From the Years

Veon G. Smith

Follow this and additional works at: https://scholarsarchive.byu.edu/irp

Recommended Citation
Available at: https://scholarsarchive.byu.edu/irp/vol9/iss2/4

This Article or Essay is brought to you for free and open access by the All Journals at BYU ScholarsArchive. It has been accepted for inclusion in Issues in Religion and Psychotherapy by an authorized editor of BYU ScholarsArchive. For more information, please contact scholarsarchive@byu.edu, ellen_amatangelo@byu.edu.
FROM THE YEARS
Veon G. Smith,∗ M.S.S.A.
Presented at the AMCAP Convention
1 April, 1983

I consider this a marvelous opportunity to respond from mind and heart about my forty years of professional experience. I particularly relish the opportunity to summarize experience, thoughts, feelings, and observations without the constraints so often imposed by statistical calculations for determining significance, or a need to comply with the rigors of sound research methodology. What I shall say may, in a scientific way, be pure, or even impure, nonsense. My observations are the results of experiencing life in a number of roles, each of which has been meaningful to me. In order of importance to me, my roles have included husband, family man, religious adherent, psychotherapist, professional educator, and administrator. Each of the roles has a separateness, yet there are many points of overlap.

So, today, what I say may derive from my experience as husband, father, grandfather; or church leader, student of religion; educator; professional social worker. Most likely what I say will be a convergence of all these roles focused at the moment to what might be of particular interest to Mormon psychotherapists.

My format is to give you some of my reactions to a few issues, ideas, or points which might help us as Mormon psychotherapists sharpen our focus in our work. First, I shall comment on a point of optimism about people. Then I should like to comment about our theories of human behavior and the notion of integrating them. Next I should like to comment on what I consider to be particularly pertinent about therapy. Time permitting I shall make some observations pertaining to how we coordinate and clarify our work as therapists with the Church, its administration, its doctrine, its practices.

First, I am optimistic in my work with people because I believe human beings are geared for learning and growth mentally, physically, emotionally, socially, and spiritually. This push from within every person is the energy source for growth and change. If we can facilitate this push for growth, we are on the channel of change for our clients.

Second, the learning and application of therapy requires cognitive and feeling dimensions. These two parts of the human system (the left brain and right brain functions) need to be integrated and facilitated if we are to relate to and understand the people who come to us for help. As we better understand ourselves and our learning processes, we enhance our capacity to tune in to the human struggles of our clients. So, what is said or observed about our learning has relevance and applicability to the learning and growth processes of our clients.

I wish to use two brief quotations to affirm the “heart and head” issues of efforts to be helpful to others. Last June in the University of Utah graduation exercises Dr. Lowell L. Bennion said among other things, “Compassion alone will not meet the needs of the disabled. Knowledge alone will not change society. But knowledgeable and compassionate men and women can improve almost any situation.” In an article in Social Work last September, Stanley L. Witkin addressed the issue of “Cognitive Processes in Clinical Practice.” (Vol. 27, #5, p. 394) He summarizes the issue of cognitive elements versus intuitive or clinical wisdom, “Although this discussion has argued that the seemingly natural and implicit cognitive strategies employed by the practitioner, often referred to as clinical judgment or intuition, are frequently synonymous with self-deception, this should in no way be construed as advocating uninspired or mechanical practice. The social worker whose behavior is rigidly determined by prescriptive rules and techniques is as likely to go astray as the totally intuitive practitioner. As is often the case, the ideal seems to be somewhere between these two extremes. It is hoped that the arguments presented here will encourage collaboration of the most useful intuitive and nonintuitive techniques among social workers.”

The Mormon therapist needs to acquire knowledge and skill but he must not be averse to the use of the heart, the feelings, the Spirit, in learning and plying his profession. He needs to avoid the extremes of thinking without feeling or the feeling without thinking.

A third point about people is the potential within every human being. It is a major item for our awareness and constitutes the base of our hope for improvement even when the prospects seem limited. We can cite instances of human growth which exceeded even our wildest expectations for the individual or the family. Our task of therapy is to help free the person’s potential from the psychological, emotional, social, spiritual shackles and impediments which are interfering with the personal or family growth process. We are truly, as Elder Boyd Packer pointed out to us last fall, treading on sacred ground when we enter the parameters of another’s life as a helper, and our task is to capitalize on the client’s growth potential.

