theistic-psychodynamic* (e.g., Shafranske, 2004). Those who combine theistic and cognitive perspectives and interventions could describe their approach as *theistic-cognitive* (e.g., Tan & Johnson, 2005); those who combine theistic and interpersonal perspectives and interventions could describe their approach as *theistic-interpersonal* (e.g., Miller, 2004), and those who combine the theistic with several mainstream secular traditions could describe their approach as *theistic-integrative* (Hardman, Richards, & Berrett, 2004; Richards, 2005). By using the terms *theistic psychotherapy* and *theistic psychotherapist* broadly, we hope to bring some unity and strength to a diversity of practitioners who have faith that God's spiritual

influence can assist clients and therapists in their journeys of healing and growth.

A therapist who responds "yes" to all or most of the following questions fits our definition of a *theistic psychotherapist*: 1. Do you believe in God or a Supreme Being? 2. Do you believe that human beings are creations of God? 3. Does your theistic worldview influence your view of human nature and personality theory? 4. Do your theistic beliefs influence your ideas about human dysfunction and therapeutic change? 5. Do your theistic beliefs have any impact on your relationship with, assessment of, or intervention with your clients? 6. Do you believe that God, or the Spirit of God, can enhance the therapeutic process?

I do not think therapists must incorporate all of our conceptual framework or process guidelines into their psychotherapy approach in order to be regarded as *theistic psychotherapists*. In my view, counselors and psychotherapists who believe in God in a manner that is generally consistent with the theistic world religions and whose beliefs appreciably influence their theoretical perspective and therapeutic approach are *theistic psychotherapists*, regardless of what mainstream secular perspectives and interventions they select.

I believe that our theistic strategy is compatible with the professional beliefs and practices of most Latter-day Saint mental health professionals. Over the years many of my LDS colleagues have shared with me their therapeutic experience and wisdom during informal conversations, during presentations at AMCAP conventions, through publications in the *AMCAP Journal*, and in several research studies that I have conducted (e.g., Chamberlain, Richards, & Scharman, 1996; Richards, Berrett, Hardman, & Eggett, in press; Richards & Potts, 1995a, 1995b). Their insights have had a major influence on my thinking and writing about how to conduct psychotherapy from a theistic perspective. I am indebted to them for their contributions.

I recognize that there are major conceptual and technical inconsistencies within secular therapy traditions, as well as between secular and theistic frameworks (Bergin, 1980; Slife, 2004; Slife & Williams, 1995). The process of developing a conceptually consistent and sound theistic orientation is not necessarily easy. The first step consists of carefully examining the theological, philosophical, and theoretical assumptions that underlie both the theistic orientation and the secular orientations in which the therapist has been trained (Slife, 2004; Slife & Williams, 1995).

Therapists will undoubtedly find that to be conceptually consistent they have to abandon, revise, or reframe some of the secular perspectives and interventions they accepted earlier in their careers. It is beyond the scope of this article to discuss such changes in more detail, but this has been done elsewhere (O'Grady, Bartz, Boardman, & Richards, 2006; Richards & Bergin, 2005; Slife, 2004).

CONCLUSION

A more spiritually open *zeitgeist* now exists in the sciences and health professions. The movement to integrate spiritual perspectives and interventions into mainstream psychology and psychotherapy has matured and continues to gain momentum. I agree with Jones (1994) who argued that religious worldviews can contribute to the progress of psychological science and practice "by suggesting new modes of thought . . . and new theories" (p. 194). I think that the theistic

worldview, in particular, contributes important insights into previously neglected aspects of human nature, personality, therapeutic change, and practice of psychotherapy. I invite Latter-day Saint psychotherapists to join in this important work. I believe that our ability to more fully understand and assist all of the human family will be enhanced by these efforts.

I would like to thank Allen E. Bergin for his mentoring and support in my career and for laying a foundation for the development of a theistic framework for psychotherapy. I also wish to thank Brent D. Slife and Richard N. Williams, whose courageous work on the philosophical aspects of psychology and Christianity has influenced my thinking in many positive ways. I also wish to thank all of my friends and colleagues at AMCAP who have shared their insights about the gospel and psychotherapy with me over the years. I would also like to thank Jeremy Bartz and Kari A. O'Grady, two outstanding doctoral students and friends, whose enthusiasm and perceptive insights have helped me refine my thinking a great deal about theistic psychotherapy.

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FOOTNOTES

1 Consistent with Liebert and Liebert (1998), I use the term strategy to refer to a broad theoretical orientation or framework (e.g., psychoanalytic, dispositional, environmental, representational), which provides perspectives regarding personality theory and therapeutic change, assessment and measurement, interventions for psychological treatment, and research philosophy and methodology.

2 Portions of this have been adapted from several books that I have co-authored and co-edited including Richards & Bergin (1997, 2000, 2004, 2005) and from my Presidential Address to Division 36 (Psychology of Religion) of the American Psychological Association that was presented in Washington, DC, on August 20, 2005.

Bringing Love and Joy Into Counseling

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Currently many theories within the field of psychology ascribe to a hidden assumption that individualism is a value one should pursue in order to obtain an ideal life. The assumption of individualism is that happiness comes from living a life focused on the self, seeking self-fulfillment. This article looks at the impact this assumption has had on the practice of psychotherapy and asserts that happiness is found through living one's life in accordance with the moral standard of love, or charity. A definition of love is given, and the article discusses and illustrates with clinical examples how love has the power to act as a healing agent. Finally the dangers of misinterpreting love are examined.

S life and Williams (1995) assert that all psychological theories contain assumptions about the nature of the world and human beings. For every assumption about human nature there is an implication about how human beings can or even should behave as they strive for an ideal life. Accordingly, counselors may benefit from recognizing implications within the assumptions inherent in psychological theories and ideas within which they operate. The purpose of this article is to explore a value/virtue that has not been sufficiently explored within the practice and study of psychology. That value is charity, or the pure love of Christ (Moroni 7:47). After exploring charity, the authors discuss connections between love and joy, and hypothesize that living one's life in congruence with charity will lead one to feelings of happiness or joy.

Many assumptions common in psychological theory and practice have grown out of the culture and belief systems pervasive when Freud first developed his theory of psychoanalysis. Freudian psychological thought emerged at a time when natural science was

seen as the principal way of knowing (Rychlak, 1981). While Freudian theory was consistent with many of the assumptions found within the natural sciences (e.g. determinism, naturalism, ethical relativism, reductionism, ethical hedonism), Freud's overall theory of psychoanalysis fell short of achieving the goal of explaining behavior in observable terms. Freud's concepts of the id, the ego, and the superego were not observable constructs, and consequently others in natural science areas (e.g., biologists, chemists, physicists, etc.) considered psychology as a pseudoscience. Indick (2002) explains how in

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reaction to these negative perceptions from other scientists during the early 20th century, in an attempt to "alleviate their deep sense of 'physics envy,' post-Freudian psychologists adopted empiricism, taking the hard sciences' prize of statistical power and translating it into a boon of academic, economic, and political power" (p. 24).

With the imitation of hard sciences within the field of psychology came certain assumptions and implications. One assumption was that through the use of the scientific method psychologists would be able to be objective and value-free in their study of human behavior. This ability to remain objective and value-free would eliminate bias in the understanding of human behavior (Elmes, Kantowitz, & Roediger, 1995). However, this assumption of objectivity held within it the implication that it would be ideal for psychologists to remain value-free and objective within the research and practice of psychology. Thus the study of psychology was perceived as an objective, value-free enterprise.

As the field of psychology advanced and large numbers of studies were undertaken, many (i.e., Bergin, 1980; Cushman, 1993, 2002; Gergen, 1985; Hoshmand, 2001; Kirshner, 1993; Martin & Sugarman, 1999; Parrott, 1999; Richardson & Fowers, 1998; Slife & Williams, 1995) found it impossible to remain value-free while conducting therapy or practicing psychology. Accordingly, these theorists began to note an implied value system underneath the original assumption that psychology could be value-free (Richardson & Fowers, 1998).

Once psychologists began to understand that their work could not be absolutely value-free, some researchers began to investigate what psychological theories promoted as idealistic values for human beings. One of the primary values found within many theories is individualism. In fact, Richardson and Zeddies (2001) pointed out that individualism is the "disguised ideology" that has led many individuals to be obsessed over the self, seeking for factors that lead to an individual's happiness, satisfaction, and fulfillment (Frank, 1978; Richardson & Fowers, 1998). This level of obsession with the self is evidenced by the fact that "everyday conversations are larded with references to identity, self-concept, self-esteem, self-image, self-fulfillment, [and] self-actualization" (Hewitt, 1989, p. 3). In fact, Erich Fromm (1947) predicted as early as the 1940s that if psychology remained obsessed with the self, the

obsession would eventually lead to a narcissistic culture. Further, Hoshmand (2001) argues that psychology has created a new culture, a culture of the self that has brought about a generation of individuals fittingly labeled the "me generation" (p. 108), where each person practices the art of "self-worship" (Vitz, 1977, p. 10).

Individualism holds many implications for the practice of psychotherapy. First is the implication that most clients presenting for therapy will benefit by seeking after characteristics associated with individualism: i.e., "individual autonomy, fulfillment, happiness, personal success, interpersonal intimacy, and so on" (Dueck & Reimer, 2003, p. 428). Consequently, "most psychotherapies unwittingly promote a form of 'expressive individualism,' the idea that if individuals are free to pursue their private economic self-interest, society as a whole will benefit" (Doherty, 1995, p. 8).

A potential danger in individualism is that the self becomes "the center of his [or her] moral universe, and concern for others is believed to follow from his [or her] own self-realization" (Frank, 1978, p. 6). Consequently, a sense of well-being or happiness is assumed to be derived from focusing on the self, excluding any obligations toward others. The effects of this indoctrination can be seen in the clients who when asked what they want out of life or what they want out of therapy report that they want "to be happy." Following this statement, they reveal their indoctrination with individualism: "I need to take time off and just focus on me," or "From now on, I am going to do what I want and not try and please everybody else," or "I need to find out who I am--until I do I am not going to start any meaningful relationships" or "I am going to try and find happiness on my own." These phrases exemplify the fact that clients believe this valuing of the individual over others will lead them to happiness.

Not only are clients accepting psychology's emphasis on self-satisfaction, many counselors are inadvertently believing and accepting that putting the individual's wants and needs first will lead to better mental health and personal happiness. Psychotherapists-in-training are instructed on how to be "self-experts" (Cushman, 1990), with many of the theories promoting individualism over responsibility toward the other. Richardson and Woolfolk (1994) have contended that one of the principal problems in the training of upcoming psychologists is that while students learn different theories of change

(i.e., psychodynamics, cognitive-behavioral, gestalt, systems, postmodernism, etc.), only a few are trained to critically evaluate the moral values embedded within these theories. Consequently, counselors and clients are choosing solutions according to a particular philosophy of how to become happy with no tools to evaluate the correctness of the proposed solution.

There are great dangers for both clients and psychologists in ascribing to individualism as a philosophical ideal. When psychologists assume that individualism will lead their clients to happiness, they exclude other ideals, values, virtues, beliefs, or ways of life. As a result, many psychologists are not trained to explore other viable ways of obtaining happiness or joy.

THE NEED FOR LOVE IN PSYCHOLOGY

The issue of love is crucial for counselors in the latter days. The Savior Himself prophesied that in the latter days there will be great problems. For example, He stated that "because iniquity shall abound, the love of many shall wax cold" (Matt. 24:12). One sign of this iniquity is the support society gives to an individual's right to choose the most convenient course for him- or herself over greater moral or spiritual obligations (Draper, 2001). As Paul stated, in the last days "men [and women] shall be lovers of their own selves" (2 Timothy 3:2). Draper (2001) has stated that wickedness has resulted in "a kind of myopia in which the people could not see past themselves" (p. 76). Within the practice of psychology, many "have expressed the concern that the idea of taking personal responsibility for one's actions is vanishing from the public arena, and that therapists have become magicians who can make moral sensibilities vanish under a veil of psychological rhetoric" (Doherty, 1995, p. 5).

This danger is demonstrated in a clinical case as told by Doherty (1995) in his book *Soul Searching: Why Psychotherapy Must Promote Moral Responsibility*. Doherty was working with a husband/father who had decided to divorce his wife. In their therapeutic work together, the client stated it was too hard for him to see his ex-wife, and thus he had decided to stop having contact with his children as well. Doherty, as the therapist, was troubled on a moral level, considering how this decision would affect the children as well as the father. However, as he looked to his training and to research

in the field of psychology, he could find little research on how to address these moral concerns. All he could find was focused on how this decision would affect the client himself and what he, as the therapist, could do to help the client carry through with it. In the end, Doherty decided to take a risk and point out the effects this decision would have on the client's children and the parental commitment the man had to his children. This approach proved to be successful with this client, but in its wake Doherty was astonished to see how many interventions and theories within the practice of psychotherapy are based on self-interest rather than moral commitments. This is why charity, or love, is so crucial within the practice of psychotherapy. It is crucial because love implies a moral obligation toward the other.

Love has been avoided within psychological literature and left to the fields of philosophy or theology (Parrott, 1999). This paper is not arguing that all theories within psychology or psychotherapy promote individualism at the expense of one's moral obligations. Several psychotherapists, such as Abraham Maslow, Irvin Yalom, Rollo May, Carl Rogers, M. Scott Peck, Viktor Frankl, Frank Richardson, Richard Williams, Edwin Gantt, etc., have argued for an approach to psychotherapy that esteems other-centeredness. However, psychologists are still reluctant to research the impact of charity.

This reluctance must be overcome; today, as never before, individuals are turning to psychologists for the answers to moral and spiritual problems (Cohen, 2002). Many in society who used to look to religion, family, or God for solutions to their moral and spiritual problems are now turning to psychologists, counselors, and therapists as the "new moral authorities" or as "secular priests" (Richardson & Zeddies, 2001, p. 150). Psychology as a science may not find it desirable to talk about love and its meaning within the practice of therapy; but whether or not it is desirable, it is necessary. Clients are looking to psychotherapists to answer their questions about why their lives feel empty, meaningless, and unhappy (Cushman, 1990). The current ideology of psychology preaches that individualism will bring about the meaning and happiness they desire. But "surging selfishness . . . has shrunken some people into ciphers; they seek to erase their emptiness by sensations. But in the arithmetic of appetite, anything multiplied by zero still totals zero!" (Maxwell, 1999, p. 23). Therefore,

counselors must turn away from this focus on the self because “selfishness is really self-destruction in slow motion” (Maxwell, 1999, p. 23). Further, the Prophet Joseph Smith stated, “Let every selfish feeling be not only buried, but annihilated; and let love to God and man predominate” (Smith, 1993, p. 203).

Not only can Christlike love help our clients, but it is potentially the most powerful tool counselors have:

Love is a potent healer. Realizing that, Satan would separate you from the power of the love of God, kindred, and friends that want to help. . . . He wants you to believe you lack the capacity to help yourself and that no one else is really interested. If he succeeds, you will be driven to further despair and heartache. His strategy is to have you think you are not appreciated, loved or wanted so that you in despair will turn to self-criticism, and in the extreme to even despising yourself and thinking you are evil when you are not. (Scott, 1994, p. 8)

Psychologists commonly have people come to therapy feeling self-critical or even despising themselves. A vital intervention to help heal these wounds is to show charity, even Christlike love, because love is a potent healer. Additionally, counselors can help clients to see how loving others, in contrast to loving only oneself, can lead to positive benefits. Scott (1994) further stated that feelings of depression or self-criticism can be cured by “reaching out in love to another in need. That may sound cruel and unfeeling when you long so much for healing, but it is based upon truth. Paul taught ‘Bear ye one another’s burdens’” (pp. 8-9).

To understand this form of love, one must define charity. There are four kinds of love: affection, romance, friendship, and charity (Draper, 2002). This paper will focus on the form of love known as charity.

CHARITY

Counselors are involved in the process of healing. Counselors do not heal clients, but they help clients find ways of living that are healing for them. Charity is healing (Scott, 1994), and more importantly, true charity never fails (I Corinthians 13: 8). I Corinthians 13: 2-3 states:

And though I have the gift of prophecy, and understand all mysteries, and all knowledge; and though I have

all faith, so that I could remove mountains, and have not charity, I am nothing. And though I bestow all my goods to feed the poor, and though I give my body to be burned, and have not charity, it profiteth me nothing.

Applying these writings to modern counselors, one could say: “If I were to go to the best schools in counseling and study day and night, go to the most prestigious conferences where I would be instructed by the best and the most prestigious names in our field, learn every technique and every theory of change, if I were to do a great deal of research and write numerous books that changed the whole world of psychology with new insights, and still I did not show charity within my therapeutic practice, I am nothing.”

For a therapist, charity is one of the most powerful tools to help another heal from past and current wounds:

To remove love, or charity, is to remove the active agent within the healing process. May (1975) used an analogy that applies to charity. The analogy follows that charity is to therapy as the heart is to the body. Our heart pumps blood to all our organs and extremities, thereby making it possible for them to function. Similarly, charity pumps the fuel that makes all other therapy processes, techniques, and interventions function. While our physical organs need blood to function, Lewis (1952) argued that our spirits need God to run and function properly. There is no substitute for God. None that is truly healing. As God is love (1 John 4:8), charity, or the pure love of Christ (Moroni 7:47), is the fuel that our spirits need to exist and be happy. As charity is the sine qua non of the gospel of Christ (Robinson, 1995), it is also the sine qua non of therapy. There is a grand key here, probably the grandest of them all. It is this: The heart and soul of the gospel is love, and all the rest is commentary. Whatever else we may perceive religion to be, we are wrong—for true religion is love in action—God’s love for us and our love for God and for our neighbors. (Robinson, 1995, p. 137)

This same statement could be made concerning the practice of therapy. Whatever else we perceive therapy to be, we are wrong, for true therapy is love in action.

DEFINITION OF CHARITY

Charity requires that we not love as the world loves, but love as God loves (Draper, 2002). Is it possible for us to love as God loves? The answer is a qualified *yes*. It will take a great deal of time and energy to learn this love, and it may not even be possible within this life. However, our goal each day is to take a step closer in our abilities to love as God loves and thereby grow in our ability to help our clients. Thus, gaining charity requires a lot of those wanting to be counselors. For charity asks us to be true to the very best within us—but is this not what God asks of us already?

Paul defines the attributes associated with charity:

Charity suffereth long, and is kind; charity envieth not; charity vaunteth not itself, is not puffed up, Doth not behave itself unseemly, seeketh not her own, is not easily provoked, thinketh no evil; Rejoiceth not in iniquity, but rejoiceth in the truth; Beareth all things, believeth all things, hopeth all things, endureth all things. (I Corinthians 13: 4-7)

This scripture articulates the great healing power that charity holds and demonstrates its contrast to the current ideology of psychology. For all the aspects of charity, as the apostle Paul describes here, require one to become selfless. Meanwhile, many theories within psychology, with its disguised ideology of individualism, preach for “self-worship” over selflessness. In contrast, Paul’s message is that until we take the *self* out of self-esteem, out of self-fulfillment, and out of self-actualization, we will never know our true worth, and we will never know true fulfillment of who we really are or could potentially become. We will never know happiness. For love, or charity, and happiness are inseparably connected. If we have this charity of which Paul speaks, we forget the self. As Chesterton (1959) asserted:

How much larger your life would be if your self were smaller in it; if you could really look at other men with common curiosity and pleasure . . . You would begin to be interested in them . . . You would break out of this tiny and tawdry theatre in which your own little plot is always being played, and you would find yourself under a freer sky, and in a street full of splendid strangers. (pp. 20-21)

Charity “frees us from the slavery of the self,” so we can finally find ourselves free from our past bondage and able to find indispensable happiness and joy in serving others (Draper, 2002, p.113). How different would the practice of therapy be if the therapist attempted to love every client who stepped through the door—focusing less on himself or herself and more on the client? How different would our clients’ lives be if we could help them focus less on themselves and more on the needs of those around them? Would we not all be happier? According to the virtue of charity, the answer is a resounding *yes*.