I suspect I often underestimate the potential existing in a client. I have on occasion mentally relegated someone to the psychological scrap heap and to my amazement they have proved me to be patently in error in my judgment. There are times when the healing power of a therapeutic relationship will bring the client

∗ Brother Smith is Professor Emeritus, Graduate School of Social Work, University of Utah where he taught for 32 years. He is now in private clinical practice and consultation in Salt Lake City.


to transcend his and the therapist’s wildest positive expectations. When a person or family wishes to move forward toward greater light and maturity, they have all the forces of nature, nurture, and heaven on their side. Human weakness, ignorance, stagnation, incompetence, and even poor motivation readily give way to the forces of light and growth. Without elaboration or example, suffice it to say: don’t underestimate the human capacity to rise above its current level of operation.

Another human behavior puzzler for the conscientious therapist is the old, and yet new, nurture-nature issue. How much of what the client is and does relates to his physical, genetic, hereditary, or constitutional make-up and how much relates to the family, social and cultural environment in which the person has experienced his life thus far. I believe I have erred at times in ignoring or to a degree denying the extent of the impact on behavior deriving from genetic or hereditary factors. I have tried to treat out of social systems theory and interactional theory to alter behavior which had its origins and its resolutions in physical, emotional deficits totally unrelated to interactional elements in the individual’s daily living experience.

The April copy of Science 83, the journal published by the American Association for the Advancement of Science, devotes twenty-two pages to the nature-nurture issue. Margaret Mead’s work which leaned the direction of establishing a social and cultural determinism, is seriously questioned by Australian anthropologist Derek Freeman who says Mead’s book on Coming Of Age in Samoa is wrong in its observations and conclusions. He spells out the details of his position in a book, Margaret Mead and Samoa—the Making and Unmaking of An Anthropological Myth.

Edward O. Wilson of Harvard, a sociobiologist, maintains that nature and nurture combine to impact on human behavior. Wilson and co-author Charles J. Lumsden presented their first book on their theory two years ago and have now published Promethean Fire to affirm and expand their view. They give elaborate data to show the process and to example how their theory works.

Why do I mention this? One example may illustrate my point. A middle-aged client of mine was taken to the hospital by ambulance with a heart reaction and the doctors also discovered a fairly serious stomach ulcer condition. Her upset was directly related to pressures his behaving so unpredictable and irrationally. The guilt from her teen-age boy who was having very serious problems with school and with other behaviors inimical to his own good. Professional staff of at least two social agencies had made it unequivocally clear to the distraught mother that the boy’s behavior and problems were being caused by the interactions between her and the boy. In other words she was largely responsible for his behaving so unpredictable and irrationally. The guilt this woman felt was being accentuated, in my judgment, by a misdirected focus on interactional theory which totally ignored the boy’s physiological and genetic background. He was an adopted child and information about his natural mother indicated she had a host of seriously disabling characterological elements in her

patterns.

Two other areas where I think professionals at times inappropriately assign interactional and psychological causation are in premenstrual tension and reactions during the climacterium.

Another challenge in understanding human beings is the dilemma we face in rationalizing the universality of man versus the uniqueness of man. There is a distinctiveness for every individual, every couple, every family, every cultural group. Yet there are common elements in the behavioral patterns of all people: use of music; smiles to express pleasure or happiness; body movement and facial expression to convey acceptance or rejection; expressions of grief, for example, seem to cross cultural and social bounds; need for love, acceptance, and a method of teaching the culture to the next generation seem to be universal. The challenge for us here is that we do not universalize when we should be particularizing to allow for individual or family distinctiveness and that we do not particularize when we should be focusing on universals. In other words, all people, for their emotional, psychological and spiritual well-being need certain ingredients to be present in their lives. The hunger and the need for love likely transcends individual differences, familial variations and cultural patterns. Lowell Bennion suggests we might think of integrity and love as being at the base of human development and interaction. Psychologist Jack Gibb lists his TORI (Trust, openness, realization or actualization and interdependence) as a set of organizing ideas to guide us in our search for basic truths to guide us. The religious guidelines as expanded in the scriptures and from the pulpit propose qualities which will transcend individual, couple, familial, and cultural differences. Humility, honesty, love, self-expansion through service to others, and the losing oneself in the process, are the elements which help us to ascend to our maximum usefulness in mortality.

So, in some way, we can generalize some needs, desires and strivings of all people. This being so, then as we sit with a client we may assume he needs love, recognition, acceptance and whatever our list includes regardless of his distinctiveness from all other human beings. But, in addition to these common needs, there is the uniqueness with which we must contend in our clinical practice, our theory building, and our research. Failure to be clear on this issue may lead us astray in our professional functions.

A few comments now about theories of human behavior. Truth is so powerful that discovery of a piece of truth can so captivate us that we take it to be the total truth pertaining to the area of our discovery. For example, we discover a force from beyond the individual’s consciousness which influences human behavior or thinking and we hasten to a totally unwarranted conclusion that we have discovered the source of all behavior and thinking. Psychoanalytic theory does not explain all human behavior. Each of the many theories of human behavior has in my judgment discovered a partial truth and our challenge is to understand the partial truth and not mistake it for total
One need only hear an enthusiastic rational emotive therapist, or any other person imbued with a particular theoretical framework, expound his view and we observe partial truth elevated to a full, complex, system with applications to every nuance of life with designated gurus, doctrinal position, strategies for any and all ills of mankind and, of course, suitable missionary tactics to enlist new adherents. So it is with social conductive to the therapy goal achievement. We must sharpen our knowledge, our understanding, and our success in its use. This attests more to the great range of truth. One need only hear an enthusiastic rational approach from at least four to ten different approaches. We may all of us to aspire to that unusual and essential condition and therapeutic methodology I should like to appeal for approaches including astrological and chiropractic. Our approach the situation as a planned short term therapist, client, couple, or family, in the most efficacious pattern. Complicates our understanding and our practice to help a called “an open mind”. We need to resist the inertia of Jesus Christ is the base for providing the full operation. We become to a degree like the blind men discovering the elephant. Each personality theory or distinctive therapeutic approach becomes a description of a part of the elephant but where, when, and how are we able to stand back far enough to acquire perspective and see not only the total elephant but the ground he stands on, the vegetation around him and the other animal life with which he interacts. For me, the Gospel of Jesus Christ is the base for providing the full perspective.

Because of the absolute distinctiveness or uniqueness of each human being one could find a few examples of persons to fit any theory he might propose. Again, it is the uniqueness of every person with distinctiveness of mind, feelings, traits, characteristics, etc., which complicates our understanding and our practice to help a given individual, couple, or family. Almost any theory or any therapy can find persons who will fit it. Every therapeutic approach can be affirmed by examples of success in its use. This attests more to the great range of human differences than to efficacy of an approach being used. Every person coming to us for help can be understood, analyzed, and helpful efforts instituted from at least four to ten different approaches. We may approach the situation as a planned short term therapist, a behaviorist, a rational emotive therapist, a reality therapy advocate, or any one of almost innumerable approaches including astrological and chiropractic. Our goal is an achievement of efficiency and specificity most conducive to the therapy goal achievement. We must sharpen our knowledge, our understanding, and our wisdom so we can perscriptively apply them to a specific client, couple, or family, in the most efficacious pattern.

Pertaining to the issue of theoretical understanding and therapeutic methodology I should like to appeal for all of us to aspire to that unusual and essential condition called “an open mind”. We need to resist the inertia toward closure on what we know. I find the following poem suits my preference.

Ah, snug lie those that slumber
Beneath conviction’s roof.
Their floors are sturdy lumber;
Their windows weatherproof.
But I could sleep cold forever
And cold sleep all my kind,
For I was born to shiver
In the draft of an open mind.

All theories and therapeutic strategies are tentative. At best they deal with partial truths to be used with care and judgment. At worst they can divert us from a fuller discovery of truth by assuming adequacy where they have little; or lulling us into a static complacency about the need for continued learning and research. John Stuart Mill made this pertinent statement—“the fatal tendency of mankind to leave off thinking about something when it is no longer doubtful is the cause of half their errors.”