An experience related by Viktor Frankl (1988) from his work with a particular client illustrates the point:

Recently, I received a telephone call at three in the morning from a lady who told me that she was determined to commit suicide but was curious to know what I would say about it. I replied with all the arguments against this resolution and for survival, and I talked to her for thirty minutes—until she finally gave her word that she would not take her life but rather come to see me in the hospital. But when she visited me there it turned out that not one of all the arguments I offered had impressed her. The only reason she had decided not to commit suicide was the fact that, rather than growing angry because of having been disturbed in my sleep in the middle of the night, I had patiently listened to her and talked with her for half an hour, and a world—she found—in which this can happen, must be a world worth living in. (p. 8)

The fact that this therapist showed an act of love, compassion, or kindness by patiently listening to this client in the middle of the night was more influential than any therapeutic intervention. This story demonstrates that love is a potent healer and why it is crucial to our practice as psychologists.

THE GREAT CONUNDRUM: HOW TO FIND HAPPINESS

Another reason love is so vital to our practice as therapists is that love is connected to joy. As stated earlier in this article, many theories of psychology assume that happiness will be found by focusing on the self, which is an inadequate solution.

We have made of therapy a new kind of cult, a method in which we hire someone to act as a guide to our

successes and happiness. Rarely does one speak of duty to one's society—almost everyone undergoing therapy is concerned with individual gain, and the psychotherapist is hired to assist in this endeavor. (Doherty, 1995, p. 12)

The problem is that happiness is not something one can seek after by focusing on the self. It is not something one can obtain by setting goals and looking for it. Happiness is a byproduct of living your life the way you should or the way you know you could (Romney, 1973). Consequently, a client who says he or she is not happy is probably not currently living life the way he or she should or could. Frankl (1992) highlighted this fact when he stated that the more one seeks after happiness, the farther away happiness will get:

Happiness, cannot be pursued; it must ensue, and it only does so as the unintended side-effect of one's personal dedication to a cause greater than oneself or as the by-product of one's surrender to a person other than oneself. Happiness must happen . . . you have to let it happen by not caring about it. I want you to listen to what your conscience commands you to do and go on to carry it out to the best of your knowledge. (p.12)

Happiness is obtained only through living life the way we know we should or could.

Christian philosopher C.S. Lewis (1952) refers to the belief that there are things in life that we morally or ethically know we should do as the *Moral Law*. Lewis argues that this Moral Law is real, just as the law of gravity is real. God gave us this Moral Law, and when one goes against it, chooses not to follow it, unhappiness results. In contrast, when we follow the Moral Law, happiness follows. As Nelson (2003) stated, "Happiness comes through obedience" (p. 9). If the Moral Law tells us how we should live our lives, and living as we should results in happiness, then happiness should be viewed as a byproduct or an artifact of following the Moral Law.

Some would argue that following the Moral Law does not always result in happiness, but may sometimes result in sorrow, suffering, or ridicule. For example, one who believes it is morally wrong to have premarital sex and decides to live in accordance with this moral value may be ridiculed by peers or treated with contempt. This would suggest that living in accordance with one's morals does not always result in happiness. However, Brown (1996) has found that an individual's values function

as a type of cognitive filter through which all external stimuli are evaluated. Thus values serve as a type of colored glasses that influence the way we assign meaning, worth, and value to people, objects, and behaviors. Being engaged in behaviors or actions that accord with one's moral values brings greater meaning and significance to experience. Consequently, acting in congruence with one's values may not result in people's approval or in immediate gratification, but it does bring a sense of profound meaning. Realistically, living in accordance with the Moral Law requires self-discipline and self-mastery and does not always result in respect from others. However, the happiness or joy that results from living in accordance with the value of charity comes from the feeling that one has lived in harmony with what one believes.

As stated earlier, many clients say they want to find happiness, so they search for it. However, studies have found that individuals do not find happiness in wealth, material possessions, power, prestige, or similar advantages (Bargh & Alvarez, 2001; Kasser, 2002; Lane, 2000; Westman, 1990). Remember, happiness does not come from searching; happiness comes from following the Moral Law within each of us and behaving as we know we should or could.

This is why the disguised ideology of individualism is dangerous to clients as well as to counselors. C.S. Lewis (1952) postulated that once an individual focuses on the self, that person realizes that he or she can put the self first, over all others, including God and His Moral Law. Individuals then become their own masters.

[They] invent some sort of happiness for themselves outside of God apart from God . . . The reason why it can never succeed is this. God made us: invented us as a man invents an engine. A car is made to run on gasoline, and it would not run properly on anything else. Now God designed the human machine to run on Himself. He Himself is the fuel our spirits were designed to burn, or the food our spirits were designed to feed on. There is no other. That is why it is just no good asking God to make us happy in our own way without bothering about religion. God cannot give us happiness and peace apart from Himself, because it is not there. (pp. 53-54)

Lewis makes a powerful assertion when he maintains that God is the spiritual nourishment that our spirits need and that there is no other alternative than God to gaining happiness. One cannot find happiness when

acting against the Moral Law. As Alma states in the Book of Mormon, “wickedness never was happiness” (Alma 41:10).

A PROPER LOVE OF THE SELF

Christ admonished us to love others; he also admonished us to love ourselves. Christ stated that there are two great commandments: first, to love God, and second, to love one’s neighbor as oneself (see Luke 10:27). Christ could have given three great commandments: to love God, to love others, and to love oneself. But what He taught was *two* great commandments, possibly to teach us that our ability to love others is tied to our ability to love ourselves. Thus the need to learn to love ourselves and to build our self-esteem is a worthy goal. In fact, Maxwell (1969) stated that “since self-esteem controls ultimately our ability to love God, to love others, and to love life, nothing is more central to our need [than] to build justifiable self-esteem” (p. 90). However, the self-esteem that will help us appropriately love ourselves in an unselfish manner is different from the self-esteem based on individualism.

A common definition of self-esteem is to esteem or appraise one’s behaviors or characteristics. To build self-esteem, an individual is counseled to focus solely on the self: “work to improve yourself,” “set your own standards for evaluating yourself,” “modify negative self-talk and attributions,” and “control your self-esteem through how you see yourself” (Johnson, 2000, p. 394).

A sense of self-esteem that complements charity is different. “It is not blind, arrogant, vain love of the self, but it is self-respecting, unconceited, honest esteem of ourselves. It is born of inner peace and strength” (Faust, as cited in Bell & Faust, 1999, p. 423). By combining charity and self-esteem we recognize our obligation to care for others. Therefore, we learn to love and take care of ourselves in order to increase in our abilities to love others and provide service and care for them.

HUMILITY IN SELF -ESTEEM

Within psychological literature the virtue of humility is often equated with self-deprecation, low self-worth, or weakness (Hargrave, 2000; Tangney, 2002); thus it is understandable that humility has been associated with low self-esteem (Klein, 1992; Knight & Nadel, 1986; Langston

& Cantor, 1988; Weiss & Knight, 1980). Nevertheless, “it is unfortunate that this virtue has come to be synonymous for self-deprecation and abjectness. This definition throws us off so that we are unable to see models of this virtue” (Draper, 2002, p. 112). Humility is not thinking that we are of little worth or putting ourselves down. Tangney (2002) stated, “True humility is a rich, multifaceted construct that is characterized by an accurate assessment of one’s characteristics, an ability to acknowledge limitations, and a ‘forgetting of the self’” (p. 411). In fact, C.S. Lewis (1952) suggested that if you were to meet a humble person, you would not meet a person who is always stating that others are always better than he is, or that he is not good at anything. No indeed. If you were to meet a truly humble man, you would not even know it, for he would probably be a person who seemed intelligent, as well as very cheerful, who took time to listen to you with real interest. He would be a person who would not “be thinking about humility: he w[ould] not be thinking of himself at all” (p. 114). Consequently, humility is a form of self-respect. “Humility . . . allows us to concentrate on others because we are secure with ourselves” (Draper, 2002, p. 113). Humility leads to an increase in our ability to accept and love ourselves, gaining true self-esteem, which then heightens our abilities to experience charity for others.

TWO DANGERS OF MISINTERPRETING CHARITY

While charity is the *sine qua non* to therapy, there are multiple dangers associated with the misinterpretation of this form of love. One common danger is becoming a “service martyr.” A second common hazard is in assuming that charity is always “touchy-feely” or “warm-and-fuzzy” and never requires tough decisions or actions. If we misinterpret charity, there is a high potential for harmful outcomes.

“*Service Martyrs.*” One of the first dangers of misinterpreting charity was discussed by Draper (2002):

Giving one’s life does not have to mean martyrdom. John [the apostle] had a better way of giving one’s life—through service. To do so takes the ability to see through the eyes of love. When we see a brother or sister in need, our job is to respond. (p. 94)

When one provides service with a “victimized” approach, one becomes a “service martyr.” A service martyr is one who serves others, but with selfish motives rather than selfless or

altruistic intent. Altruism is "an unselfish interest in helping someone" (Santrock, 1993, p. 450).

Misinterpreting charity in this way can be a great danger for our clients. An example of this type of misinterpretation occurred in the work of one of the authors, who at the time worked at a clinic with a client who behaved as a service martyr. She was a religious woman who believed that one should always help others. She woke up early to go to work so she could earn money to help care for her family. When she got home she took care of a brother with a disability, who needed assistance. She also sacrificed her time and energy to take care of her boyfriend. At first, the therapist and supervisor felt sorry for this poor woman who was sacrificing herself to serve others and receiving no gratitude for her sacrifice. Accordingly, her therapist moved to help this client establish better boundaries that would enable her to say "no" to some of the requests made of her and alleviate the heavy burden of being responsible for all those around her.

However, as the therapist and supervisor worked to help this client establish more appropriate boundaries with others, they reached an interesting discovery. The woman did not go to work, help her brother, care for her boyfriend, and do all the other acts of service out of charity. She did them so that she could feel better about herself. She reported feelings of low self-worth, and she said that the only time she felt good about herself was when she was taking care of others. The result of her constant caretaking was that the others in her life became totally dependent on her. As long as she had others to care for, she could avoid facing the fact that she disliked herself and was miserable. On the surface she made herself out to be a victim of others' neediness and her kind heart, but below the surface she needed these others to depend on her in order to elevate her feelings of low self-esteem. As therapy progressed, her belief was revealed that the only way she deserved to be happy or loved was if she sacrificed herself for the needs of others.

This lack of necessary self-love is a major characteristic of service martyrs. Many times they perceive themselves as unlovable. Accordingly, service martyrs lay their bodies on the altars of service and maintain the mistaken belief that sacrificing themselves will buy a type of redemption as they live a life of martyrdom. Service martyrs make the mistake of trying to replace the power

of forgiveness provided by God with their own sacrifice. They believe that if they sacrifice enough, they will be worthy of God and the power of forgiveness. This common misconception is a danger that comes out of misinterpreting the form of love known as charity.

This misinterpretation of charity is also a great danger to therapists, since therapy is a service occupation. The Code of Ethics issued by the American Psychological Association (APA, 2002) teaches therapists not to engage in counseling for unjustified personal gains; this includes counseling others in order to meet the therapist's own needs. When therapists become service martyrs, their clients pay a high price, including client dependency, lack of cohesiveness between client and therapist, ineffective terminating procedures, competency issues, and egoistic counseling--none of which is conducive to the therapeutic process.

One of the principal dangers to clients of service martyr counselors is the dependency that can emerge as the therapist places his or her personal need to be wanted and needed above the client's need to be empowered and strengthened. A pattern develops in which each time the client begins to improve, the service martyr therapist no longer feels needed and consequently pulls for more issues from the client. In a sense, service martyrs are parasites who prey on the suffering of others, bringing more misery to their clients under the guise of being helpful.

The fact that selfishness has no place within counseling is exemplified by the greatest counselor who ever lived on the earth, Jesus Christ, as he stated, "For even the Son of man came not to be ministered unto, but to minister, and to give his life a ransom for many" (Mark 10:45). To be effective therapists, we must exercise the charitable love Christ described and lose ourselves for the sake of our clients. "For whosoever will save his life shall lose it: and whosoever will lose his life for my sake shall find it" (Matthew 16:25).

We must be careful, however, not to confuse our clients' experiences with our own, not to feel what they feel so much that we are incapacitated. It is through caring charitably for them that we can still be of assistance. As one theorist put it, "I experience [another's suffering] precisely as *his* suffering, in the category of the *other*, and my reaction to him is not a cry of pain but a word of consolation and a gesture of assistance" (Morson & Emerson, 1990, p. 185). Charity requires remaining outside of another

person's experience enough that the client's emotions do not immobilize the counselor. This allows the counselor to reach out and to comfort, rather than collapse in pain. Such charity asks a lot of counselors, but anything worthwhile and meaningful is difficult.

THE MISINTERPRETATION OF LOVE

The second danger of misinterpreting charity is to believe that love always takes a "touchy-feely," "warm-and-fuzzy" form that will never require one to do anything difficult or demanding. In its practice, charity can be a very tough form of love. Speaking of charity, Draper (2002) stated, "That is what real love is: tough, because it demands the very best of others; and realistic, because it demands only what they can give" (p. 118).

Charity means having a standard. Therefore, as therapists, we must promote the standard of love. We cannot force our clients to live this standard, but we must promote it. The clients have the right to choose whether or not they will follow this standard, but as therapists, we cannot ignore the standard. This means we must make our clients aware of the standard and the consequences of breaking it. More importantly, we cannot try to help our clients escape the consequences of their actions. In fact, one of Hillman and Ventura's (1992) greatest arguments against the current practice of psychology is that it attempts to shift responsibility for a person's actions onto childhood experiences, parents, society, etc., without ever looking at how the individual is responsible for his or her own problems. These authors assert that those who ascribe to the culture found within psychology have become a generation of finger-pointers, deciding whose fault it is when we feel guilt for going against the Moral Law within us. This finger pointing precludes one from ever searching to uncover any personal responsibility within our relationships.

Charity requires that if therapists are going to love their clients, they must allow the clients to suffer the consequences of their decisions that go against the Moral Law. In fact, allowing someone to hurt after a bad decision helps him or her to make better decisions in the future. Love has a standard, yet this love is perfect. Just as the standard never goes away, neither does the love. We will always be here for those who will not live up to the standard, and we will always be the bearer of that standard in their lives.

This is how practicing love is tough for the therapist. The heartbreak of charity occurs when clients repeatedly fail to live up to love's standard or ask us to assist them in easing their conscience when they choose to go against this standard. As therapists, we can never use this standard breaking as an excuse to stop showing charity towards our clients. We must love them even when they make poor choices. Remember the words of Christ: "They that be whole need not a physician, but they that are sick" (Matthew 9:12). To act as a physician is to love, for love is a potent healer. Therefore, we must be loving towards those who are sick (i.e., those who make poor choices).

A clinical example of tough love was told by a therapist who had a client report in session that she had never been given a birthday cake. The client told the counselor that her birthday would be on the day the two of them would next meet for a session. The therapist's first instinct was to make her client a birthday cake and give it to her at their next session. However, as she thought longer about this idea, she realized that making her client a cake would be an attempt to meet her own needs "to try and make up for all of [the client's] childhood pain, or to cause her to feel celebrated" (Bennion, as cited in Adams, 2005, p. 201). As the therapist thought further, she worried that making her client a birthday cake would further "her sense that only a powerful 'other' could make her feel happy and loved . . . implying that she was not capable of taking steps to make her birthday a happy one" (Bennion, as cited in Adams, 2005, pp. 201-202). Thus, the therapist decided not to make a birthday cake and to discuss her reasons for not doing so at their next session. After the discussion, the client stated she understood her therapist's reasons for not making a cake; however, it turned out that later that night the client's friends threw a surprise party for her where she received two birthday cakes. In this clinical example, the therapist was working from the standard of charity with her client. When the therapist forgot her own desire to "fix" things for her client and instead considered what was actually best for the client, she was able to make a decision that empowered her client and held herself and her client to the standard of charity.

This standard of charity is also seen during Christ's suffering on the cross. Heavenly Father showed the tough side of love when He withdrew His Spirit so that Christ could experience all forms of suffering and

love us perfectly. Christ cried out in agony, "My God, my God, why hast thou forsaken me?" (Matthew 27: 46). Perhaps one could mistakenly assume that this withdrawal was unloving and cruel, as God forsook His Son in a moment of great agony. However, in this act God was perfectly loving to his Son, for He withdrew the comfort of His Spirit so that Christ could reach His very best. Isn't Christ's best better than ours? Yes, but God still asked Christ to reach this best, even when His Son pleaded with him, "If it be possible, let this cup pass from me" (Matthew 26:39). God did this with a perfect love, demonstrating how we should love as well.

In God, we meet love in its purest form. We must not confuse such love with sentimentality. Sentimentality takes the easy way out, refusing firm action, or doing the distasteful, or looking at the long-term good. In the process, it leaves the loved one uncorrected in his sin, thus reinforcing the very flaw that true love should try to eradicate. (Draper, 2002, p. 119)

Once again, love has a standard; it is not taking the easy way out. It is loving others enough to seek to help them find the very best within them.

Thus, charity is not to be thought of as an easy-going, anything goes, warm-and-fuzzy, touchy-feely love that never holds one to a standard. Charity not only demands that we follow the letter of the law (as outlined in APA and ACA ethical guidelines), but also requires us to follow the spirit of the law, or the Moral Law within us. "The Lord makes no distinction between temporal and spiritual commandments, for he has said that all of his commandments are spiritual" (Hunter, 2002, p. 13). Thus charity expects us to practice what we preach as professionals. Just as we expect our clients to live to the very best within them, we as counselors must live to the very best within us—both inside and outside the therapy suite.

Consequently, charity is the ultimate tough love because it asks us to give our all; it asks us to hold the integrity of Job (Job 27:5). As we do, we will be blessed with knowledge of how to help our clients gain happiness, for we will be living the formula of that success: love.

CONCLUSION

In the words of Doherty (1995),

We all know that it takes more than knowledge and skill to be a good therapist. It takes . . . "virtues." Virtues can be defined as a predisposition to do what is good or right. (p.116)

Love, in the most pure sense, is a virtue that counselors can embody if they wish to live according to a higher standard than those often associated with the theory and practice of counseling. Doing so, however, remains very challenging, because love (in this sense) requires us to ask what is "good" and what is "right" for our practice and our clients. We do not propose, however, that goodness and rightness are the sole purview of the counselor. Decisions about a proper course of action in the pursuit of the good life must be made with the client collaboratively. Over the course of counseling, the counselor holds lovingly to the standard of Moral Law. This approach to counseling, however, is never easy, and it may cause us to go against some of the key assumptions in our field. Seligman (1998), in discussing the field of psychotherapy, stated that "treatment is not just fixing what is broken, it is nurturing what is best within ourselves" (p. 4). Many psychological theories have asserted that the best way to live to the highest within us is through self-fulfillment. In contrast, the Gospel of Jesus Christ states that the best way to live to the highest within us is to show love, or charity, toward others as well as ourselves. This is the challenge we face as counselors.

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Living Above Suspicion

REESTABLISHING TRUST IN THE WAKE OF A PORNOGRAPHY PROBLEM

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*"Hearts are not had as a gift, but hearts are earned,
By those that are not entirely beautiful."*

--William Butler Yeats

The children's story *Pinocchio* is an intriguing tale of transformation--of transforming a wooden heart into a real one. It is also a story about the distorting and disfiguring nature of lies. And, it is a story of how making promises to prove oneself brave, truthful, and unselfish can be a binding, motivational force when one is in way over his or her head and on the verge of drowning.

The story of *Pinocchio* has relevant parallels to the distorting influence of pornography, and it offers insights into the transformations that are needed for healing to occur. It also gives insight into the kinds of promises, and in the case of LDS families, covenants, that can be drawn upon to help set an individual, couple, or family free from pornography's influence.