Now I should like to comment about the process of therapy. First, whom shall we serve? I mention this item because some social workers see the practice of social work as focusing on the economic or other disadvantaged people to the exclusion of all persons who do not fit some category of being socially disadvantaged. I personally dislike any exclusionary policies which close the door of help on any person, family, or group. Level of education, monetary status, racial characteristics, sex, age, as criteria for including or excluding people from our services, are any and all objectionable to me. If we have knowledge and skill useful in helping others achieve their potential, I see little valid logic to selective humanitariansim. As LDS therapists our doors should be open to anyone and everyone who can use our services.

I am convinced that in our therapy we should include the persons who are impacting most on the individual with the symptom. A depressive reaction of a husband or wife is most expeditiously managed when the spouse is included in the treatment program. My treatment unit is more frequently a couple or a family rather than an individual. The major treatment resource or its nemesis is often the spouse, the parent, the child of the person with the symptom. A depressed family member is best treated in a combination of sessions alone and with other significant family members rather than being seen alone exclusively.

Since, as therapists, we are our equipment, it well behooves us to make certain our equipment is properly prepared through adequate education and skill development. In addition, we need a level of emotional and spiritual maturity for assurance of ability to maintain a focus on the client’s growth and development and not be easily diverted into a side trip into our own unfinished childhood struggles, nor should we be easily distracted into working on our muddled failures to fit the pieces of our life together, while we are attempting to lead others out of the morass of social, psychological, or spiritual confusions.

Coupling the uniqueness of each individual with the distinctiveness of each of us as therapist renders it impossible to build a formula for therapy that always works. We might observe that a poor therapist can achieve a notable success with a client when positive factors converge in a purely happenstance pattern. The best of therapists can experience a failure in therapy with a client when negative factors converge to counter his skill and experience. Self-sufficiency or arrogance that one can be helpful to any and all people is a sure sign of shortages in clinical know how. Humility is not only a profound and marvelous religious concept, it is a necessary condition to help us avoid the “closed mind”
syndrome or the arrogance of a “know-it-all attitude” pertaining to the helping processes.

Acknowledgment of the healing power of a good relationship is a base from which we can safely work in therapy. It seems clear that every person, client and otherwise, wants a relationship in which trust and understanding constitute the mode. Love and caring is a potent balm for psychological pain and misery. As therapists we can help the client overcome the shortages and lacks in their lives by helping them experience trust, understanding and unconditional caring in the relationship with us.

The main task of therapy is to create an atmosphere wherein the individual, couple, or family can acknowledge to himself and to another person existing imperfections, without being judged. This creates the atmosphere in which the client can then focus on issues of personal growth and development.

As clients approach therapy it is useful to know that most clients are struggling with a bedeviling ambivalence as to whether he is relinquishing his management of himself as he requests help of another person. The struggle is typified by such client statements as: “I must do it myself else I shall be giving up my free choice to another; yet, I need the help so I can better understand how I can most successfully achieve my goals.” As a therapist I must be very certain that both the client and I are perfectly clear that it is the client who is in charge of his growth and the therapist’s role is to facilitate the client’s efforts. The goal of therapy is always to help the counselee achieve a greater degree of self-sufficiency coupled with a sense of responsibility in the process and for the outcome. A significant corollary of this point is the advisability of involving the clients in the information seeking, the planning of treatment strategies, and the pursuit of the process by which goals are to be achieved. Also the client needs to know what the therapist thinks he is doing to accomplish the treatment objectives. In other words, treatment is not imposed on the client but conjointly planned and operated with the client.

I shall identify an additional eight points which I think are useful in creating an atmosphere in which the client is encouraged and free to focus on his growth. The first point is an obvious one which is largely in control of the client but can be discussed and influenced by the therapist. The client needs some desire to grow, alter, improve. Motivation for change is an item which the client himself may be unclear about. He may be willing and ready but fearful of what will happen as he discloses what he is like to a stranger. A second condition to be met if the client is to be able to attend to his own growth is to be in an atmosphere of acceptance. Being accepted is akin to being loved unconditionally. When a client feels he is accepted with his foibles and flaws, then he is most able to decide and do something for his personal growth. A third condition of therapy helpful to stage setting for the client’s growth is for the client to feel respected. The client needs the therapist to respect him. To acknowledge the client’s rights, preferences and wishes is showing respect. Courtesy is an effective way of manifesting respect. A fourth condition which seems crucial in creating an atmosphere for growth is for the client to feel he is understood. It is as though the client is saying to us, “Please understand me and my experiences before we talk about how I need to change.” Understanding is an attribute to be commended for any person aspiring to skill as a therapist. Knowledge is an extremely important acquisition but to quote Proverbs, “with all thy getting get understanding” (4:7) Feeling understood sets a stage for the client to then address what he wishes to be different in his attitudes or behavior. Until the client feels he is understood, he is unready to proceed into a cycle of growth for himself. Manifesting empathy is a very effective route to produce a client feeling of being understood.