As a marriage and family therapist, I have encountered an increasing number of courageous men and women who are coming forward to speak up and out about concern over a loved one's struggle with pornography. Most have witnessed the hardening of a loved one's heart, have experienced the user's increasing indifference to essential and sacred things, and have expressed heartache over feeling like they are in the

presence of a stranger who is temporarily not "real" to them. In Jiminy Cricket-like fashion, they have figuratively cried, "Your nose is growing; your nose is growing!" Yet sadly the distorting influence of pornography has deadened the user's ability to comprehend the full impact of what his or her secretive consumption and fantasy world have done. Ironically, the very thing that seduces pornography users into believing their sexual desires and curiosities can be satisfied in counterfeit ways also numbs them from being able to discern and experience the full range of human feelings needed for authentic, meaningful intimacy with a current or future spouse.

Assisting couples in overcoming this multifaceted

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problem can be a challenging task. Living above Suspicion Contracts¹, which are the focus of this article, may be used by therapists or clergy to assist couples in reestablishing trust in the wake of a pornography problem. Living above Suspicion Contracts, in short, are written agreements mediated by a third party (e.g., a bishop or therapist) that outline active steps each party will take to gradually reestablish trust in the marital relationship. The structured and mediated nature of the contracts has been invaluable for many couples.

This article will address the impact of pornography use, the usefulness and nature of Living above Suspicion contracts, and the stages of developing the contract, including questions that can help couples increase awareness and solidify change.

IMPACT OF PORNOGRAPHY USE

The discovery or disclosure of pornography use is especially devastating to the marital bond. In most cases, an intense range of emotions ensues, with the overarching sentiments being shock, betrayal, anger, and disgust. From a professional and personal point of view, I balk at the suggestion that pornography is harmless or that it can “spice up” marital intimacy. What proponents of pornography do not realize is that the “spice” is often the heartache variety or misery brand, and that the adulterous nature of this secretive and addictive habit can lead to dissolved relationships, lost jobs, crippling debts, depression, or drastic changes in social, spiritual, academic, or professional standing.

IMPACT ON TRUST AND FIDELITY

When pornography is introduced into a marital relationship, trust and fidelity are impacted deeply. When we consider that Jennifer Schneider’s (2000) research found that women consider online sexual activity to be just as much adultery or cheating as live affairs, we gain insight into why trust and fidelity are affected so deeply.

The repair—or better yet transformation—of the relationship, requires *both* individuals to address the issue of rebuilding trust so they can rededicate themselves to the marriage, while “divorcing” the unhealthy patterns that opened space for this problem to take root. Thinking in terms of divorcing *patterns*

rather than *people* can provide a useful mindset for a couple faced with this kind of marital crisis. I acknowledge that for many people, especially those who are married to someone who is refusing to change or to get help, a divorce in the traditional sense of the word may be the best choice. Because each person’s capacities and resources differ, none of us is capable of judging how long someone can or should endure this kind of trial. Regardless of how people choose to cope, they need our support and fellowship.

DEALING WITH GUILT AND BLAME

In the majority of cases, problems with pornography began long before the couple even met. In fact, many men I have worked with report that they were first exposed to pornography between the ages of seven and eleven and that their pornography consumption gradually increased during their adolescence. Women can benefit from understanding this common history of consumption as they attempt to depersonalize their partner’s pornography use and avoid viewing it as a commentary or judgment on their own bodies, sexuality or attractiveness. Wives can cope more easily if they remember that their husband would likely be struggling with this problem regardless of whom he had married. Furthermore, any man who claims his wife is the reason he seeks out pornographic material for sexual gratification either is avoiding responsibility for his own unhealthy coping skills or is currently unable to appropriately express his needs and wants within the context of a marital relationship. Either way, habitual pornography use is the sole responsibility of the user—*never* someone else’s fault. A pornography user is never stripped of his or her ability to make choices in the present, even if pornography was introduced in an abusive or forceful manner in the past.

ASSUMING ROLES IN THE HEALING PROCESS

Once an understanding has been developed, both husband and wife play roles in the healing process when pornography has impacted a marriage. Because pornography impacts relationships (even when the pornography use is still unknown to one partner), the solution requires a relational response. Such a relational response occurs when both partners recognize that they

must play a role in the healing process, and both are open to examining how patterns in their relationship may have left one or both of them vulnerable to unhealthy ways of dealing with or avoiding problems.

Of course each partner plays a different role in this process, and each has different responsibilities. However, both play an integral role in restoring trust. For example, only the husband is responsible for stopping pornography use, and only the wife can relinquish the role of “porn police” by clarifying what is in her control and what is not. Often a wife will misinterpret her “role in the healing process” as a “responsibility for stopping pornography use”; such a mindset can generate feelings of anger or hypervigilance as she constantly looks for clues that her husband is still indulging his pornography habit. Although understandable, “policing” efforts are not effective in the end, and in fact such an attitude can delay the husband from taking full responsibility for his own actions, thus exacerbating the wife’s distress.

Although the effects of pornography can be devastating and complex, there is hope. With professional help and spiritual support, couples can use this situation as a catalyst for understanding each other more deeply and developing greater intimacy.

LIVING ABOVE SUSPICION CONTRACTS

“Trust only movement. Life happens at the level of events, not of words. Trust movement.” –Alfred Adler

One way to help couples draw upon powers greater than themselves to move *above* and *beyond* the lies of pornography is to introduce a Living above Suspicion Contract. Such a contract, at its core, is a way to foster *accountability* that in the short term can help bring the couple to a point where they trust one another enough to address the larger issues at hand, and in the long term the contract can provide a model for conflict resolution and relationship repair. The Living above Suspicion Contract is intended to bring efforts to cease pornography use well above the radar of suspicion: to make the unknown known, to reveal the suspected, and to bring the healing process into the open so that it is not undermined by the non-user’s hypervigilance. The contract is based on the premise that if a problem has been bred in secrecy, its solution needs to unfold in openness.

Living above Suspicion Contracts are most commonly used by a therapist when working with a couple, yet

they can be used by anyone who has a vested interest in helping a couple or family overcome pornography’s influence. For the purpose of this paper, this intervention will be applied to marital relationships wherein the husband is the pornography user and the wife is the non-user. The contract is intended to complement, not substitute for, essential spiritual processes and healing work; therefore this discussion assumes that qualified supports are already in place.

THE DILEMMA

“You can’t shake hands with a clenched fist.”
–Indira Gandhi

In the wake of a pornography disclosure or discovery, one of the greatest challenges is the intense climate of mistrust between husband and wife. The mistrust is often intensified by the feeling of crisis and the range of uncertainties that may surface, including the question of whether the marriage will continue. This climate of mistrust poses a threat to the success of therapeutic and spiritual work: Unless the woman can trust her husband to stop using pornography, and unless the husband can experience that trust from his wife (assuming he has stopped his pornography habit or is in the process of doing so), the relationship is at a serious impasse.

DANGEROUS CYCLES

What makes this kind of trust problem distinct from others is that the emotional stress that the mistrust triggers increases the risk of relapse in the pornography user. This idea is supported by Robert Barth and Bill Kinder (1987) in their statement that “the sexually impulsive individual uses sexual activity as a means of avoiding or escaping from personal problems, social stress and unpleasant emotions, such as loneliness, boredom, tension, sadness, or anger” (p.16). When a husband is sincerely and earnestly striving to cease pornography use, anxiety escalates when he lives in an atmosphere where his verbal assurances are meaningless and his partner is reeling in her own distress over his secretive behavior. This anxiety, unfortunately, is often managed in unhealthy ways, as the husband may escape to the ever-ready and ever-accepting fantasy world of pornography, which in turn fuels the mistrust.

The therapist must pay attention to how a couple deals with emotional stress and anxiety, as experts in the field of sexual addictions suggest that problems like compulsive pornography use are often a coping response to stress and anxiety (Schneider, Irons, & Corley, 1999). Use of Living above Suspicion Contracts is an attempt to address the connections between mistrust and the cycles of pornography use, while supporting the unique needs of both the husband and the wife. The ultimate goal of these contracts is to reduce the emotional stress and mistrust enough that the couple can receive help, and to buffer the user's vulnerability to the pornography temptation.

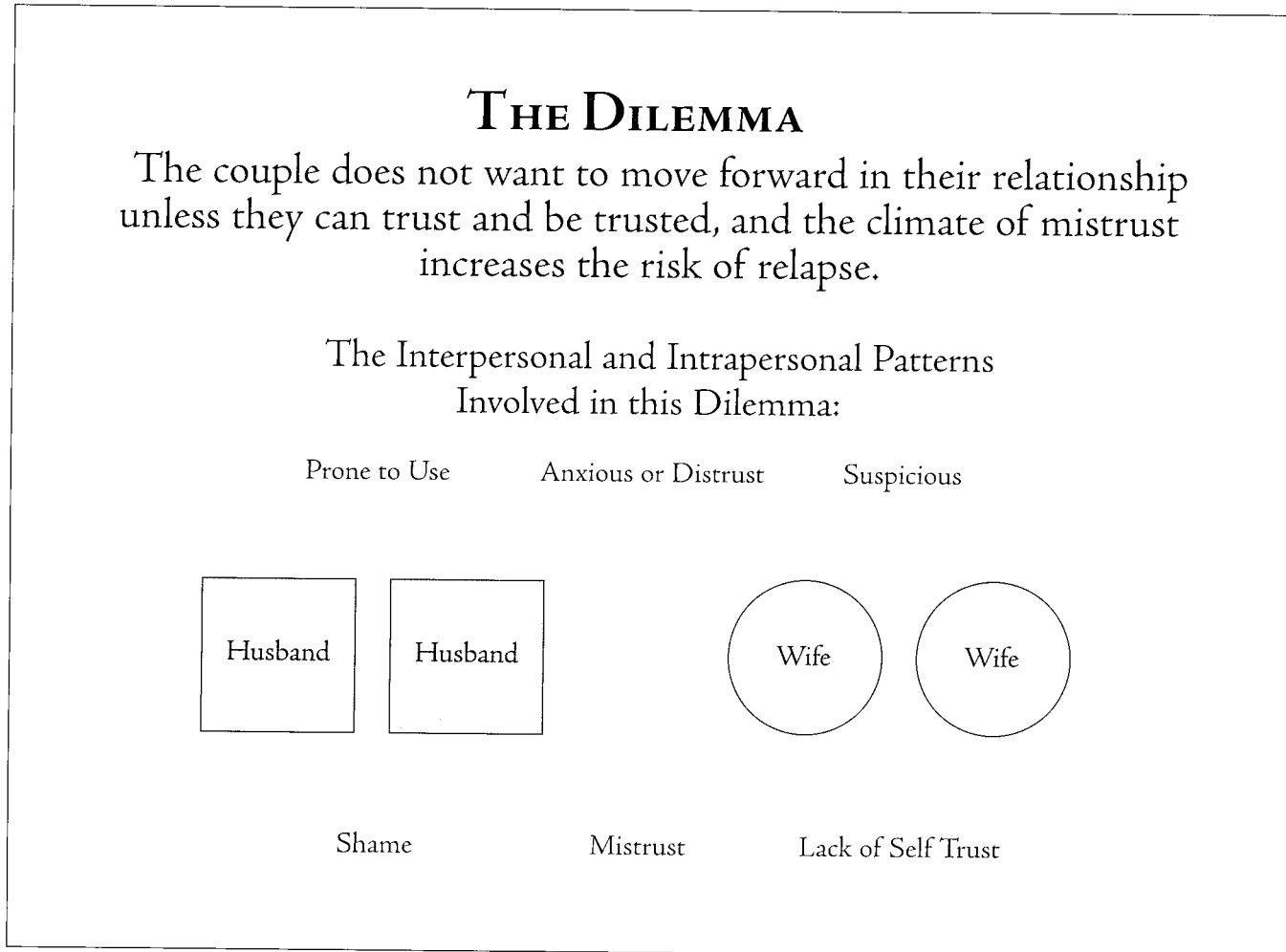
INDIVIDUAL AND COUPLE PATTERNS

The diagram below illustrates some of the individual and couple patterns that I have witnessed in response to pornography problems. The goal of the Living above

Suspicion Contract is to begin countering these vicious cycles by introducing what Dr. Wendy L. Watson (2001) refers to as "virtuous cycles." The interlocking patterns shown are all connected and therefore are made worse when any part of the cycle becomes more rigid or intense. It is helpful for the couple to understand what is happening in the space between them, as well as within each person (see the interlocking patterns involved in this dilemma in Fig. 1 below).

It is understandable that many women don't *want* to trust their husband for a time: They have been deeply hurt, and covenants have been betrayed. In fact, some women may not be able to trust themselves for a time, as they sift through questions and self-doubts about how they "missed it" or didn't act sooner if they suspected something was wrong; thus, self-distrust is common in the mistrust cycle. It is important to invite women to consider how long and

FIGURE 1



to what degree withholding trust will serve a helpful purpose. Women may also need to consider to what degree withholding trust is contributing to the cycle they want so desperately to break. For example, will prolonged mistrust really protect a woman from further betrayal? Is she attempting to use mistrust to motivate her partner to apologize and change his behavior? Or is mistrust a form of emotional distance that, if maintained, will be detrimental to the continuation of the marriage?

Women are not responsible for their partner's pornography use, but they can be a powerful influence in the healing process. It is possible for a therapist or a bishop to be supportive of the husband and wife, while at the same time extending different invitations of responsibility to each. For example, the bishop might invite the husband to take full responsibility for stopping his use of pornography and invite the wife to clarify her own boundaries and communicate her desires respectfully (e.g., I will no longer participate in sexual practices that I find uncomfortable or degrading).

THE CONTRACT

A Living above Suspicion Contract is a written agreement mediated by a third party (e.g., a bishop, a therapist, or a trusted friend or family member) that outlines *active* steps that each party will take to begin the process of "living above suspicion." The contract is executed after there has been a full disclosure of the pornography use and of any related habits or activities (e.g., masturbation, phone sex, purchases, or live contacts).

The contract is intended to complement ecclesiastical supports, as well as intensive individual and couple therapy. As stated earlier, it does not substitute for other healing processes, but it can serve as a catalyst to get important work underway.

It is important for all parties to realize that developing the contract may require several meetings, depending on how stressed or emotional the couple is at the time they seek help. Although the couple is encouraged to brainstorm and reflect on the questions asked during contract development, we highly recommend that the couple work through the questions and steps with the help of a mediator, not on their own.

STEP ONE: UNDERSTAND THE PROBLEM AND ITS EFFECTS

After determining that a couple would benefit from a Living above Suspicion Contract, the mediator must set the stage for contract negotiation by striving to understand the problem and its effects from the couple's point of view. To do this, the mediator must commit to supporting both husband and wife, assume a non-judgmental stance, and be curious about all the factors that allowed pornography to take hold. The objective of this step is to get a feel for the landscape of the problem and search out the building blocks for solutions.

The following questions may be used to initiate this process. This list is not in any significant sequence and is not comprehensive, but these questions have been found effective in revealing important areas of concern and in generating hope.

1. How has the pornography use affected each individual? The couple? The family? Others?
2. What definition of pornography can both agree on?
3. What pornography-related problems are most troubling for this couple? (The causes of the anxiety and stress cannot be assumed. For example, one couple may be reeling from a related financial debt, and another couple may be concerned with the loss of social or church standing.)
4. Where do they need to restore trust in their relationship?
5. What is the couple's definition of trust?
6. What would signify that trust is being restored?
7. What would they be willing to do or recommit to if trust were restored?
8. What role will spirituality play in the restoration of trust?
9. Why do both husband and wife think verbal assurances are not enough at this point?
10. What is at stake if the influence of pornography does not stop?
11. What is the timeline that both are willing to work within in order to overcome this problem?
12. What is the *most* that the couple could do to ensure that pornography does not influence their relationship in the future? (This question is based on the work of Jeff Robinson, Ph.D., 2003).

13. What gives them hope that things can change for the better? How will they remain hopeful when things are challenging or change does not happen as quickly as they would like?
14. What do the husband and wife believe to be true about one another and about their marriage that can help them stay the course?
15. What does their willingness to create a contract like this say about them as individuals and as a couple?
16. When they have overcome this challenge, what do they think they will have learned about themselves and each other that they presently cannot detect?

STEP TWO: CLARIFY ROLES

As in any contractual arrangement, the Living above Suspicion Contract requires that roles and expectations be clear. I have found the following expectations and roles beneficial:

1. The husband's role in a Living above Suspicion Contract involves the following commitments:
 - Demonstrate change through action
 - Acknowledge the pain caused by his secretive behaviors
 - Do whatever is necessary to make amends and abandon the secretive and problematic patterns
 - Commit to work with ecclesiastical leaders and qualified professionals
2. The wife's role in a Living above Suspicion Contract involves the following commitments:
 - Gradually become open to trusting again
 - Outline in writing what she needs to see, experience, know, or hear in order to feel at peace with the relationship again (guidelines referred to as road maps in Dr. Janis Abrahms-Spring's book *After the Affair* [1996], in which she suggests that many men need specific, concrete examples of what needs to happen)
 - Acknowledge changes her partner makes
 - Deal with her distress and hurt in ways that do not demean or shame
3. The mediator's role in a Living above Suspicion Contract is as follows:
 - Assist in maintaining a climate of mutual respect and

- support (for example, by expressing concern for both parties and being careful not to take sides)
- Ensure the contract is realistic and related to the situation, and that it promotes dignity
- Ensure that there is a process of accountability by following up with the commitments made by the couple and acting as a witness to the agreements made between husband and wife. Accountability can also be fostered by setting follow-up dates and outlining how progress or discouragements will be reported back to the mediator.
- Work with the couple to make adjustments to the contract as progress is made

STEP THREE: CLARIFY NEEDS AND CREATE THE INITIAL CONTRACT

In this phase the couple and the mediator carefully brainstorm a list of the active steps necessary to begin living above suspicion, with "virtuous cycles" of relating to one another. During this phase mediators must remember that people who are under stress are often less creative and clear than they would ordinarily be; therefore, this portion of the contract process may need to be completed over several sessions. Most couples in this position are processing a great deal of information and can be struggling for clarity on many things, including the future of the relationship. It may be beneficial for some couples to be introduced to things other couples have done that have proved helpful. Examples from this section may be used for this purpose.

The two lists below represent items couples have actually included in their contracts. The examples are intended to provide an overview of the kinds of things that couples may include in their contract, and are not to be understood as one comprehensive list. Because each couple is different, each contract will reflect different needs and different areas of impact. Therefore, the lists below should not be imposed or prescribed, but rather offered as an example and a series of options.

EXAMPLES FROM HUSBANDS. THE FOLLOWING ITEMS HAVE BEEN USEFUL TO HUSBANDS WHO HAVE PARTICIPATED IN LIVING ABOVE SUSPICION CONTRACTS IN THE PAST:

- I would like my wife to stop watching soap operas during the day because I think that is one habit that

affects the overall fidelity in our marriage.

- I will change my job and get out of a line of work and environment that is conducive to inappropriate material or conversation. I would appreciate my wife's support in this.
- I want knowledge of my difficulties and this situation to be shared with a mutually agreed upon group of people.
- I would like my wife and me to be able to go out once a week and not have to talk about this problem. I want moments when we can enjoy one another or focus on other things.
- I want to be able to hold my wife's hand or give her a hug and not be turned away.
- I want for us to participate in spiritual practices such as prayer, scripture study, and fasting as a couple.
- When my wife expresses feelings about this situation or about me, I want name-calling eliminated.
- I would like to join a sports league in order to focus attention in healthy ways and socialize with men in appropriate settings.
- I would like to be able to share what I am learning in therapy on my own terms.