A fifth element in the list of therapy conditions essential for client growth is that he must feel he is working with a believable, authentic and genuine person. The client needs to feel that the therapist is a real person, not a professional robot. The client wants to interact with and to have a relationship with another caring and concerned human being. Insincerity, phoniness, deception, lack of self-awareness, are all counter to the conditions conducive to fostering growth in clients. As therapists we must be capable of a sustained focus on the inner and outer workings of the client and not permit our own struggles to contaminate the process of therapy.

A sixth condition for client growth is confrontation of discrepancies in the client’s attitudes, thinking, or behavior. When there are cognitive-perceptual, affective, or behavioral discrepancies, the client must be helped to face the discrepancy, decide if a shift is wanted, then take responsibility for bringing about the desired change. Confrontation is the operationalized expectation that the client do something constructive in improving certain dimensions of his life.

A seventh element needed in the steps for client growth is the effective use of suitable strategies and procedures for implementing the desired improvements. The therapist’s armamentarium of strategies needs to be extensive. Prescriptive application of reframing, behavioral rehearsal, reinforcement, intensifying transference, using a therapeutic bind, seeing couples singly or together, sculpting the family, reprogramming scripts, empathic responding, giving home assignments, developing expression of feelings and better communication, etc., etc., constitute the nuts and bolts as it were of the therapeutic process.

Last but foremost there must be therapist capacity for perceptiveness, patience and persistence. In our efforts to be efficient, to accelerate treatment, to economize or to produce a better record, we often attempt to short-circuit the growth process of the client(s) by pursuit of a totally unrealistic goal to help someone with thirty years of unproductive habits into a new life style and pattern in three easy lessons. I tell my clients that I am intent to work myself out of a job as fast as I can, but I would commit a serious error of clinical judgment if I try to do in three sessions what the client and I know with even a cursory review will require upwards of thirty sessions.
Just as unfortunate would be a therapist who settles in for a program of therapy to last at least one full calendar year when a correct assessment and precise focus could redirect the client into a personal growth cycle in fewer than eight sessions. I use the word perceptiveness to identify the assessment activity. Every client has room for growth in innumerable areas of his life and always will, so our goal of therapy is not to clean out all the debris in the client’s mind, spirit, heart, attitudes, and body, but to focus on the most crucial elements. Helping the client(s) evolve effective problem solving methods may slay many dragons with one arrow. Selecting a core issue among a plethora of complaints requires exceptional therapist perspicacity. Clinical judgment and discernment must be at its zenith as the therapist sifts and sorts his way through the debris to find the most crucial or core area for therapeutic focus. Errors of judgment pertaining to accurate assessment can detour the client and the therapist into psychological labyrinths from which they may never get disentangled. The key here is assessment, assessment, assessment.

Patient with the client’s efforts and rate of growth is a must if the therapist is to maintain his own mental health. The client is in charge of his growth and the therapist may need a plaque on the wall as a constant reminder of this reality. The therapist is unquestionably in charge of the process of therapy but it is the client who must be in control of his growth. A very real dilemma exists for the therapist. If he encourages, persuades, pushes, confronts at a more vigorous or faster pace than is tolerable for the client, the client feels overwhelmed and likely becomes immobilized. If the therapist doesn’t encourage, persuade, push, confront at a suitable pace, the client does very little or nothing. So, patience must be connected to timing, timing, and timing of the intervention. In general it appears to me that professionals may incline to be overly patient and accepting while family members and church leaders are inclined to be too impatient about the rate of the client’s growth and development.