EXAMPLES FROM WIVES. IN CLARIFYING THEIR NEEDS AND EXPRESSING THEIR DESIRES, WIVES HAVE FOUND THE FOLLOWING TO BE IMPORTANT:

- I would like the computer removed from the home for a designated period of time. (A specific time commitment needs to be stated in the contract.)
- I would like the Internet to be disconnected for a designated period of time. (A specific time commitment needs to be stated in the contract.)
- The computer needs to be permanently set up in a public place in our home.
- I want our home to be purged of all movies, magazines, and reading material that are inappropriate.
- I want us to recommit to not watching R-rated movies or TV programs that promote immorality.
- I want our family to move to a different city.
- I want my husband to call me during the day to let me know how he is doing or just to say hello.
- I want my husband to tell me when there have been slips and what he has done about them.
- I want receipts for individual therapy sessions put in a common location until I am more comfortable with

verbal assurances that he has been attending.

- I want to handle financial matters for one year or until the pornography-related debts are resolved.
- I want filtering programs to be put on his computer(s) at work and at home.
- I want overnight travel to be eliminated for a designated period of time. (A specific time commitment needs to be stated in the contract.)
- I want us to attend couple therapy once individual sessions are completed.

Once the lists have been created, items are prioritized and divided into manageable units. The couple is encouraged to place priority on the items that set immediate boundaries on problematic behaviors (i.e., computers, overnight travel, telephones). The other items on the list may be incorporated as the pornography use ceases, or as progress is made in other areas.

STEP FOUR: DRAW UP THE CONTRACT AND CLARIFY ITS ROLE IN FOSTERING ACCOUNTABILITY

At this point, the contract is written up, dated, and signed, and copies are given to each party, as well as to any leader or caregiver who is involved in the healing process. The role of the contract in fostering accountability is also outlined in this step. For instance, the possibilities of relapse and failure to comply with the contract are addressed during this phase. Couples are strongly encouraged to decide what needs to happen if the contract is breached by either of them. Husband and wife may have differing views on appropriate consequences. If they cannot agree on one consequence or response--which will likely be the case because different items will have different degrees of seriousness attached to them--then several responses may need to be included.

Because the Living above Suspicion Contract is intended as a mechanism of accountability, follow-up dates and renegotiation dates also need to be stipulated in the agreement. Follow-up sessions will involve meeting with the mediator to discuss progress or challenges; renegotiation dates are associated with specific contractual items that have time commitments on them. For example, if it is agreed upon that the computer will not be in the home for six months, a date will need to be set to reassess the usefulness of this action after the six month period.

It is important for the couple to understand that the Living above Suspicion Contract is intended to be a living document and that it should be used only as long as it is useful. The contract is not a punitive measure or an outline of Herculean tasks for one or both to perform, but rather a mutually supportive arrangement that can help restore a level of safety and trust needed for open and honest discussion about why the pornography problem developed and increased.

In fact, couples are often surprised at how witnessing their partner's adherence to the contract can make them feel more secure in the relationship, and they in turn are willing to renegotiate the timeline of some of the contracted items. Although couples are encouraged to acknowledge the progress being made, it is important for them to avoid rushing this valuable process and to realize that the contract is only a catalyst for beginning the critical work of healing, not an end unto itself.

STEP FIVE: INCREASE AWARENESS AND SOLIDIFY CHANGE

Once the level of safety and trust develops to the point that the couple can discuss their situation somewhat objectively, they might find it helpful to discuss a wider scope of questions that may solidify the changes they have made and deepen their resolve to be unified in their stance against pornography. These questions lead toward the capacity to look outward to a larger sphere of influence once a person has made significant changes in his or her own life. The following questions are intended to increase awareness, unity, and understanding about the *issue* of pornography, as well as to help clarify a couple's stance on it:

Why do you think pornography is a problem in our society at this time?

From a spiritual perspective, why do you think pornography is rampant in the latter days?

What do you believe the effects of pornography to be?

What do you think are the societal beliefs or values that have enabled the pornography industry to grow into a multibillion dollar business?

What beliefs and values did you have to accept as true or appealing in order for this problem to take root?

What do you think made your family susceptible to the influence of pornography?

How did the problem of pornography use influence the self-image of different family members, especially mothers, wives, and daughters?

What have you learned or changed during this healing process that will help protect you from the influence of pornography in the future?

Based on Dr. Wendy L. Watson's idea that "the Lord can alter whatever we are willing to put on His altar," what kinds of "altarations" are needed in this marital relationship? (2001, p. 166)

How can temple attendance help you live your covenants more fully and protect you from pornography?

What messages about sexuality, men, women, bodies, relationships, and intimacy that you received as a youth might have contributed to this problem taking root?

Who in your life would be the most surprised that you have struggled with pornography? Who in your life would be the least surprised?

What people or organizations will support you in taking an anti-pornography stance?

When were you first exposed to pornography? Was that incident accidental, forced, or sought after?

Who else in your world has had a problem with pornography? How did this individual's problem impact you? Who has been impacted by your problem?

How did your early exposure(s) to pornography influence your thinking and beliefs about sexuality, men, women, bodies, relationships, and intimacy?

Are there any ideas or beliefs that you now realize have not served you well and you would do well to abandon?

How has pornography influenced the way you feel about yourself? What does your hard work in overcoming its influence tell you about yourself?

What are some healthy ways that you can deal with stress, conflict, and anxiety that do not involve unhealthy ways of coping, escaping, or numbing out?

What needs did pornography fulfill (social, sexual, physical, emotional, curiosity)? How can these needs be fulfilled in healthy ways? What will replace pornography as a coping strategy?

As you reflect back on your relationship history, are there any boundaries that should have been in place or respected that weren't? Consider, for example, the law of chastity, media standards, the Word of Wisdom, or dating standards.

How can these boundaries be strengthened and

respected now?

Eastern cultures believe sexual potential is developed by placing emphasis on emotional, mental, spiritual and physical dimensions, as well as on self-discipline (Schnarch, 1991, p. 59). How do you think pornography has distorted or influenced your understanding of sexuality and exaggerated the physical dimension of sexuality?

What do you think you would need to start, stop, or learn in order to introduce a more accurate perspective on sexuality and sexual potential?

Do you think the kinds of conversations you have regarding sexuality (with spouse, children, or self) and the language you use to express those ideas invite or detract from the Spirit?

What would need to change in order to express ideas in such a way that you and your spouse become *clearer* about who you really are, as well as about the divine role of marital intimacy in progression?

Is there anything you and your spouse would like to do to recognize or celebrate the new kind of relationship you are developing?

If the societal problem with pornography continues to get worse, what ramifications do you predict for our families, communities, nations, and international community?

In what ways can you help protect your community from the influence of pornography? Are there groups,

coalitions or political efforts that would welcome your support? If not, is there some sort of group that you could start?

How will you protect your children from pornography? What have you learned through this experience that you would want to pass on to your children?

What advice would you give other couples who are struggling with the influence of pornography? What advice would you offer to those trying to be supportive of an individual or a couple struggling with pornography?

Couples *can* overcome pornography's influence. Using the Living above Suspicion Contract can be a helpful step in the healing process. "Living above Suspicion" is more than a title for an intervention, however; it is an invitation for couples to rise above the worldliness and perversion that prevents them from seeing one another clearly; it is a call for honesty; and it is an invitation for light to be shone into areas of a relationship that have been damaged by secrecy and lies.

As a couple embraces the goals and objectives of the Living above Suspicion Contract, they can begin to sever the puppet strings that have held them captive and have restricted their freedom to enjoy marital intimacy in its truest and purest sense. Pinocchio's famous tune "I had strings, but now I'm free" indeed echoes a hopeful chorus for those who may be just starting the journey toward freedom and peace from the bonds of a pornography problem, or who doubt these bonds can be broken or overcome.

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FOOTNOTES

- 1 The term "Living above Suspicion" was originally coined by Dr. Karl Tomm, an internationally recognized family therapist and psychiatrist with whom I had the privilege of completing an internship. Dr. Tomm used the phrase "Living above Suspicion" with families struggling with mistrust; however, at the time I did co-therapy with him, the term was not used in relation to pornography problems, nor in the formal, contractual way I eventually came to use it.

An Empirical Study of the Mother-Son Dyad in Relation to the Development of Adult Male Homosexuality

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Previous research suggests the need for further exploration of the parent-child relationship in the development of adult male homosexuality. Utilizing the Parent-Child Relations Questionnaire (PCR-II; Siegelman, 1979) 135 men (57 ego-syntonic homosexuals, 34 ego-dystonic homosexuals, and 44 heterosexuals) were surveyed. Results included significant group differences on the PCR-II Mother scales and on frequency of sexual abuse. Results are consistent with past studies which suggest an important role for environmental factors in the development of homosexuality, as consistent with theoretical literature from an object relations perspective.

INTRODUCTION

In 1973, after a long period of political debate and professional conflict, homosexuality was deleted by the American Psychiatric Association from its official listing of psychiatric disorders (American Psychiatric Association, 1973). Since then, in spite of the fact that a significant portion of society claims a homosexual orientation, and a disturbing amount of professional and societal confusion continues about the subject, published empirical research regarding the impact of environmental factors on the development of homosexuality has decreased significantly. As Bieber and Bieber (1979) stated, "The openness and politicizing of homosexuality have helped many homosexuals overcome feelings of isolation and to some extent guilt, but it has also served to reinforce denials that personal problems exist" (p. 417).

Not all etiologic research has ceased, however. Since 1973, apparently spurred by intense political pressure, a quest to conclusively determine a genetic etiology for homosexuality, to the exclusion of potentially contributing environmental factors, has ensued. Rekers (1995) stated,

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Biological approaches are often either reductionistic models of causality or statistical inferences based on theories that are themselves naïve in their simplicity. There is a great deal of rich complex data about the development of homosexual orientations, yet the careless misapplication or misappropriation of such information for the sake of expediency does little to advance understanding. (p. 297)

Schore (1996) studied the impact of primary attachments and socio-emotional stressors on neurological development and subsequent behavior. His findings may be helpful in establishing a broader scope of investigation into a potential biological etiologic factor leading toward the development of adult homosexuality. Schore stated, "Less than optimal affect-regulating experiences with the primary caregiver are imprinted into the circuits of this frontolimbic system that is instrumental to attachment functions, thereby producing orbitofrontal organizations that neurobiologically express different patterns of insecure attachments" (p. 59). He continued, "Deficits in function must be associated with defects in dynamic structural systems, and a theory of the genesis of psychopathology needs to be tied into current developmental neurobiological models of the experience-dependent anatomical maturation of brain systems, especially systems involved in socioemotional functioning" (p. 59).

This broadened view of the impact of environmental factors on subsequent brain development, as suggested by Schore (1996), may help to understand the etiology of homosexuality and contribute toward a resolution of this ongoing nature-nurture debate. The issue of biology versus environment is important to the extent that the exclusion of either narrows the focus of exploratory research, thereby limiting the fullest possible understanding of the homosexual.

Without denying the possibility of replication of existing genetic or biological findings, and in keeping with the view that more research is needed regarding the etiology of homosexuality, the current study examined potential environmental activators in the development of male homosexuality with a specific focus on the mother-son relationship. In addition, this study explored the impact of environmental factors and current life experiences on the heterosexual and homosexual groups. While clinical experience considers the importance of these factors, they have heretofore not been empirically studied. These factors include history of sexual abuse, age at first sexual experi-

ence, primary childhood attachment, number of sexual partners, and depression.

The predominant model for studying environmental impact on the development of homosexuality has been mother-son and father-son relationships. To date, little work has been done on whole family dynamics, including the impact of siblings, on the development of adult male homosexuality. While the potential contributions of birth order, number of siblings, and parental age variables to homosexual development are important for consideration and deserving of further investigation, such studies, like much of previous research, are reductionistic. They attempt to define and explain too simply that which appears to be an intricate and complex process. This study does not deny or minimize the impact of whole family dynamics, but will focus primarily on parent-child issues in an attempt to further clarify issues raised by previous studies. Specifically, a theoretical understanding of the development of male homosexuality from an object relations perspective will be reviewed.

Object Relations Theory centers around the concept that the developing infant's sense of being (or self) is determined by the way the mother, or mother-substitute, responds to the child. Past research has suggested the evolution of homosexual orientation within an Object Relations Theory matrix (Bergler, 1956; Socarides, 1978). As development occurs, the child must first form a secure, close attachment to mother, while discovering a self separate from mother; he must also identify with a male role model in order to internalize a secure male identity (Lynn, 1962). When the mother significantly impinges (by acts of either commission or omission) on the process of attachment and/or subsequent detachment, the boy's sense of masculine self will be adversely affected (Atkins, 1982; Greenberg & Mitchell, 1983; O'Connor, 1964).

Psychoanalytic literature asserts the importance of the male child's replacement of the primary object of his identification—his mother—with identification towards his father (Abelin, 1975; Chodorow, 1988; Dumas, 1997; Mahler, 1975). Greenson (1968) stated, "The male child's ability to disidentify [with the mother] will determine the success or failure of his later identification with his father" (p. 370). Poorly developed paternal relationships can push boys into avoidance of masculine behavior, leading to feelings of inferiority and a perceived lack of manliness (Moberly, 1983; Nicolosi, 1991; van den Aardweg, 1984). Although beyond the scope of the present study, a similar

model has been theorized for the psychosexual development of girls (Williamson, 2004).

Fisher and Greenberg's (1996) analysis of current literature supported the idea that many homosexual males experience an overly close relationship with their mother and a negative relationship with a hostile father (Fisher & Greenberg, 1996). A close-binding and intimate (CBI) mother-son relationship can impinge the process of attachment (Bieber & Bieber, 1979). According to Horner (1988), a CBI mother can facilitate in her son a "false-self syndrome." Britton (2004) classified this syndrome as a narcissistic disorder: The mother facilitates the child's withdrawal from external relationships to become preoccupied with himself. Britton goes on to say that these individuals "cannot form an ordinary transference relationship. Some remain aloof and detached, others are adherent, clamorous and concrete in their transference attachment and yet others form an unreal, compliant relationship" (p. 478).

The literature also supports Freud's theory of the mother-son dyad and homosexual development (Fisher & Greenberg, 1985): that homosexuals are more likely than heterosexuals to report having an affectionate mother who treated her son as a confidant and discouraged appropriate adolescent heterosexual behavior (Bieber et al., 1962; Evans, 1969).

The empirical literature on the mother-son relationship can seem contradictory to the CBI relationship; other research has suggested that distant and less restrictive mother types can also contribute to homosexual development (Apperson & McAdoo, 1968; Siegelman, 1974; Stephan, 1973). One such researcher stated that homosexual males reported their mothers as less loving and more rejecting than mothers described by their heterosexual peers (Millic & Crowne, 1986). Bene (1965) found that homosexuals reported significantly more hostility from and less affection toward both the father and the mother than heterosexual males.

The current study examined the mother-son relationship in contributing to homosexual behavior using the Parent-Child Relations Questionnaire (PCR-II; Siegelman, 1979). In addition, this study explored the impact of environmental factors and current life experiences on the heterosexual, ego-syntonic homosexual, and ego-dystonic homosexual groups. Although clinical experience considers these factors to be important, they have not previously been empirically studied within the

same sample. Relevant factors include history of sexual abuse, age at first sexual experience, primary childhood attachment, number of sexual partners, and depression.

Hypothesis

The primary focus of the current study was on the homosexuals' responses to the PCR-II scales Mother Love, Mother Demand, Mother Attention, Mother Reject, and Mother Casual. The study compared the responses of ego-syntonic and ego-dystonic homosexual groups with each other and with a group of heterosexual males.

Relative to the Mother Love, Mother Demand, and Mother Reject scales of the PCR-II, it was hypothesized that homosexuals would report a less loving, more demanding, and more rejecting mother than their heterosexual peers. This is the first study to compare ego-dystonic and ego-syntonic homosexuals' relations to their mothers. It was hypothesized that there would be no difference between the two groups. The current study also explored without hypotheses the possibility of group differences in the areas of sexual abuse, depression, number of sexual partners, and primary parental attachment.

METHODS

The purpose of this study was to investigate the mother-son dyad in the development of adult male homosexuality. Utilizing the criteria and questionnaires established by Dickson (1997) and Phelan (1996), the Parent-Child Relations Questionnaire (PCR-II; Siegelman, 1979) was given to each of the participants, and answers were examined. The authors further compared the responses of ego-dystonic (dissatisfied with their sexual orientation) homosexuality and ego-syntonic (satisfied) homosexuality with those of heterosexual males (Dickson, 1997).

Participants

The questionnaire was administered to 135 men: 57 ego-syntonic (satisfied with their sexual orientation) homosexuals, 34 ego-dystonic (dissatisfied) homosexuals, and 44 heterosexuals. Each participant was asked to read and sign a statement of informed consent. Confidentiality was assured.

Homosexual orientation was differentiated according to self-reports of same-sex desires, fantasies, and/or sexual partnership (Dickson, 1997; Phelan, 1996). Participants

were classified as homosexual if they reported having homosexual tendencies "all of the time" or "some of the time"; those who reported having homosexual tendencies "none of the time" were classified as heterosexual.

For the purposes of this study, ego-dystonic and ego-syntonic homosexuality were distinguished based on this question: "If it were possible to change my sexual orientation, I (would or would not)." Those who expressed no desire to change orientation were considered ego-syntonic; the others were categorized as ego-dystonic. None of the heterosexual participants indicated dissatisfaction with or desire to change from heterosexuality.

Homosexual participants were recruited from clinical outpatient as well as non-clinical, non-criminal sources. Group and organizational leaders of various homosexual support, church, and political groups were contacted for permission to present the study to their group members.

Heterosexual volunteers were sought from men's civic, political, and religious organizations. Permission to discuss the study was obtained from appropriate group and organizational leaders. Participants were then recruited from among the groups' memberships.

In addition, participants were recruited via Internet notices placed on various user boards and news services. Respondents were sent the questionnaire electronically. Questionnaires completed in this manner were returned electronically and printed for future reference and analysis.

Instruments

All participants completed a questionnaire that included clinical and demographic variables: age, race, educational level, socioeconomic status, parental marital status, religiosity, and therapeutic experience (see Table 1). The PCR-II (Siegelman, 1979) is a 100-item test designed to assess the characteristic behavior of parents towards their young children as remembered by the child as an adult. There are separate forms of the PCR-II examining different parent-child relationships: mother-daughter, father-daughter, mother-son, and father-son. This study utilized the mother-son portion of the questionnaire. Each item was scored on a 4-point scale: (1) very true, (2) tended to be true, (3) tended to be untrue, and (4) very untrue.

The PCR-II has several subtests for characterized behavior including the following: (1) Loving, or the extent to which the mother is perceived to be warm, helpful, and affectionate; (2) Rejecting, or the extent

to which the mother is perceived to be cold, hostile, and derogatory; (3) Casual, or the extent to which the mother is perceived to have few rules or restrictions and to be casual about enforcing the rules that exist; (4) Demanding, or the extent to which the mother is perceived to restrict the child and enforce rules, demanding respect and punishing hard when the child misbehaves or refuses to comply; and (5) Attention, or the extent to which the mother is perceived as "spoiling" a child or giving the child special attention or gifts as rewards. Scores on each subtest were tallied with a maximum score of 40. High scores on each subtest indicated a high level of that quality. A generalized Kuder-Richardson formula calculated 20 reliabilities for this questionnaire, ranging from .76 to .95 (Alvarez, Farber, & Schonbar, 1998).

Based on previous studies conducted by Finkelhor (Finkelhor, 1984; Finkelhor, Hotaling, Lewis, & Smith, 1990), several differently worded questions were asked to participants to elicit responses relevant to sexual abuse history (see Table 2). All participants were also asked to complete the Beck Depression Inventory (BDI), a 21-item scale which is widely accepted as a clinical instrument with a test-retest reliability ranging from .74 to .93 (Beck, Carlson, Russell, & Brownfield, 1987).

RESULTS

Significant ($p < .05$) demographic differences were found in a three-way analysis of variance between the heterosexual and ego-syntonic homosexual and ego-dystonic homosexual groups in education, ethnicity, income, religious affiliation, church/synagogue attendance, psychotherapy experience, and marital status (see Table 1).

In order to test the hypotheses, a hierarchical linear regression analysis controlling for the covariance of significant demographic group differences was applied with each PCR-II scale serving as the dependent variable in turn. To determine differences between the ego-syntonic and ego-dystonic groups, the Protected F post hoc was examined.

Mother Love

As hypothesized, the heterosexual participants recalled having a significantly more loving mother than did the homosexual group when demographic differences were controlled (see Table 3). As indicated in Table 4, the

Table 1. Demographic Characteristics of Heterosexual and Homosexual Participants

Variable*		Heterosexual	Ego-Syntonic Homosexual	Ego-Dystonic Homosexual	Effect Size (p-value)
Education	<High school	0%	4%	0%	.27 (<.0001)
	High school	5%	11%	12%	
	Some college	9%	44%	24%	
	College graduate	25%	30%	44%	
	College +	61%	12%	21%	
Ethnicity	Caucasian	95%	82%	74%	.18 (.02)
	African American	5%	0%	3%	
	Hispanic American	0%	7%	21%	
	Asian American	0%	5%	0%	
	Native American	0%	2%	3%	
	Other	0%	4%	0%	
Income	\$0 - 9,900	7%	9%	21%	.20 (<.005)
	10,000 - 24,900	34%	31%	21%	
	25,000 - 49,900	20%	35%	35%	
	50,000 - 74,900	25%	5%	12%	
	75,000 +	14%	5%	9%	
	Did not answer	0%	16%	3%	
Religious Affiliation	None	7%	28%	0%	.26 (<.0001)
	Christian/Catholic	7%	21%	18%	
	Christian/Protestant	80%	33%	79%	
	Jewish	5%	4%	0%	
	Other	2%	14%	3%	
Church/Synagogue Attendance	Regular attendance	68%	30%	85%	.47 (<.0001)
	Not regular attendance	32%	70%	15%	
Therapy	Never	50%	32%	9%	.37 (<.0001)
	Currently	25%	9%	56%	
	Past	25%	60%	35%	
Marital Status	Single	34%	63%	62%	.29 (<.0001)
	Married	55%	9%	24%	
	Divorced	11%	2%	12%	
	Widowed	0%	2%	0%	
	Same-sex union	0%	25%	3%	

*Variables which showed a significant difference were included in table.

Table 2. Survey Questions Asked to Participants to Measure Sexual Abuse

Sample Questions
Have you ever been sexually abused?
How old were you when you had your first sexual experience?
How old was the other person?
What was the gender of the person?
What was your relationship to the other person?
What specific activities were involved in the first sexual experience?

Table 3. Mean PCR-II Scale Scores of Heterosexual and Homosexual Participants

Variable	Heterosexual	Homosexual	Effect Size (p-value)	Overall Mean (SD)
Love	33.07	28.89	0.2 (.02)	30.25 (6.71)
Demand	22.19	26.90	0.22 (.01)	25.36 (6.99)
Attention	25.61	23.85	0.11 (ns)	24.42 (5.03)
Reject	13.89	18.50	0.26 (<.005)	17.00 (5.73)
Casual	23.61	22.83	0.04 (ns)	23.08 (5.94)

Table 4. Mean PCR-II Scale Scores of Ego-Syntonic Homosexuals and Ego-Dystonic Homosexual Participants

Variable	Ego-Syntonic	Ego-Dystonic	Protected F Effect Size (p-value)
Love	29.41	28.01	.22 (ns)
Demand	28.82	24.18	.29 (<.01)
Attention	24.14	23.28	.14 (ns)
Reject	18.17	19.06	.27 (ns)
Casual	22.01	23.92	.10 (ns)

Table 5. Exploratory Variables Among Heterosexual, Ego-Syntonic Homosexual, and Ego-Dystonic Homosexual Participants

	Heterosexual	Ego-Syntonic	Ego-Dystonic	Effect Size (p-value)
Sexual Abuse	< 2%	44%	57%	.36 (<.0005)
Age of First Sexual Experience	17.78	13.6	12.02	.19 (.06)
BDI	3.24	10.45	14.08	.43 (<.0001)
Number of Sexual Partners				
Past Week	0.47	0.72	0.38	.14 (.2)
Past Month	0.48	1.6	0.79	.17 (.11)
Past Year	1.67	7.61	3.44	.16 (.2)
Life	33.51	83.33	27.64	.13 (.3)
Primary Attachment				
Mother	55%	80%	74%	
Father	9%	2%	< 2%	
Both	29%	9%	12%	.14 (.3)
Other	7%	9%	15%	

mean scores did not differ significantly between the ego-syntonic and the ego-dystonic homosexuals on the Mother Love subscale.

Mother Demand

As hypothesized, the heterosexual sample recalled having a significantly less demanding mother than did their homosexual peers. Table 4 shows that the ego-syntonic men recalled their mothers as being significantly more demanding than did the ego-dystonic homosexuals.

Mother Reject

As predicted, the heterosexual participants recalled having a significantly less rejecting mother than did the homosexual participants (see Table 3). There was no difference between ego-syntonic and ego-dystonic homosexuals on the Mother Reject scale (see Table 4).

Mother Attention and Mother Casual

The analysis indicated no significant differences between heterosexual and homosexual groups nor between ego-syntonic and ego-dystonic homosexual groups on the Mother Attention and Mother Casual scales (see Tables 3 and 4).

Sexual Abuse

Significant differences in sexual abuse were found between the heterosexual and homosexual groups and between the ego-syntonic and ego-dystonic groups. Fewer than 2% of heterosexuals reported having been sexually abused, compared to 49% of the homosexual participants ($p < .0005$). In the three-way comparison of heterosexuals and ego-syntonic and ego-dystonic homosexuals, 44% of ego-syntonic homosexuals and 57% of ego-dystonic homosexuals reported sexual abuse ($p < .0005$) (see Table 5).

Depression

Homosexuals reported significantly more depression than heterosexuals ($p < .0001$). Within the homosexual subgroup, the ego-dystonic men were significantly more depressed than ego-syntonics ($p < .01$) (see Table 5).

Limitations

Since sampling in the current study was not random, idiosyncratic characteristics of the sample may have contributed to the results. Therefore, replication will

be crucial in establishing the validity of these results. As suggested by Friedman (1988), pen and paper questionnaires limit the researcher's ability to explore, in the deepest sense, the individual complexities and interactions of multiple layers of relational issues and are therefore limited as to empirical interpretation.

DISCUSSION

The current study supported previous empirical findings (Bene, 1965; Bieber et al., 1962; Evans, 1969; Millic & Crowne, 1986; Siegelman, 1974; Stephan, 1973; Thompson, Schwartz, McCandless, & Edwards, 1973) that homosexuals and heterosexuals have significantly different recollections of their childhood mother-son relationships. As hypothesized, adult male homosexuals recalled having experienced a less loving, more demanding, and more rejecting mother than did their heterosexual peers. Additionally, the present study found the ego-syntonic homosexuals were more likely to recall their mother as demanding than were the ego-dystonic homosexuals. Otherwise, no significant difference in mother recollection of the two homosexual subgroups was observed.

Current findings were consistent with Object Relations Theory that an unhealthy and unbalanced triangular parents-child relational pattern may thwart a boy's gender and identity development from both the mother's and the father's influence, hindering the accomplishment of developmental tasks necessary for attaining and sustaining adult heterosexual relationships. These findings are also consistent with those previously reported (Bene, 1965; Dickson, 1996; Nicolosi, 1991; Phelan, 1996; Siegelman, 1974).

Both heterosexual and homosexual groups reported a high sense of attachment to their mothers and a higher sense of love from their mothers than from their fathers. The dissimilarity between their parents reported by the two groups of men was most striking in the areas of love, demand, and rejection. The process of developing a mature masculine identity appears to be affected by the mother-son relationship, the father-son relationship, the dissimilarity between the son's relationship with mother and with father, and/or a combination thereof. The current findings regarding the experience of ego-syntonic versus ego-dystonic homosexual males are perhaps most helpful in contributing to an overall understanding of homosexuality. The minimal

difference noted between the two groups may suggest that a more secure relationship with mother and father enables the child to develop and maintain a greater sense of "ego-syntonicity." These findings suggest that sense of dissatisfaction with self may contribute to the significant levels of depression currently observed in homosexuals (Bailey, 1999; Fergusson, Horwood, & Beautrais, 1999; Sandfort, de Graaf, Bijl, & Schnabel, 2001). In light of the previously discussed mother/father-son patterns, there appears to be an overall "dystonia" present among homosexual individuals which may pertain more to developmental separation and individuation issues than differences due to specific homoerotic identifications. Current findings support the possibility that this sense of dissatisfaction with self may contribute to the significant levels of depression currently experienced by the homosexual group.

The current study highlights the need for increased understanding of the effects of sexual abuse in the development of adult male homosexuality (see Table 5). The alarming rate of childhood sexual abuse should not be ignored in research pertaining to male homosexuality. All respondents in the current study who reported molestation designated a male perpetrator; none reported a female abuser. This finding, perhaps one of the most significant of the current study, suggests that sexual abuse should be considered in evaluating etiologic factors contributing to the development of adult male homosexuality. An experience of sexual abuse may contribute to the sexualizing of the unmet needs

for male affection, attention, and connection.

Previous psychological literature has focused primarily on single-factor theories regarding the role of environmental factors in the development of adult male homosexuality. The current study may be viewed as a preliminary step towards integrating varied investigations of the complex interactive influences which occur over time at multiple levels of conscious and unconscious organization in the child and in the family.

Implications for Future Research

Further inquiry into the underlying complexities of the development of adult male homosexuality is clearly warranted. The need for additional research, including multivariable studies, regarding developmental and current life experience of adult male homosexuals is suggested. Relatively few studies have attempted to measure differences between ego-syntonic and ego-dystonic homosexual men; future research should replicate and expand current findings regarding the reported differences between the two groups. Longitudinal studies would support a clearer understanding of the impact of various life experiences on the development of adult male homosexuality over time. For example, a longitudinal study could contribute to integrating the somewhat fragmented pieces of past theoretical and empirical research pertaining to homosexuality and aid in lessening the prevalent rigid nature-nurture debate.

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Individual Psychological Deficits

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Traditional psychological theories fail to take into account individual psychological deficits and thus make false conclusions regarding sanity and insanity. These deficits include perception, experience, cognition, and affect. Modified definitions of sanity and insanity require different approaches to treatment of psychological issues.

The conclusions of psychological theories will be false if they are built on false premises. To change false conclusions of psychological theories, we must change the false premises.

Some psychological theories define "sane" human beings as psychologically independent or complete (Bandura & Walters, 1963; Beck & Freeman and Associates, 1990; Ellis & Harper, 1997). On the other hand, they define "insane" human beings as those who are psychologically dependent or incomplete (Bandura & Walters, 1963; Beck, et. al., 1990; Ellis & Harper, 1997). Does this make young children, who are dependent on adults, "insane," or are they special cases that do not fit the theories?

Other psychological theories define sane human beings as social, but define insane human beings as those who have difficulty forming healthy and meaningful relationships (Erikson, 1956; Fromm, 1990). However, what if two people with the same insanity enjoy a meaningful relationship? For example, would the notorious gangsters, Bonnie and Clyde, be considered sane?

Human beings are born with psychological deficits. In other words, all of us would be described as having elements of insanity by most psychological theories. Sanity, according to most psychological theories, actually becomes an unattainable perfection.

A more accurate definition of sanity is the acceptance of our individual psychological deficits, the healthy

doubting of our perceptions of reality, and the reliance on others who likewise accept their deficits. Conversely, insanity would be the denial of our individual psychological deficits, the healthy doubting of our perceptions of reality, and the reliance on others who likewise accept their deficits, and substituting instead the taking for granted that our experiences of reality are infallible, while rejecting all other views.

This paper will divide individual psychological deficits into organic and inorganic, as organic may be easier to understand. Organic deficits will be divided into biological and perceptual elements to explain how both may contribute to false perceptions of reality. The elements of organic deficits will be used to investigate inorganic deficits. An example of how a model of individual psychological deficits modifies conclusions of experiential phenomena will be given. How individual psychological deficits affect experiences of reality, including cognition, affect, relationships, communication, and collaboration, will be discussed. Finally, existentialism will be critiqued.

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ORGANIC DEFICITS

Psychology is an intangible compound of which some elements are tangible and others intangible. Among the tangible elements of psychology is biology, or the organic. Among the intangible is perception. Individual psychological deficits may be difficult to understand because they are intangible. Individual biological deficits are simpler to understand because they are tangible. Examining individual biological deficits may help us understand individual psychological deficits more easily.

One individual biological deficit is two-dimensional vision, or "mono-vision." "Mono-" is from the Greek, meaning "alone." Once, a friend who lost an eye wanted me to experience seeing in two dimensions. He instructed me to cover an eye with my hand and attempt to catch a ball with the other hand. He tossed the ball to me several times. Sometimes I caught the ball, but most of the time, I missed it.

Because our eyes are slightly apart, they look at objects from two separate angles. Our brain combines the images from each eye into a three-dimensional picture. Seeing in three-dimensions is so natural that we hardly think about it.

My friend explained that he experienced three-dimensional sight in two ways. First, he could move back and forth while keeping his eye on the same object. Second, he could rely on previously experienced information. For example, if the front of a table looked bigger than the back, he could correctly assume that the table was square.

Another individual biological deficit is "mono-phonics." During high school classes, I listened to music. To conceal my listening from the teacher, I used a single earphone, with the wire wrapped behind my ear and tucked into my shirt collar. My enjoyment of the music was less than usual because I could only hear it with one of my ears.

I noticed that my stereo at home had two settings, "Mono" and "Stereo." Stereo meant that two speakers played the same music. My ears heard both speakers and my brain combined the two sounds into one common experience, enhancing the effect.

In short, my visual and audio biological deficits changed my perception of reality in ways that could be deceptive if I did not understand my deficits and overcome them.

INORGANIC DEFICITS

Individual psychological deficits may be more difficult to understand than individual biological deficits because

they are intangible. However, they are no less real. One inorganic biological deficit is "mono-perception."

Pretend that I was walking out of a bank, while you were across the street, opposite of me. Suddenly, a person with a gun, a mask, and a bag runs out of the bank and jumps into a car, which speeds away. The police arrive minutes later and interview both of us. Our perceptions of the same incident would be completely different because: 1) We had different vantage points, and 2) We had unique experiences.

My brother, who studied Criminal Justice, told me about "collaboration." When police question two witnesses to an incident and both have the exact same story, the police assume that collaboration has occurred, especially if the people were at different vantage points. This is because witnesses naturally view the same event differently.

Our legal system requires two witnesses to establish a fact. One witness is fallible due to individual perceptual deficits. What one person witnessed may be a hallucination. However, if two people witnessed the same event, legally it is a fact.

Our legal system is based on Biblical law. According to the ancient Apostle Paul, "In the mouth of two or three witnesses shall every word be established" (2 Corinthians 13:1). Thus, if one prophet claims to have seen an angel, people may have a tendency to disregard it as an hallucination; however, if two prophets claim to have seen the same angel, it cannot be dismissed so easily.

ASCH STUDY

A famous psychological study by Solomon Asch (1958) arranged a group of actors at a table with a subject at one end. A conductor showed the actors and subject three lines on a paper. The conductor then asked each actor in turn, which line was the shortest. The actors gave prearranged answers. The conductor then asked the subject in turn, which line was the shortest. The subject usually went along with what the actors said. Only a few of the subjects went against the collusions of the actors. When these subjects were questioned further, they became even more adamant that they were correct. The study concluded that most subjects gave answers against their perceptions due to social pressure.

My modified explanation of the study is that the subjects went along with the actors not due to social pressure, but due to acceptance of the fallibility of their individual perceptions. Rather than insist that they were

right and everyone else was wrong, they chose to give the others the benefit of the doubt. They knew that their eyes could “play tricks on them,” even if it didn’t happen very often. In other words, they had a healthy doubt of their limitations, which was sane.

Conversely, the subjects that insisted they were right may have resisted social pressure, but they also preferred their own perceptions over the perceptions of a group of other people. Their subjective preferences did not take into account that their senses may be wrong. In other words, they had an unhealthy assumption of infallibility, which, taken to extremes, could be considered insane.

EXPERIENCE

Even when perception is identical, or at least similar, people can have completely different experiences in reaction to what was perceived. The question, “How did you like the show?” can illustrate this phenomenon. Theaters go to great expense to give everyone in the audience as similar perceptions as possible.

Have you ever been to the theater with a friend who praised the acting, singing, or dancing, while you criticized it? Even though your perceptions of the show were similar, you had completely different reactions. Perhaps you, as opposed to your friend, have a history of studying performance arts and could detect subtle flaws that your friend could not. Perhaps an objectionable part of the show tainted your view of the whole. Whatever the reason, your experience does not invalidate your friend’s or vice-versa.

COGNITION

A phenomenon present in young children is egocentrism (Piaget & Inhelder, 1956). The young child assumes that you perceive reality identically with how the young child perceives reality. For example, if the young child looks at a picture in a book, the young child will assume that you can see the same picture the young child sees, even if you are facing the book’s cover. Another example is the young child with eyes closed that says, “You can’t see me.”

What I term “mono-cognition” or “mono-thought” is cognitive egocentrism, or assuming that everyone thinks the way you do. A person with mono-thought is surprised and threatened when others disagree with the person’s opinions. The person often feels frustrated

that others don’t think the same way as the person. The person says in disbelief, “How can they think that way?!” The person with mono-thought fails to realize that the person’s thoughts, as well as every other person’s thoughts, are vulnerable to individual cognitive deficits.

Narcissism is mono-cognition taken to the extreme. The person with narcissism has such egocentricity of thought that the person overlooks all points of view but the person’s. The person assumes that your needs are not important enough to consider.

Likewise, a person with Antisocial Personality Disorder (*Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, pp. 649-650) has extreme mono-cognition. This person fails to understand any thoughts but this person’s own thoughts. This person cannot feel your pain and so doesn’t comprehend that you can experience pain. Likewise, this person cannot understand your empathy for others.

AFFECT

Like individual cognitive deficits, people have inborn individual emotional deficits. We may measure our emotions based on the emotions of others. If we base our emotions solely on past experiences, we may realize that all of our experiences were partially based on our reactions to others.

Traditional psychological theories claim that children form emotional attachments to adults but become more emotionally independent as they grow (Erikson, 1956; Fromm, 1990). However, I assert that human beings do not become emotionally independent. We begin as children with emotional dependency on caretakers. We grow into teenagers and gradually switch our emotional dependency from caretakers to peers. We become adults and base our emotional dependency on other adults. We become caretakers and continue the cycle.

Anxiety develops when people do not have sufficient attachments to validate their feelings. A lack of adequate emotional attachments may also result in depression.

Developmental Disorders, such as Autistic Disorder and Reactive Attachment Disorder, are forms of “mono-affect.” The child with autism may not be able to form a healthy attachment to others. The child with reactive attachment has difficulty forming a healthy attachment to caretaking adults.

Codependency traditionally describes being emotionally

dependent as making one vulnerable to abuse (Beattie, 1992). I assert that the unhealthy nature of codependency is not in the emotional dependence, but in the object of that dependence. For example, a person who attaches emotionally to an abuser will never receive emotional invalidation.

"Crazymaking" (Bach & Deutsch, 1980) describes the phenomenon in which abusers influence emotionally dependent victims to doubt personal perceptions of reality, resulting in more dependence on the perceptions of others. The victims often experience conflicts between their own senses and abusers' perceptions of incidents, resulting in thoughts that they may be "insane." Ironically, the victims that allow for their own limitations exhibit more sanity than the abusers that never question their perceptions.

Traditional treatments of the person with codependency may include changing the person from being emotionally dependent to being emotionally independent. People with codependency may resist this treatment or become non-compliant, preferring an unhealthy relationship to no relationship. A more effective approach to treatment may be to accept the emotional dependency as normal and instead validate the victim's perceptions until the victim finds healthier relationships to replace the abusive one. The effective treatment emphasis may not be on independence, but on relational equality.