The third item of unit number eight—perseverance—also requires judgment and careful application. Rome was not built in a day, nor are clients able to realign attitudes, feelings, habits, behavioral patterns, or thinking in a flashing burst of psychic insight. We live in a world of the quick fix, fast foods, and demands for instant happiness. We must be careful to avoid the error of attempting to push therapy into a quick fix approach. The therapist must realize that relinquishing a bad habit is just as agonizing and stressful as giving up a good feature of oneself. We misfire if we assume that because an attitude or behavior is unproductive or self-defeating that it is readily dropped from one’s life. Growth and change sometimes must evolve from a life time of collected psychological and social struggles, so let us be patient and perform miracles when we can, but at other times be satisfied with a more prosaic and slower moving rate of progress.

In many areas of health care service we consider prevention as a major key to better health. In mental health we have areas of active prevention but they constitute a minimal investment of energy, money, and skill by the professional community. We are so busy with the mental health alligators that little thought and planning is devoted to draining the swamp.

I wish to mention two areas where effort and energy could very likely reap extensive prevention rewards. At the base of society is the home and family. At the base of the home and family is the relationship between the husband and wife. The forming, maintaining and enhancing of this relationship could impact extensively on family adjustments and the mental and physical health of all the family members.

My perceptions are in part gleaned from the experiences my marriage partner and I have had in running marriage preparation seminars and marriage enrichment seminars. I am thoroughly convinced from experience that as a couple move toward marriage it is possible for a trained professional to gain sufficient understanding of the premarital couple to help them learn about and understand marriage, but even more significantly anticipate many if not most of the areas where conflict may arise between them.

I also believe that properly conducted marriage enrichment sessions can open doors of growth for most couples. I see marriage enrichment as an option for reasonably healthy couples to greatly improve the quality of their marriages. I also see marriage enrichment as a possible option to supplement or complement therapy with malfunctioning couples.

The last area about which I wish to comment pertains to reconciling functions of the Church as a change oriented structure for its members and the change oriented function of psychotherapy. The goals of each area have much in common although the specific steps in efforts to achieve the goals have significant differences. Limits of time and space allow for only a few reflections. Some of the guiding principles of helpfulness as espoused and practiced by Church leaders and by psychotherapists are the same or at least have some overlap. The atmosphere, the procedure, the techniques or the knowledge and skills of the helper are often significantly different. Let it suffice for today that I simply list a few dilemmas which I have experienced in trying to differentiate, coordinate, collaborate, and apply my experience and knowledge of the Church area and the professional area.

I shall identify a few hazards of either Mormon leader or Mormon psychotherapist if he is careless in his efforts. First is the hazard of trying to short circuit the arduous work to be done by the client with a simple instruction to live the gospel, pay your tithing, become active, go to church. The advice is good but not very feasible for many persons as a resolution for psychological problems which are rendering the person incapable of experiencing any of the solace and comfort available through religious commitment and practice.

Another hazard is to mix the two processes in random ways just to cover all angles of what might be useful. A shotgun approach is good for shooting pheasants, but it has danger in helpfulness efforts. The inappropriate completed on page 35
mixing of the two areas often leads to confusion and bewilderment for both client and therapist.

Another hazard for us is to substitute one method for the other because we are more comfortable with it. Prayer is a powerful motivator, analgesic, spiritual booster, and many other things, but as a substitute for communication training when a distressed couple cannot talk together seems like adherence to the notion that faith without works is alive and well and a suitable approach to salvation. The alternative error would be to go on an archeological expedition into the person's psyche when his first step to improvement might well be to start doing something in religious participation.

We should, I think, continue our search for partial and full truths about the human condition and how it can be improved, but I think we have identified many truths from scriptures, experience, research, shared knowledge and skills. We should reach for productive synthesis of what we do know and greater knowledge and understanding in areas we don't know. We are ready, I think, to set new bases or foundations from which to move forward with new and better understandings on how we can provide better service to our fellowmen.

You are now privy to many significant concerns which have and still do challenge me as ongoing issues to which we as professionals must continue to address ourselves. I have tried to simply identify a few areas of partial ignorance and partial truth and my hope is that we can expand the truth dimension and lessen the ignorance area as we pursue our quest for the Holy Grail of therapy sufficiency.