RELATIONSHIPS

Your first meaningful relationship was most likely with your parent. As you grew to adulthood, you probably formed relationships with peers. As an adult, you may have married. These relationships may be sufficient for you to perceive and internalize reality. If not, you may have sought therapy to make up for what you missed from family and friends. You may have had children and were able to provide the needed relationship for them to grow into healthy adults.

When a parent disciplines a child, the child may dismiss the disciplining as nonessential; however, when the parent is backed up by another parent, extended family member, or adult friend, the child is more likely to accept the discipline as valid. Additionally, if the parent disciplines too harshly, the supporter may moderate the parent. If the parent becomes too emotional to deal

with the child, the supporter may step in until the parent calms down. Furthermore, a child can manipulate the parent more easily when the parent does not have the help of a supportive adult.

In short, relationships may be the best way to overcome our individual psychological deficits. Without meaningful relationships, we have no one to correct our misperceptions, misinterpretations of experience, and misunderstandings of reality. With meaningful relationships, we can compare and contrast our perceptions with the perceptions of another, reinterpret our difficult experiences, and arrive at conclusions about reality which we may never have considered alone. In fact, our reliance on meaningful relationships to overcome our individual psychological deficits may be so encompassing that we may take it for granted.

COMMUNICATION

Once, a friend told me that she was frustrated because one of her employees could not understand exactly what she was saying, no matter how clearly she spoke to the employee. My friend said, "I tell her [the employee] what to do in a way that it is impossible for her to misunderstand, and she still doesn't get it!"

I warned my friend that she was operating from a false premise; that no matter how clearly she spoke, her employee could always misunderstand her communications due to the fallibility of perception. I further told my friend that her assumption that her employee could not misunderstand her might be exactly what was undermining her employee's ability to understand.

In short, meaningful relationships may not help us overcome our individual psychological deficits if we do not communicate effectively.

COLLABORATION

You may have heard the saying, "Two heads are better than one." When we collaborate with another person, we move from subjectivity to objectivity. This may be what Aaron Beck (1979) calls the "collaborative empiricism" between a therapist and client.

What is true of cognition and affect is true of perception and experience. Through collaboration, we rise above our own perceptions and experiences,

balancing them with the perceptions and experiences of others. Collaboration is essential to grasp reality.

Reality-testing is a phenomenon associated with individuals with psychoses. An individual with psychoses may suddenly stop and ask, "Did you hear that?" If you say, "Yes," the individual may be relieved. If you say, "Hear what?" the individual may be worried. The individual with psychoses is relying on your perception of reality to validate or invalidate that individual's perception.

However, individuals without psychoses constantly test reality in other ways. If we are unsure about ideas, we "bounce" them off others, or use others as a "sounding board." If we are unsure about feelings, we seek validation. Students may find that they can study better in groups. Musicians may find that they can play music more precisely with others than they can by themselves.

If two heads are better than one, so are two hearts. One heart may feel passion, but what good would that be if it is not reciprocated? Passion must be shared to be beneficial. This is the psychology of love. As Erich Fromm (1956) stated, "Love is the only sane and satisfactory answer to the problem of human existence."

EXISTENTIALISM

Existential psychology claims that the individual ultimately cannot depend on anyone for help, including therapists, family, or friends (Yalom, 1980). Ironically,

existential therapists hope that others depend upon them for help to come to that conclusion! This is reminiscent of the true existential philosopher who believes himself alone in the Universe. According to Irving Yalom (1980), "One is isolated not only from other beings but, to the extent that one constitutes one's world, from world as well" (p. 10).

The last book written by Mark Twain, *The Mysterious Stranger* (1916), describes a man who discovers that everything around him is an illusion and that he is the only reality in the Universe. The man realizes that he created the illusions of other people with whom to interact and form relationships. One of these illusionary people, a stranger, is the part of his mind that helps him rediscover his solitary existence.

CONCLUSION

Unlike the man in *The Mysterious Stranger*, we do not live in a vacuum. We are part of a Universe filled with fellow human beings. We cannot dismiss others as unimportant or unhelpful. We cannot remain solitary, aloof, or independent of others. We are dependent on others for the abilities to perceive, experience, think about, and feel reality. Furthermore, the more we depend on others, balancing their own perceptions, experiences, thoughts, and feelings with our own, the healthier and saner we will be.

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“Firm, Fair, and Friendly”: A Model for Working with Troubled Youth

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Successful parenting may be the most difficult challenge that any of us will ever face. President David O. McKay said on many occasions, “No other success in life can compensate for failure in the home” (quoting James Edward McCulloch, 1924, p. 42). As important as this assignment is, we were not given an owner’s manual as we began our families, with fool-proof instructions on the care and maintenance of these precious spirits sent to our homes in one manner or another.

Many Latter-day Saint parents labor under some false assumptions which may cause unnecessary grief and unwarranted guilt. When guilt-laden, heartbroken parents come to my office anguishing over the fact that their best efforts are falling short of the success they had hoped for in their children, I often ask them if they know the *Book of Mormon*, and, if they do, if they can

quote the very first verse in that book.

“I, Nephi, having been born of goodly parents, therefore I was taught somewhat in all the learning of my father” (1 Nephi 1:1). Were Lehi and Sariah goodly parents? Did they attempt to teach, guide, and direct their children in the ways of righteousness? If so, they should be guaranteed success—right? Nephi was as fine a son as a parent could expect. Joseph, Jacob and Sam were also fine lads who would make any parent proud. But how about the other two guys—Laman and Lemuel? What happened?

For every Nephi, there is a Laman and a Lemuel. For every Abel, there is a Cain. Even our Father in Heaven had one-third of his spirit children who did not pass their first estate and were not allowed to continue their eternal progression by receiving earthly bodies and coming to earth to be tested. Anthropologist Ashley Montagu remarked, “It is not the most lovable individuals who stand in need of love, but the most unlovable” (as cited in Mead, 1965, p. 282). Many of the finest parents have children in that category.

The Firm, Fair and Friendly Model takes into account that even the best intended parents are going to, at times, struggle with what we now refer to as “troubled youth.” We need to note at the onset that “troubled youth” come from a variety of home environments: from the most abusive and negligent situations imaginable to homes

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with goodly parents, rivaling Lehi and Sariah. Thus the principles presented for working with troubled youth may be applied in both more and less troubled families. Consistent with the K.I.S.S. principle (*Keep It Short and Simple*), the basic tenets of the model are summarized by the three "F's": *Firm, Fair, and Friendly*.

Most family breakdowns can be traced to difficulties in one of these elements. Some families focus on one aspect exclusively, to the detriment of the others; but it takes a delicate balance of all three to have a harmonious and smoothly functioning family. Most children can tolerate *firm*, demanding, and even rigorous rules if these rules are perceived as *fair* and if application takes place in a *friendly* and loving manner. Consider the young athlete who will drive him or herself to exhaustion, enduring all manner of deprivation and pain, in order to become a better athlete, a valued member of the team appreciated by coaches and other team members. If that same child is asked to help a sibling empty the garbage, he or she may call the local family services agency to report child abuse. Be firm as well as friendly toward that fair distribution of garbage. Many parents who try to be their children's best friends and neglect establishing and enforcing reasonable rules and boundaries find they have created undisciplined and unappreciative "monsters."

The Firm, Fair, and Friendly Model is being developed as a set of independent family/parenting modules that can be taught formally in a class or group, or incorporated individually in family councils. The modules are based on sound parenting principles, drawn from a variety of resources, which have been found over the years to be effective in helping develop healthy families.

For this journal article, three of the modules which have received the highest approval rating from families participating in the program have been selected to demonstrate how the Firm, Fair, and Friendly Model might be implemented.

The first module was originally entitled "Screening for Success" because it focused on three questions to ask to determine if intervention would be successful. This was later changed to "The Unilateral Gift," as the module was revised to focus on the concept that sets Firm, Fair, and Friendly apart from other theoretical models. An important aspect in this module is the use of the A and B lists, which help family members to identify and express their needs and wants and also to learn to understand the needs and wants of others in the family.

MODULE #1: OFFERING THE UNILATERAL GIFT

The concept of the unilateral gift helps individuals deal with negotiation stalemates: the "I will when you will" deadlock. It is based on the principles of sharing and understanding the needs of others in the relationship.

Asking Three Important Questions. The process begins with what I refer to as the "three screening for success questions." When couples, families, and even businesses and corporations ask me if there is any hope for success in their system, I tell them that if they can honestly answer "yes" to three questions, there is a nearly 100% chance of success. If any of the answers is "no," the therapy or negotiations need to focus in that area.

1. "*Do you genuinely care about the other parties in the system?*" (Substitute *family, committee, work place, etc., for system.*) I originally used the word *love* rather than *care*, but *love* has too many meanings and carries too much baggage. For example, many parents, family members, etc. claim to "love" the other parties, but the feeling is more one of duty or obligation. I find that if people genuinely like and care for others, settling differences is mainly a matter of acquiring the skills to reach their goals. If they do not really like the others, any intervention is like straightening deck chairs on the Titanic. Even those of us trained in the helping professions, with our great wisdom and bag of tricks, are not likely to be successful.

2. "*Is the problem worth the effort and energy required to resolve it?*" Another way of asking this question is to probe with additional questions: "Does the problem need resolving?" "Is it a problem that none of the parties is willing to live with?" Without the urgency that comes from agreement that the problem is serious and needs addressing, it is too easy to give minimum or "half vast" efforts. (The *half vast* can be spelled in another fashion, if you get my drift.)

3. "*Are you willing to give a unilateral gift?*" I believe that answering this question provides the breakthrough which allows major changes in the relationship to occur. First, all parties need to truly understand the needs and wants of the others in the relationship. This can be done through creating the "A/B List." Each individual writes out an "A" list--what he or she wants and needs in the relationship. Then each creates a "B" list--what he or she

thinks is on the other party's "A" list. All kinds of interesting things happen as individuals exchange these lists. Quite often people find significant misunderstandings in what they think others want and need. Important changes may begin with this clarification.

Once the needs and wants of all parties are truly understood, the assignment is for each member to select one item from the other's "A" list and agree to provide that gift unilaterally, without any strings, regardless of whether the other person "deserves it." The only discussion allowed at this stage is for each member to propose his or her gift and the recipient to merely indicate whether it would be appreciated or not. Individuals are encouraged to start low and easy so that they will be able to give a gift to someone, not because that person deserves it or earned it, but because that person is liked and the gift may help resolve a serious problem.

I have seen remarkable and almost miraculous changes in families, couples, corporations, teams and the like when they regularly give unilateral gifts. Unilateral gift giving is effective even if only one party is willing to negotiate. This model changes the adversarial paradigm of win/lose to a paradigm of win/win.

Comparing A and B Lists. The "A" list, the things Party A wants most in the relationship, and the "B" list, the things Party A thinks will be on the "A" list of Party B, must come together if expectations are to be understood. Each member reads his or her "B" list and compares it with the actual "A" list it was composed to predict. A variety of activities can be generated that help group members to learn to identify and express their wants and needs and to understand and appreciate the needs and wants of others in the family or organization. The following are examples of questions that might generate beneficial discussion:

- a. How accurate or "in tune" was the writer of the "B" list with the person whose "A" list is being predicted?
- b. What items were left off that are on that person's "A" list?
- c. What items are on that person's "B" list that are not on the other person's "A" list?

Switch roles so that each family or other group member has the opportunity to share both "A" and "B" lists. Notice the surprises that this experience provides. Why is it important to know the other person's actual needs and wants? Why is it important to be able to communicate one's own needs and wants accurately?

Giving Unilateral Gifts. First, all participants must understand what *unilateral* means. A gift which is *unilateral* is given regardless of whether the other person "earns" it or is able to reciprocate. *Unconditional* is another way of expressing the concept. To practice and reinforce the concept of the unilateral gift, each party should select an item from his or her partner's or another family member's "A" list and make a unilateral (unconditional) offer to meet that need. It isn't necessary to select the top-ranked need or want from the other's "A" list, as some may be very difficult to fill. It is the unilateral nature of the gift that is important, not its size or value. The promise of a unilateral gift might be stated something like this: "Because I genuinely care for you, and because I want our relationship to improve, I am willing to _____."

Switch roles until each partner or member of the group has offered a unilateral gift. The only response needed from the recipient is a simple statement as to whether the gift would be appreciated.

This exercise has been a powerful means of breaking through impasses in marriages, families, and organizations. When families become accustomed to giving and receiving unilateral gifts, a whole new relationship evolves as family members feel appreciated and genuinely cared for. I was recently reminded by a fellow AMCAP member that the concept of a unilateral gift is not really new or innovative: Its supreme manifestation is the atonement of the Savior, who gave us the ultimate unilateral gift of the resurrection and eternal life.

MODULE #2: USING FAMILY COUNCILS AS PROBLEM SOLVING OPPORTUNITIES

Families can be the center of the most rewarding and enjoyable experiences of our lives, or they can become dreaded associations where painful and destructive interactions occur daily. Many volumes have been written discussing how to create and maintain healthy, functional, and happy families (e.g., Clarke-Stewart, 2006; Covey, 1997; Vuchinich, 1999). Much of this information is helpful, but the sheer mass of it can be overwhelming, and approaches and theories conflict.

I often recommend an approach similar to the "Toolbox" model (Gigerenzer & Selten, 2002). For a complex task, success is more likely if we have the right set of tools. Consider trying to construct a set of furniture with a rock for a hammer and a table knife for a

screwdriver. I grew up in a home where the family's tools were about that extensive. Needless to say, very little got repaired, and those repairs were neither durable nor permanent. If you were taking your prized automobile for a major transmission repair, how confident would you feel if you saw that the mechanic's repertoire of tools was 867 hammers? Hammers are a vital tool in repair, but there are some tasks that require additional resources.

Fixing families can be like fixing furniture or repairing cars: Success depends on having *quality* tools and *correct* tools for the job. One tool that has been consistently very effective in a variety of family settings is the family council (Forgatch & Patterson, 1989; Holland & O'Neill, 2006; Vuchinich, 1999).

Family councils are regularly scheduled meetings where problems are addressed and solutions worked out with input from the entire family. Effective family councils employ a variety of communication, problem solving, and conflict resolution skills. When established and conducted effectively, they can be an excellent tool in family problem solving.

Employing the Tool. The following guidelines and suggestions can improve the efficiency and effectiveness of family councils:

1. *Employ the K.I.S.S. (Keep It Short and Simple) principle.* Sessions in which the agenda has been planned and limited, often to a single issue, are more likely to lead to effective problem solving than a "shot gun" session where many concerns are randomly addressed. Guidelines, boundaries, and basic rules of engagement should be established before discussion begins.

2. *Consider the "you can't eat an elephant in one bite" and "stuck record" approaches.* In problem solving councils, the family should stick to the assigned topic and avoid tangential discussions. Digressions from the assigned topic need to be handled gently but firmly: "That's something we need to find time to think about and discuss. But today we need to focus on _____." Be aware that one who feels his or her position is losing support may deliberately try to divert attention to another topic.

3. *Follow the generally accepted "rules of engagement."* Even warring nations (at least most of them) have agreed to conventions of warfare, such as those of the Geneva Convention, which forbid certain tactics and weapons. Such prohibitions might include armed attacks on unarmed civilians, inhumane treatment of prisoners, or

chemical and biological warfare. Fighting fair should be more important than winning at all costs.

4. *Limit the length and depth of the topic selected for discussion.* Too often the solution to the problem becomes more painful than the problem itself. Experience and research show that problem solving activities that are limited to short periods of time and followed by an enjoyable activity are more likely to be successful than conflict sessions that drag on until everyone is exhausted.

5. *Look for areas of agreement and opportunities for compromise.* Many say that most problems can be solved with the world's most important "three word message": "I love you." But in family councils the four word healing message can be even more powerful: "You may be right." This type of comment or response is referred to as a *defuser*. Other defusers work in the same way: "I can see where you are coming from," "I think we both would agree that _____," "That certainly makes sense." Defusers tend to keep emotions at a lower level and reduce defensiveness, allowing thoughtful and non-confrontive negotiations to continue.

6. *Establish rules of respect.* Another frequently affirmed conflict resolution skill is to be able to "disagree without being disagreeable" (Deutsch, 1993; Elgin, 1997; Kurcinka, 2000; Rudisill & Edwards, 2002). Common rules of respect and courtesy should be established for each family or other unit. Here are some useful examples:

- a. Do not put down, criticize, or mock.
- b. Do not bring up unrelated negative experiences.
- c. Do not interrupt. Let each person finish expressing his or her position.
- d. Engage in active listening; provide feedback to other speakers by rephrasing what they say so they know you understood what they said and meant. One way to do this is to say, "I hear you saying _____" or "I understand your position as _____" before you begin your rebuttal.

7. *Do not use the information discussed in a family council in other situations in a punitive way.* Everyone should have the right to express his or her feelings without fear of retribution or revenge.

Focusing the Discussion. It is important to focus the discussion in ways and terms that keep it from deteriorating into defensive confrontation. Professional negotiators and mediators have suggested the following strategies:

1. *Focus the discussion on the behavior, not the person.* It is

important to refer to what a person *does* rather than comment on what we imagine that he or she *is*. The focus on behavior requires that we use adverbs (which describe actions) rather than adjectives (which amplify labels) when referring to a person. Thus we might say that a person “talked considerably during the meeting,” rather than saying that this person “is loud and talkative.”

2. *Focus discussion on observations rather than on inferences.* Observations communicate what we see or hear in the behavior of another person (“you responded quickly to his criticism”), while inferences communicate our interpretations of the behavior (“you were defensive”). Inferences or conclusions may be profitably shared, but they should be clearly identified as inferences or conclusions. (“When you turn away while I’m talking to you, I feel as if you do not value what I say.”)

3. *Focus discussion on description rather than judgment.* Description is a process for reporting what occurred, while judgment is an evaluation in terms of good or bad, right or wrong, nice or not nice. Judgments occur within a personal reference frame or value grid, whereas description reports in a more neutral manner.

4. *Focus discussion in terms of “more or less” rather than “either . . . or.”* The “more or less” terminology implies a continuum on which any behavior may fall, stressing *quantity*, which is objective and measurable, rather than *quality*, which is subjective and judgmental. Thus, an individual’s participation may fall on a continuum between “low” participation and “high” participation, rather than “good” or “bad” participation. To communicate with specifically delineated labels is to trap ourselves into thinking in categories which have different values for different people and thus are barriers to effective communication.

5. *Focus discussion on behavior related to a specific situation, preferably to the “here and now” rather than to the abstract “there and then.”* Behavior is always tied in some way to time and place, and we increase our understanding of behavior by viewing it in this context. Information is most meaningful if it is given as soon as appropriate after the observations or reactions occur.

6. *Focus discussion on sharing ideas and information, rather than on giving advice.* By sharing ideas and information, we leave the receiver free to decide for himself or herself how to use the information, in the light of personal goals and current circumstances. When we give advice, we tell the individual what to do with the information and thus

take away this important freedom. In addition, giving advice makes us responsible for failure if the course we recommend does not prove to be successful.

7. *Focus discussion on exploring alternatives rather than on finding “THE CORRECT” answer or solution.* The more we can focus on a variety of choices and alternatives, the more likely we are to stimulate and maintain an active search for more effective solutions and better ways to do things. Focusing on just one “correct” solution can lead us into the “Guess what I think the answer is” game that many teachers inadvertently play. Individuals hesitate to suggest or explore alternatives if the goal is simply to guess what someone else already “knows” is the solution.

8. *Focus discussion on the value the information may have to the recipient, not the value or “release” that it provides the person providing the information.* The information provided should serve the needs of the recipient rather than the needs of the giver. Help and feedback need to be given and perceived as an offer, not as an imposition or mandate.

9. *Focus discussion on the amount of information that the person receiving it can use, rather than on the amount you have which you would like to give.* To overload a person with information is to reduce the possibility that he or she may use it effectively. Giving more than can be used is often done to meet some need within the giver rather than to assist the receiver to solve the problems. This is a common fault for parents, teachers, and others in “authority,” who have lectures that they desperately want to give--particularly in matters of values and belief systems. My children have a delightful way of letting me know when I have gone into overload: “Dad, you really overestimated my curiosity on that one.”

10. *Provide discussion and feedback at a time and place and under an emotional level that will enable the individual to thoughtfully receive and process the information.* Intellectual capability and emotional readiness are critical in problem solving discussions. Certain problem areas require a particular level of intellectual and moral reasoning capacity to be effectively analyzed and discussed. Problems discussed should be within the capability range of participants. When emotions are high and accusations and defenses are defeating the purpose of the discussion, it may be wise to reschedule until participants have had a chance to get their feelings under control.

Selecting Agenda Items for Family Councils. Certain elements and components can be useful in a family council,

depending on its goals and objectives. Not all items need be included each time. Family councils should be scheduled at times that are most convenient for family members. The mood and setting should be positive, focusing on seeking solutions rather than finding fault. The following procedures are recommended components:

a. *An introduction of the agenda and goals of the family council.* This might include a quick review of the “rules of engagement” that have been established.

b. *Calendaring and scheduling.* Family councils provide opportunities to review what is going on in the lives of the family members and to make lists of appointments, concerns, deadlines, commitments, etc., that the family and individual members have.

c. *A review and follow up of the last family council.* It is important to follow through with assignments that were given, goals that were achieved, and areas that still need more effort. Problems encountered should be identified.

d. *Discussion and problem solving of the selected concern.* A number of problem solving models can be applied.

e. *Closure.* Good discussions have good closure. This should include a summary of the conclusions reached and assignments made.

f. *Focus on the positive.* Some families conclude by having every family member give a genuine compliment to every other family member, along with offering unilateral gifts for the week.

g. *Move on to a previously scheduled recreational activity.*

MODULE #3: GREEN LIGHT, YELLOW LIGHT, RED LIGHT: PART I, APPLYING THE PRINCIPLE TO DEALING WITH BULLIES AND HARASSMENT

This unit was initially developed at the request of a school district to help a number of students who were being intimidated, harassed, bullied and, in general, treated unkindly. Unfortunately, these students were reacting in ways that compounded the problem, led to unfavorable impressions, and required disciplinary actions. Serious problems in schools across the nation have shown what can happen if rejecting and bullying behavior cannot be resolved.

The basic principle of the Firm, Fair, and Friendly Model is to educate all parties on when to use which level of intervention and who should be involved at each stage. The underlying principle is to attempt to get the problem

resolved at the lowest intervention level possible without putting the child at risk or setting up individuals for failure. As this principle is discussed, each stage will be described with suggestions for intervention for the various parties, with the goal of training students, parents, school and community participants to understand what their roles are and how to work with the others.

The model is based on the following basic precepts:

a. Every child has the right to a safe, non-threatening environment.

b. Maintaining this environment requires a coordinated, collaborative team effort.

c. Every team member has a responsibility.

For this program to be effective, all parties need to receive adequate training and coordination. First, various team members need to be identified and their roles defined. Some communities have established systems such as interagency councils. If a system is not established or is incomplete, a community action team can be developed to deal with this and other related problems. An effective team should include the following:

a. A school component, including administrators, teachers, and counselors

b. Student representation

c. Parents/ family representation

d. Mental health professionals

e. Police

f. Juvenile court

g. Family services

h. Others as needed

Green Light Mode. The *green light* represents the steps that the individual student can take before enlisting the help of others. Theoretically, when the student has skills and abilities for dealing with harassment or intimidation issues, fewer problems will escalate to serious proportions. Developing and exercising skills gives the student self-confidence and expanded ability to apply these skills in other conflict resolution and problem solving settings.

The student should be trained to recognize which situations are reasonably safe to confront with his or her skills and which pose a serious enough danger to “withdraw and report.” Skill training at this stage might include the following:

1. *Recognizing and understanding the role of the “victim’s” response in the probability of being targeted.* Bullies tend to enjoy tormenting students who respond with extreme

emotions. Excessive crying, whining, and “helpless” behavior comprise one type of emotional response. Another response set involves going “ballistic” and overreacting with aggressive retaliation. Students who respond aggressively may find themselves in more trouble with authorities than the bully who initiated the confrontation.

In addition to controlling their responses, students can be taught to recognize and eliminate their “erasures.” An erasure is a behavior that irritates, annoys, or provokes others to the extent that it seems to “erase” all of an individual’s good behavior. For example, an individual may be courteous, friendly, and helpful, but have a habit of using vulgar profanity that makes others forget or “erase” his or her otherwise excellent qualities.

2. *Using “I” statements and other forms of assertiveness training.* To avoid overreacting either too helplessly or too aggressively, students are taught how to respond assertively. First, it is essential that students learn to discern situations when they can practice assertiveness without placing themselves at risk for injury or abuse.

Assertiveness has been described as the ability to stand up for oneself without being aggressive or abusive. One effective assertiveness skill is learning how to use the “I” message: e.g., “When this happens, I feel _____, and I would appreciate _____.” For example, a student who is the victim of name calling might say, “When you call me *retard*, it makes me feel bad. I would appreciate it if you would cut that out.”

Students are trained on how to express their feelings and make suggestions for resolving conflicts. A student who sees someone misbehaving in the cafeteria might say, “I don’t like it when you butt in line and push little kids around. If you keep it up, I’ll report you to the lunch monitor.”

3. *Recognizing and learning to avoid situations where bullying and harassment are most likely to occur.* Bullies tend to avoid settings where responsible adults might intervene (Astor, Meyer, & Behre, 1999; Farrington, 1993; Olweus, 1994). They usually pick on loners—individuals who are isolated and have no one to help them stand up for their rights. Students who have been or are likely to be victims are encouraged to avoid dangerous settings and to try to ally themselves with at least one associate or friend. They are also taught to seek out authority figures or other responsible individuals if they feel threatened, as recommended by Casey-Cannon, Hayward, & Gowen (2001), Newman, Murray, & Lussier (2001), and Olweus & Limber (1999).

4. *Making and maintaining friendships.* As mentioned, one

of the main deterrents for victimization by bullies is being accompanied by friends (Cowie & Olafsson, 2000; Olweus, 1993; Pellegrini & Long, 2002). Many students do not have the skills to acquire and maintain friendships. In addition to learning to eliminate their “erasures,” some students are taught friend-making skills.

For example, one very basic skill is learning how to focus on and attend to others. Children who lack friends are often those who are egocentric and focus exclusively on themselves. Students are taught how to identify and express interest in the needs and interests of others. Following are a few examples:

“I notice that you are pretty good with a skate board. What are some of your favorite tricks?”

“I understand that you know how to play chess. I would really like to learn how. Do you think you could help me?”

“I noticed you checked out one of the Harry Potter books. They are my favorites. How do you like them?”

5. *Developing a new set of friends and finding a support system with peers.* Many victims try too hard to impress or gain favor with the wrong crowd. Some groups and some kids are just not going to accept them as friends. One successful approach is to encourage the young victims to identify other youth who might better appreciate them. Research has shown that students in groups are less often singled out for harassment and bullying (Boulton, Trueman, Chau, Whitehand, & Amatya, 1999; Hodges, Boivin, Vitaro, & Bukowski, 1999; Junger-Tas & Van Kesteren, 1999; Pellegrini, Bartini, & Brooks, 1999; Rigby, 2000).

6. *Training in relaxation and stress reduction techniques.* Teaching students how to maintain a calm and confident state even when they are provoked can be very helpful. Muscle relaxation, breathing techniques, positive self-talk, cognitive restructuring, counting to ten, visual imagery, and other techniques have been successful (Fallin, Wallinga, & Coleman, 2001; Horne, Bartolomucci, & Newman-Carlson, 2003; Suckling & Temple, 2002).

7. *Know when to calmly disengage and walk away.* Disengaging can be extremely hard for some of the students who overreact either by falling apart emotionally or by retaliating aggressively. These students must learn to keep their emotional thermostat from clicking on in times of stress.

If the bully or harasser does not respect the victim’s decision to disengage and walk away, or if the victimizing continues despite the student’s best efforts to employ the other “green light” strategies and skills, it is important for

the student to know whom to turn to for support and protection.

Yellow Light Mode. In an ideal world, the *green light interventions* would be all a student would need. However, not all problems are going to be resolved with green light ease. There will be situations when the best of techniques do not deter peer harassment, bullying and intimidation. Additionally, in this less than ideal world students will get upset in other settings, with school staff, parents, etc. In these imperfect situations the *yellow light condition* is warranted.

The individual student is not responsible for dealing alone with more than the green light behaviors. Yellow light planning involves identifying and training responsible adults to whom a student may turn for additional help when his or her best green light behaviors do not resolve the situation. Learning to handle the green light area reduces the likelihood of being viewed by peers and adults as a *wimp, narc, cry baby* or other popular designation. However, knowing when to enlist the assistance of others greatly reduces the probability of explosive, assaultive, or emotionally upsetting occurrences when the student can no longer handle the problem alone.

The *yellow light* mode requires team and system planning. Parents, counselors, teachers and administrators need to determine whom the student can turn to for which forms of services and interventions. Some successful yellow light applications allow for an upset student to leave the confrontation setting and go to speak with a counselor or a trusted and trained teacher or administrator. This approach is not restricted to incidences of harassment, but can be utilized any time a student feels that he or she is losing control.

The school system, parents, and counselors should develop some intervention strategies to assist upset students. Strategies which have been successful include active listening, exploring alternatives, and making direct intervention in the student's behalf. Some schools incorporate strategies such as a peer court to help deal with harassment and bullying issues (Mahdavi & Smith, 2002; Nessel, 2002; Poch, 2000). How well the system responds to the specific and legitimate needs of the upset student determines how successful the program will be. The student has to have confidence that those he reports to will make things better and not worse. This may require some training in conflict resolution and other intervention strategies. Policies and procedures involving disciplinary actions for students who violate the rights of others may

need to be revisited and revised.

Red light mode. Just as there are limits to what an individual can do in his or her own behalf, there are limits to what parents and schools can do, even in serious cases. It is as important to know what a system cannot do as it is to know what it can. A parent's job is to parent, and the school's job is to create a safe learning environment and provide effective teaching. We get into trouble when we try to wear the hats of others.

There are times when resources outside the family and the school are needed. The school system and parents need to decide under what conditions outside resources should be brought in and how this should be done. Policies and procedures should be determined before a crisis occurs, so that all participants understand their responsibilities and expectations.

The following outside resources may need to be included in the red light mode:

- a. Police
- b. Juvenile court and probation officers
- c. Health and human welfare
- d. Emergency services (911)
- e. Mental health crisis resources
- f. Resources identified by the family for support and respite, including clergy, family, neighbors, etc.

GREEN LIGHT, YELLOW LIGHT, RED LIGHT: PART II, APPLYING THE MODEL TO FAMILY RULES AND POLICIES

An additional application for the Green Light, Yellow Light, Red Light Model helps families determine what level or system of rules to develop and implement, depending on circumstances.

Green Light Mode. The *green light* condition allows a fair amount of freedom with few restrictions, as long as the behavior does not cross into the *violation area*. Like a thermostat, the heat is not turned up unless a predetermined unacceptable level is reached.

Every family should try to designate a substantial range of behavior that can be controlled using the green light mode. Children enjoy the freedom and benefits, while parents appreciate the compliance with reasonable standards that do not require constant monitoring and intervention.

Critical to successful green light conditions is a clear agreement as to where the light changes to yellow or red so that outside sources begin to exercise control.

Following are some areas in which families have been successful with the green light mode:

a. *Homework.* A student who is performing at an agreed-on academic level, with no negative reports from the school, is allowed to select and schedule the amount of study time needed to maintain that level of performance.

b. *Personalizing and upkeep of the child's room.* As long as a minimum level of cleanliness and order is maintained, and as long as certain agreed-on values such as prohibition of violence, profanity, or excessive sexuality are maintained, the child is free to design and maintain his or her own living space.

c. *Choice and use of music, videos, etc.* As long as agreed-on standards are not violated--such as avoiding unacceptable themes of excessive violence, inappropriate sexual content, and disrespect for authority--the child may have some freedom in selecting music, video, TV shows, and computer games.

d. *Bedtime.* If the child can get up and have everything ready for school on time, be reasonably cheerful, and function effectively, he/she might be allowed some choice in bedtimes.

Yellow Light Mode. Most of the time families are going to be operating in the *yellow light* mode. Within this mode the family develops and implements rules that follow the Firm, Fair, and Friendly Model. In the outside world, most behavior results in consequences, often referred to as rewards and punishments. I prefer to use the words *costs* and *benefits*, which focus on the individual earning the consequence and imply a certain amount of fairness.

Families should be prepared to spend some time developing appropriate rules and agreeing on consequences. Rules developed in a calm environment before specific misbehavior occurs are superior to rules that arise in the heat of the moment.

The following procedures are recommended for using the yellow light mode:

a. *Identify target behaviors with specific definitions and limits.* Do this at a calm time when a potential violation has not just occurred.

b. *Establish "fair" consequences.* Natural or logical consequences should be used whenever possible. Consensus and commitment are essential to any system of rules. Immediacy and consistency in delivering consequences are more important than consequence size.

c. *Provide positive rewards or benefits for the desired behavior as well as costs or punishments for the undesired behavior.*

d. *Use minimum discussion during enforcement.*

e. *Using a "corrections model," allow opportunities for "reduced sentences" or "time off for good behavior."*

Red Light Mode. A parent's job is to be a parent. Like teachers and schools, parents can get into trouble by trying to wear the hats of others. At times additional resources are needed. Before a time of crisis, the family should discuss conditions under which outside resources may become necessary, along with *who* should be included and *how*. The following formal or public resources might be needed from time to time:

a. Police or probation officer

b. Mental health crises worker

c. Emergency services (911)

d. School staff when problems are school related

e. Division of Family Services

Many families also decide together on those who might serve on a more informal resource team to assist the family in times of crises or stress. The following individuals might be considered:

a. Extended family

b. Trusted neighbors

c. Scout leaders

d. Coaches

e. Community or church youth leaders

f. Home teachers

CONCLUSION

Even the most generous unilateral gifts and the most professionally conducted family councils would probably have had little effect on the dispositions or behaviors of Laman and Lemuel. Children do have their free agency, and the older they get, the more freely and creatively they are going to exercise it. However, for children who fall somewhere within the "normal" range of the Nephi-Laman continuum, the Firm, Fair, and Friendly Model can be helpful in alleviating family stresses and conflicts, providing skills and competencies for handling peer difficulties, and establishing standards and processes for appropriate functioning within the home. A family Liahona with "F Dials" may be what is needed to keep many on a reasonable path to the "promised land" of peaceful home and school environments.

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Considering the Relationship Between Religion and Psychology

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The interaction between Religion and Psychology, one of the founding principles of AMCAP, has been addressed several times in AMCAP forums (De Hoyos, 1982) and elsewhere (Richards & Bergin, 2005; Sorensen, 1981; Sperry & Shafranske, 2005). Many may have entered the helping professions to fulfill personal religious needs as well as service goals. The long standing dialogue on the topic of Religion in the helping professions will not end with this article, nor should it ever end in this life. We believe that examining the ways in which Religion and Psychology interface deserves the attention and effort of many minds, that this endeavor is too important to approach lightly, and we will argue that premature conclusions could prove harmful (Bergin & Payne, 1992). It is critical that those debating these important issues avoid making claims beyond their effort or asserting greater success than will hold up under close examination. Many therapists who embrace the relevance of spirituality and religion in the lives of those receiving psychotherapy (e.g., Richards & Bergin, 2005) have proposed strategies for the inclusion of spirituality in psychotherapy. We argue that development of such strategies must be preceded and guided by careful consideration of the relationship between Religion and Psychology. Our purpose is not to provide a definitive treatise on the subject, but to identify some relevant questions, problems, and dilemmas.

We will discuss four broad topics. First, we will present a framework for the complex interaction between Religion and Psychology—one that embraces ambiguity and uncertainty in order to prevent premature closure. Second, we will present five questions we think are important to ask when considering the compatibility of Religion and Psychology. Third, we will present three facets of Religion and Psychology that we believe are mutually exclusive. Finally, we will offer an approach to the integration of Religion and Psychology that encourages a continuing dialogue of how and whether it can be done.

OPPORTUNITIES IN UNKNOWABILITY

We believe the mortal world will not see a resolution of the questions and dilemmas we will present, which non-resolution may be of value, as we will assert. It seems to be part of the mortal condition that humans will not arrive at a “theory of everything” in which all truth is captured. The gospel itself is not “whole” or complete in its current state. Though the gospel is

sufficient for humanity’s current struggles and though there has been a “restoration of all things” such that more is available than in any previous dispensation, complete certainty will not be achieved in mortality.

The following is an illustrative passage from a discourse of Joseph E. Taylor (1894), referring to a statement the Prophet Joseph Smith had given to Elder John Taylor, at the time a member of the quorum of the twelve. Joseph Smith had asked Elder Taylor, Orson Hyde, and some

others to write a constitution for the church. As they applied themselves there was always something that could not be accepted, that could not be passed upon. When Brother Joseph asked Brother Taylor if he had finished the constitution, the latter replied that he had not because the parties involved could not agree upon the constitution.

“Well,” said Joseph, “I knew you could not, ye are my constitution—as Twelve Apostles—ye are living oracles.” That is what he meant. “The word of the Lord shall proceed from you, and that, too, in keeping with the circumstances and conditions of the people, and you shall have the inspiration of Almighty God given to you to give counsel suited to them.” Now, what about the written word? Shall we ignore it? Shall we pass it by as a thing of no value to us whatever? Or shall we retain it, read it, and commit it to memory, and above all things become possessed of the spirit underlying the written word You take this revelation, for instance, pertaining to the glories of the celestial, terrestrial and telestial worlds, and let many individuals read it carefully and seek to mature ideas that come to their mind in connection with this revelation. You ask these individuals their opinion upon this, that, and the other passage, and I guarantee to tell you that there will be a vast variety of ideas upon that written word, a vast difference in conception. And now, mind you, while these individuals may be more or less possessed of the spirit of the Almighty, yet Is it not possible that you and I may place a wrong construction upon the revelations of Almighty God? Do brethren vary in opinion belonging to the same quorum, to the same organization, vary in their opinion upon points of doctrine? Why, yes; and they vary very largely and very widely, and in

some instances I have found that one individual is the very antipodes of another, so far apart are they in their ideas. Does that change the spirit of the revelation? Not by any means. What is the reason of this diversity of thought and opinion and construction? Simply the fact that we have not grasped the real truth underlying the revelation. And yet these men are good men, useful men, men full of zeal and intelligence, and full of faith in God. The sick may be healed under their hands, the power of God may be manifested in them, and yet they may err in judgment in trying to conceive the proper and correct idea upon points of doctrine which God himself has revealed. You come to the principle of baptism, however, and there is no question about that. And why? . . . Simply because we all partake of it, we all experience it, we all pass through it. When you come to grasp the eternal things that God, to a certain extent, has revealed in order to give us some light upon things pertaining to eternity, that is another thing. You and I have not passed through it, and consequently we must reach out to gain a conception, and according to our capacity to conceive, so are we satisfied in our mind. We talk upon this subject, on that subject, and we shall find our brother varying from us in ideas, and yet he is a good brother. When you and I have passed through death . . . when you and I shall be celestialized we will know something about celestial glory, it will not be merely conjecture. We will understand by actual experience, and there will be no difference of opinion whatever. (para. 27)

Using personal life experiences and conceptual abilities to comprehend the things of God, people reach into the vastness of knowledge from different points and at different paces. They do grasp hold of important pieces of the truth and are encouraged by the confirming voice of the Spirit. What they “know” they may truly “know,” and yet they still do not know it all. It may be a human trait to try to apply a known truth more broadly than it can stretch (2 Nephi 9:28). In the quest for certainty, people may want to discount that their knowledge is gained in a context and from a certain point of view. Perhaps the journey of acquiring knowledge is as important as arriving at the destination.

We suggest that there is something in the exercise of growing, speaking with each other, and learning from each other, that holds value in and of itself. A similar idea that further illustrates the value of the inability to arrive at certainty in this life is expressed by John Durham Peters (1999):

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Embodiment holds all kinds of secrets unknowable to the spectator. A spirit that has never lived in embodied mortality may know all things except what it is like not to know all things. In mortality, a spirit can become acquainted with the night, privation, and ignorance. It can encounter lack, absence, desire, and negativity in their fullness (or rather, their partiality). It can learn about waiting, surprise, the uncertainty of all action—everything, in short, that derives from living in time. (p. 35)

We suggest that learning line upon line is an inescapable principle for professions as well as for individuals. Given that all are subject to everything “that derives from living in time,” humility seems the wise course. As many add their voices to this endeavor to find a way for Religion and Psychology to relate, there will be many opportunities for ideas to clash. One may feel under attack when another good sister or brother asserts a conflicting opinion. Some may feel a need to contend in the arena of ideas to defend what they “know” to be “true.” It can at times be as though they are defending the very integrity of their “knowing.”

We encourage more humility along with attempts to cooperatively arrive at an understanding. We assert that the tolerance for ambiguity for which we have called is important, not only to make room for resolving differences cooperatively and to avoid prematurely closing dialogue, but to also create a rich seedbed for creativity. There is much joy to be found in the discovery of new insights and truths. We believe that many ideas held suspended in ambiguity offer a greater opportunity to advance knowledge than does the search for certainty. “If a man will begin with certainties, he shall end in doubts; but if he be content to begin with doubts, he shall end in certainties” (Bacon, 1952, p. 16).

POTENTIAL INCOMPATIBILITIES

We now turn our attention to five questions regarding the compatibility of Religion and Psychology: (a) What motivations prompt attempts to bring these two together? (b) Can they mix? (c) Where is each placed historically and culturally? (d) What is the strength of the grounding on which each stands? (e) Do they share purposes and goals?

WHAT ARE THE MOTIVATIONS THAT PROMPT ATTEMPTS TO BRING RELIGION AND PSYCHOLOGY TOGETHER?

Motivations for joining Religion and Psychology may be examined from either direction. What might Psychology gain by including Religion? What might Religion gain by including Psychology? Are there some who attempt to make one more acceptable by adding the other? Do some want the advantages of integration without concern for the resulting effects on the cohesion of either?

First, what advantage would fall to Psychology in the relationship? Would an infusion of Religion somehow exalt the psychotherapy process or elevate it to a status of having more to offer? Some may be uncomfortable or frustrated with the ambiguity we referenced earlier, believing that Religion holds the promise of “Truth” with a capital *T*. The temptation might be to attempt to bring the “Truth” of Religion into Psychology in order to claim the creation of a “true” psychotherapy that is then complete and no longer subject to ambiguity. One might wish to call upon the truths of Religion to shore up a shaky foundation, so to speak. In so doing, can one then claim to have created a “true” Psychology or system of psychotherapy? To what degree does adding a few pieces of “foreign” foundation really constitute “building upon a rock” (Helaman, 5:12)? Can one really add enough pieces to create a “true” Psychology? The responses to such questions may reveal that attempts to create a “true” Psychology belie an arrogance that is inappropriate regardless of one’s intentions. Such attempts may often be fueled by a desire to be “right,” but that these efforts lack depth, rigor, and clarity of thought has been argued before (Sorensen, 1981).

Second, what advantage falls to Religion in the relationship? Could Psychology make Religion more palatable, perhaps by removing some of the traditional obstacles to religious adherence? Could Psychology remove sin as a topic of conversation or provide flexibility in what is perceived as rigid dogma? Could Psychology provide an answer for declining church attendance? Maybe some psychological principles would enliven a sermon and lead to increased donations. Psychology might offer training to clergy to increase the effectiveness of giving religious counsel to adherents.

Is this like adding “window dressing” to an existing structure? Integration efforts that fail to consider such questions seem to be sloppy at best--and irresponsible and dishonest at worst.

Such motivations for integrating Religion and Psychology seem to make a fundamental error. The quest to have the advantages of one by seeking to directly add it to the other ignores principles of paradox and byproducts, which are that many of the best benefits of this life are not obtainable by direct attempts to make them happen. At times the commands are to “cast thy bread upon the waters” (Ecclesiastes 11:1) or position oneself “last” in order to be “first” (1 Nephi 13:42). Losing one’s life in service is the only way to truly find it (Matthew 16:25). Attempts at integration that fail to consider the potential application of these principles may be untenable.

CAN RELIGION AND PSYCHOLOGY MIX?

Many have suggested ways in which Religion and Psychology might be integrated, or in our words, *mixed* together (Sperry & Shafranske, 2005). Genevieve De Hoyos (1986) summarized previous iterations of the dialogue, identifying four types of integration. The first she called “using secular therapies to achieve church-approved goals” (p.118). By this she referred to a fairly routine and basically secular application of psychological principles with the inclusion of gospel goals as the motivation for the therapies. Second, De Hoyos identified what she called “Mormonizing” secular models: a basic adherence to secular psychotherapy theories and practices with the addition of some specific aspects of the gospel, such as occasionally referring to scripture or occasionally referring to gospel principles as a support for the secular therapy. Third, De Hoyos identified what she called “blending secular therapies with the gospel,” appearing to assume that the primary adherence is to the gospel, but with a significant reliance upon secular theories and techniques. De Hoyos identified a fourth type which places the gospel at the “hub of the wheel”: with the gospel as the foundation of the work, but including minor attempts to blend in secular theories and techniques. These four types of integration seem useful for summarizing many of the approaches examined over the years in AMCAP.

However, this way of construing integration seems to assume that the two are compatible in a way that allows such mixing.

If a mixing of the two is possible, what is the nature of the mixing? Is it a mixing similar to cooking, whereby one takes separate ingredients, mixes them together, and creates something altogether different? One view of this kind of mixing is that the whole is somehow greater than the sum of its parts. Does adding Religion to Psychology make it something beyond itself? Does adding Psychology to Religion make it something beyond itself? This type of mixing seems to imply that individual ingredients were somehow not sufficient in and of themselves or at least that there exists a potential that is beyond the reach of the original ingredient. Perhaps varying the amounts of individual ingredients results in a different whole. Does more Psychology or more Religion in the balance yield a better product? One of the problems with this approach is that the final product has nothing foundational. None of the original ingredients have any over-arching primacy. We think most in AMCAP would have difficulty removing the primacy of Religion.

Perhaps Religion and Psychology may mix like apples and oranges, where there is an intermingling of principles and goals and behaviors, but each separate element maintains its own distinct original properties. With this view, is the whole greater than the sum of the parts, creating the problems mentioned previously? Does each enhance the other in the mix, or is there an element of pollution present? Does the addition of one significantly enhance the performance of the other? Does the presence of Religion significantly enhance Psychology? Does the presence of Psychology significantly enhance Religion? Does one water down the other?

Perhaps the way they mix is like oil and water: The mix is a tentative one, forced at best, with a constant tension, each with the inclination to separate from the other, held together only by intense efforts. In this view, the differences surface frequently and in striking ways.

Any attempt to further the position of one threatens the other. One might begin to question whether the effort is worthwhile. Thus it is apparent that there are many possible approaches to mixing, each carrying a set of questions for requisite consideration. Other writers may identify additional types of mixing that would shed more light on the dialogue.

WHERE ARE RELIGION AND PSYCHOLOGY PLACED HISTORICALLY AND CULTURALLY?

Next we turn attention to temporal positioning, to historical and cultural context. Consideration of the historical relationship between Religion and Psychology quickly reveals Religion's primacy—that it has been part of this earth's existence since the beginning. Psychology as a "science" has arrived on the scene only recently, having been here just the last few decades (Robinson, 1995). Dr. Edwin Gantt (2005) makes a similar observation and offers some insight on the matter:

Despite a lengthy, rich and sometimes contentious history of literary, philosophical, and theological inquiry into the problem of human suffering, our modern world has increasingly come to rely on psychological and psychotherapeutic explanations of suffering's origins and meaning. Indeed, many scholars have argued that psychology has come to compete for and in large measure usurp the cultural and intellectual space once occupied by religion, literature, and moral philosophy . . . It has become commonplace in our society to believe that psychologists not only hold the keys that will unlock the mystery of suffering but also possess the techniques necessary for eliminating it. Because of this assumption, psychologists are often afforded the sort of status and respect that was in earlier times reserved for priests and prophets, sages and shamans. (p. 53)

What has happened to cause this shift away from Religion and toward the enthroning of Psychology? What is different about current times when compared to previous eras in history? Such questions seem relevant when considering the place, function, and role of both Religion and Psychology, as well as whether or not the two can be integrated or even co-exist.

Another important observation is that the predominance of psychotherapy services is found in Western cultures. Psychology could even be accurately described as being a product of Western thought and civilization (Robinson, 1995). What would Psychology be like if it were to have emerged from a different culture or mindset? Why do the same questions not come to mind regarding Religion? As with all of the questions we will raise, we can not explore all of the implications

that follow from this observation, but there seem to be important constraints imposed upon Psychology by these limitations of cultural context. Members of AMCAP are likely to be deeply entrenched in Western culture and its product: psychotherapy. The roles of religious adherent and psychotherapy practitioner likely constrain one's worldview, resulting in biases that skew one's beliefs about the importance of Psychology relative to that of Religion. Acknowledging that none can achieve immunity, we recognize that even the ideas in this article are subject to such cultural constraint.

WHAT IS THE STRENGTH OF THE GROUNDING ON WHICH RELIGION AND PSYCHOLOGY STAND?

Do Religion and Psychology stand on equal footing? The few arguments presented thus far suggest that they do not. What credibility, then, should be assigned to each? More to the point, how much credibility can Religion surrender to Psychology? To what degree will one allow Religion to be bent by the assertions of Psychology? Should Religion be encouraged to "make more room" for Psychological theories and practice? If much of an intrusion into Religion is made, its integrity as a self-sufficient entity falls into question. For example, Religion would be obligated, at least in some way, to accommodate the demands of the minority voice, as is done in Psychology. On the other hand, if Religion made no concessions with Psychology, would the result be a hostile takeover of Psychology by Religion? Even with abandonment of competitive language in favor of cooperative tones, the question remains of how much one will be allowed to influence the other. Yet another option remains: to abandon attempts at a relationship altogether. Until the questions in this debate have been more thoroughly examined, choosing this option seems premature.

DO RELIGION AND PSYCHOLOGY SHARE PURPOSES AND GOALS?

Our fifth question for consideration is whether the purposes of Religion and Psychology are the same. A related question might be whether the purposes of one are a subset of the other. For those who believe the purposes of Religion and Psychology to be the same or consider one a subset of the other, an integrated relationship easily presents itself. At this point, the

question arises of whether Psychology is needed at all, considering that God has already established a perfect system. However, the relationship is more difficult for those who believe that the purposes are dissimilar or perhaps even mutually exclusive. If the purposes are not the same, one might question the effort to establish a relationship at all. Additionally, a hasty approach, unconcerned with completeness or accuracy, might simply throw out the mutually exclusive goals or areas from each side, preferring to focus only on parts that combine easily. We argue that it would be wise to carefully consider the more troublesome questions early in the project. Others have also examined the challenges associated with using psychotherapy as a means to gospel ends (Sorensen, 1981).

IRRECONCILABLE DIFFERENCES

We will next examine what we consider to be three mutually exclusive elements of Religion and Psychology. We will refer to these elements as *irreconcilable differences*. The first of these deals with purpose and method. It seems that Religion approaches its purposes by providing a “way of living” that offers meaning in the face of difficulty, hardship, and suffering (2 Nephi 31:20). Religion offers very little direct assistance in specific ways to manage day-to-day difficulties. Psychology, on the other hand, seems to occupy itself with the specifics and mechanisms of day-to-day living, with a focus on relieving the sorrow, suffering, and hardship. It is as though Religion says, “Trials will happen in your life for many reasons—here are some ways to find meaning and peace anyway.” Psychology seems to say, “If bad things happen to you, we will discover how you could or should respond to mitigate the effects.” Religion seems to provide overall, general types of support, whereas Psychology has a list of disorders with specific strategies to address each. This difference has some important implications. Two such implications are closely related and we highlight them here.

As a first difference in purpose and method, a press for specifics seems to leave room for—if not actively encourage—the development of strategies that are bigger, faster, higher, stronger, and better, as defined by the developer. This competition is easily found in Psychology. An easy next step is to assert that the resulting procedures are inherently superior and deserving of accolades, prestige,

and money. The familiar patterns of pride are a very short step away. An assertion that one has “found a better way” when connected to specifics puts one in a position of arrogance that closes off exploration of other options. On the other hand, when an assertion of “finding a better way” is framed in more global and flexible terms, specific applications are left to context and judgment. Precisely because the specifics are avoided, there is nothing on which to lay a copyrightable claim. Therefore, the press for premature closure on the matter is reduced, and claims of a “superior” specific treatment are unlikely. Cooperation and similarities are emphasized, and competition and differences are minimized.

As a second difference in purpose and method, specific treatments the literature attempts to define are almost always held out as having general applicability. The “research” is full of language that is clearly intended to position the findings as representative of people “in general.” Terms such as *statistical significance* and *randomized sample* are but two examples. The assertion is then made that since it is “best” it should be applied to all. Again the tone takes on a flavor of arrogance.

When assertions concerning purpose and method are left at the level of a principle, with expectations that context and judgment can and will offer flexibility in the specific application, the primary focus can be on an individual’s uniqueness and personal experiences. The individual is the primary concern—the one struggling with important issues and wrestling with the meanings and trials which life presents.

Marleen Williams (2004) illustrated the importance of considering individual uniqueness by proposing a metaphor of prescription lenses, which are appropriately adjusted for each individual in need of a vision aid.

The optometrist did a careful examination of my eyes and discovered that I must meet some specific needs to see correctly . . . I suspect there are few individuals in the audience that would see well out of these glasses. Think what your experience would be like if I insisted that you wear my glasses every day to do your work. They work great for me, but what if I assumed that they would also be perfect for you and imposed that solution on you? You would be miserable, and you would probably resent me for imposing the wrong prescription on you. Even more important, with my prescription you could not do the work that is yours alone to do. (pp. 3–4)

Even though many endorse Psychology's goal of finding universal answers with broad applicability, the individual with personal uniqueness continues to call for exceptions to every rule.

Our second irreconcilable difference concerns the assumptions Religion and Psychology make about truth. Religion makes a firm claim on having truth and feels no need to question basic assumptions. Psychology, on the other hand, operates on the assumption that everything is couched in some degree of error, subject to refinement, as the scientific machine marches forward. In moments of uncertainty, Religion calls for people to act with faith and to bend their lives toward the truth. The truth is the foundation, and people fit themselves to it. Psychology calls for the truth to be established upon the test of how it is judged by people. People are the foundation, and truth is made to fit the majority.

A third apparently mutually exclusive position is the issue of payment for services. Very different assumptions underlie lay service and paid service. Paid service seems to imply a turning over, to some degree, of personal responsibility to the one who is paid. There is an expectation of one-up, one-down, teacher-learner, professional-client that is inherent in the payment process. The concept of taking turns in a leadership role, without payment involved, has a different set of assumptions. One can envision relationships of co-traveler, mutual support, and horizontal rather than vertical style of relating. Offering religious services in order to get personal gain carries a pejorative title of *priestcraft* (2 Nephi 26:29). One who pays for religious services may well expect to be saved to some degree as part of the bargain. Attention and effort are thus diverted away from the true giver of salvation as part of the deception. Psychology, which makes no attempt to claim it can offer salvation, has established itself firmly as a paid service, and one can scarcely imagine its survival without payment.

Do these differences constitute sufficient distance between Religion and Psychology that integration is impossible? At the very least, these mutually exclusive positions seem to cause all types of complications and make an alliance feel tentative.

OUR IDEAS

We have raised many questions about how or even whether or not Religion and Psychology can relate. The task of adequately addressing all of these questions, plus

the many others that have and will be posed by other writers, is clearly well beyond us. Thus it feels somewhat foolhardy to attempt to offer an opinion of our own. Of course, it is not our intent to end all attempts at finding a relationship between Religion and Psychology until the definitive solution is finally offered. We are certain that each failed attempt has value and will be built upon by others. So as we offer our failed attempt at articulating a way for Religion and Psychology to relate, we ask only to fail alongside our good colleagues who have gone before us and alongside those who will follow.

We will begin with an idea that was presented by Elder Neal A. Maxwell (1976) when he spoke to the College of Social Sciences at Brigham Young University. He suggested that people maintain their "citizenship" in the gospel and hold a well used "passport" into their individual disciplines. This imagery can be very helpful over a career as conflicts and differences surface. It is comforting to know where one's citizenship lies. Though this citizenship will likely be in Religion for most members of AMCAP, at the same time one can feel free to fully investigate and try to understand the world of Psychology. Such imagery allows for firm boundaries between the two worlds. Though Religion and Psychology share some geographical features, being part of the same planet, so to speak, their specific geographies are at times considerably different. There is a difference in available natural resources. Cultural differences are prevalent, and at times languages make expressions of even similar ideas sound somewhat foreign to each other. Still, trade agreements and other forms of cooperation can occur between the two entities, and frequent trips by Religion's citizens into Psychology can be fruitful and enlightening. Nevertheless, it is always comforting to return home.

Continuing the metaphor of gospel citizenship and professional passports, it is a single person who travels back and forth. This person retains a home country or gospel culture when venturing into Psychology and returns to the homeland with newly acquired information, perspectives, and influences. With the ability to speak both languages, this person is not strictly bound by borders but can interact in significant ways in both territories, facilitating important processes in both, and possibly even negotiating some cultural exchanges. Yet it is clear that these efforts will not, and should not, remove the boundaries between the two entities. Though both Religion and Psychology are very important entities in this mortal existence, they have significant differences such that one cannot be subsumed

into the other without significant losses.

Elder Maxwell (1976) also spoke of “building bridges” using “timbers of truth.” “The timbers of truth are waiting to be used. You have the professional and spiritual tools as has no preceding generation of LDS scholars. Go to and build! Be about your Father’s business!” (p. 75). Elder Maxwell offers some wise counsel to guide such efforts:

1. Some such bridges can be built, but not easily.
2. Some such bridges cannot be built for a while.
3. Some foot bridges have already been built which can be widened into thoroughfares.
4. Some bridges simply cannot be built.

Elder Maxwell’s invitation, in our opinion, does not advocate creating new destinations for those bridges. Use of a “passport” implies a traveling back and forth from two established locations.¹ One need not be about the business of creating an island, a place with some of both the gospel and psychology, fundamentally separate and distinct from both. Doing so loses something important and fails to acknowledge the differences between Psychology and Religion.

CONCLUSION

In conclusion, we would like to again emphasize that we see this dialogue as being a very important one—a conversation that is worth significant effort and calls for well-considered examination of the complex issues. We challenge readers not to be seduced by what seem to be easy or simple answers or to be content with efforts that have only face validity. It is important to avoid being swept along by the tides and currents of public opinion or transient cultures. It is essential that one not try to exalt Psychology beyond its limitations, nor attempt to usurp the role of ecclesiastical leaders in the name of Psychology.

We believe efforts to find interfaces and places for influence between Psychology and Religion are potentially very fruitful. However, such efforts need to be rigorous and thoughtful. It is important to be willing to hold opposing views in the same space, to wrestle with them, and to invite such a struggle, rather than flee from it. We invite future writers to consider the complexity of the connections between these two domains. We will have met our purposes if future efforts are enriched and if more important questions are raised.

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FOOTNOTES

- ¹ Elder Dallin H. Oaks (2004) articulated a similar relationship between church government and the family. He spoke of a relationship between the two entities that has clear and distinct boundaries. “Each is independent in its own sphere...” With the church and the family, one is again tempted to compromise boundaries as attempts are made to move quickly and easily between the two organizations. (See the full text for additional clarification.)

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