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The Psychological Foundations of the Mormon Client in Counseling and Psychotherapy

Mark Edward Koltko, MS

Abstract

This paper comprises an analysis of selected psychotherapeutically relevant aspects of Mormonism, the religion of The Church of Jesus Christ of Latter-day Saints. Consideration is given to beliefs about religion, one's relationship to God, marriage and sexuality, grace and works, and personal inspiration, and the relevance of these beliefs for counseling and psychotherapy with Latter-day Saint clients. In addition, this paper considers the therapeutic relevance of religious history, demographics, community structure and polity, life-style, and characteristic gender issues arising from the social structure.

It has been suggested that the Latter-day Saint gospel is a therapeutic staircase that an LDS client can use to ascend to wholeness (Christensen, 1990). This presentation concerns another aspect of that apt metaphor. There are occasions, even on the finest of staircases, when a walker will stumble, and sometimes even fall headlong. Therapists need to be aware of how Mormon clients can stumble on the Gospel staircase, and how this can be prevented.

Mormonism, like any religion, has psychological consequences (Kahoe, 1987). These consequences result in part from a religion's axiology (theory of values), ontology (theory of reality), and

epistemology (theory of knowledge). Mormonism presents a very distinct picture on these issues which is quite different from other religions (Christensen, 1990). But any religion, entirely apart from its inherent truth or falsity, psychologically strengthens its believers in some ways, *and* simultaneously will leave them vulnerable to psychological difficulties in other ways. (Why this should be so is a topic for a different discussion.)

The questions then arise, What psychological effect does the LDS religion have upon Mormons? How do Mormon belief, culture, social organization, and practice affect the psyche of the Latter-day Saint? In short, and to make the question specific to our profession, what are the psychological underpinnings of the Mormon client in counseling and psychotherapy?

In attempting to answer these questions, I draw upon clinical experience in conducting counseling and psychotherapy during the last eight years with Mormons, mostly converts, who resided in New York, New Jersey, and Pennsylvania. I also draw on other clinical accounts where possible.

This presentation has two objectives. One is to encourage more reflection about the interplay between religion and psychology within the individual Latter-day Saint. The second is to provide an outline for considering the special issues that attend counseling and psychotherapy with LDS clients.

Religion has many dimensions. Religion can involve affective experiences, child-rearing customs, ritual practices, and so forth. This presentation concentrates first on matters of belief and doctrine, and then on issues of culture and social organization, as these have psychological and psychotherapeutic relevance for the Mormon client.

Selected Beliefs and their Psychotherapeutic Consequences

Mormon Axiology and Beliefs About Belief: "How Important and Potent Is My Religion?"

The first item to consider is belief about belief itself. For example: "Does it matter if you believe that it doesn't matter what

you believe?” (Kahoe, 1987). This is a belief about the *importance* of one’s religion. Another crucial belief regards the *potency* of one’s religion: How much do believers expect from their religion? Is it supposed to improve their life circumstances? Does observance affect one’s status in an afterlife?

On these issues, Mormon belief is clear. The highest blessings of the Mormon afterlife are reserved for those who accept LDS baptism and fulfill their Mormon religious and moral obligations. Also, Latter-day Saints consider their gospel to be a comprehensive guide to happiness in this life and the next. Thus, Mormons believe that their religion is both very important and very potent. One positive psychological consequence is that Mormons feel that they have a powerful tool for meeting life’s challenges.

There are psychotherapeutic consequences to the belief that one’s religion is very potent. Many Mormons are subject to what may be called “the Myth of Invincible Righteousness” (Koltko, in press). This myth is expressed in statements like the following: “Since the answers to all problems can be found in the gospel, ‘outside’ counseling and psychotherapy are not necessary if people are living the gospel as they should.” In short, Mormons tend to feel that if they live their religion, they should never need therapy (Clark, 1978; Hunt and Blacker, 1968; Langlois, 1983). When a Mormon appears in therapy, it is often with guilt, with the feeling that turning to treatment is a denial of the power of the faith (L. A. Moench, 1985).

In the face of these feelings, the therapist may wish to model the attitude that an admission of individual difficulty is different from a statement that “my religion has failed.” The attitude to convey might be that “the teachings of [one’s religion] cannot banish personality problems; they can only offer a program for achieving maturity” (Payne, 1980).

The therapist may need to describe the limitations of therapy. For Mormons, who believe that any blessing is obtainable “by obedience to that law upon which it is predicated” (*Doctrine and Covenants* 130:21), it can be difficult to accept that there is much to gain from therapy, given that we do not know all the laws of

human behavior or therapeutic change. Mormons are typically ill at ease with the notion that therapeutic exploration can be a time-consuming process with many detours and no guarantee of success.

Because Mormons feel that their religion has comprehensive explanatory power, some Mormons describe problems in religious terms rather than acknowledge their emotions. If religion becomes a form of intellectualizing defense, it is important to consistently shift focus to feelings. Benjamin Beit-Hallahmi noted this in his work with a Mormon client:

[B., the client,] felt superior to his parents in terms of religious ethics. The superiority feelings had to do with the religious taboo against premarital sex, which he had observed, while his parents had not. . . . He was worried about a lot more than the breaking of the religious taboo, but could express his shame and rage legitimately by reacting to the formal transgression, rather than his own hurt. It was easier for him to claim his superiority . . . than to deal with the way his early impressions of sex had affected him. I attempted to help him go beyond the religious view and into a more personal way of experiencing his relationships to his parents. (Beit-Hallahmi, 1975, p. 358)

Mormon Ontology and Beliefs About Human Relationship to God: The LDS Doctrine of Ancestry from and Progression to Godhood

Prominent theorists have hypothesized that one's concept of God affects one's personality (Kahoe, 1987). Some of the most distinctive Mormon beliefs concern God and the relationship between God and people.

A classic Mormon aphorism states, "As man now is, God once was: as God now is, man may become" (Snow, quoted in *My Kingdom Shall Roll Forth*, 1980, p. 68). Mormons teach that all human spirits are the literal offspring of divine parents, referred to as Heavenly Father and Mother. For the Mormon, God and mortal belong to the same race of being, but are at different stages of development. The process of this development is called "eternal progression."

Emotionally, this belief seems to provide a cosmic sense of security and belongingness, purpose and direction. However, the doctrine of eternal progression can expose Mormons to an exquisite sense of shame. The shame centers on the idea, "I *know* that I am

a god-in-embryo; if *I* have problems or do something unworthy, there must be something defective with me”—as if somehow the client were a flawed prototype, bad clay fit only to be discarded rather than further molded into the divine form. For many clients, coming to therapy involves demoralization or an admission of inadequacy (Garfield, 1978). For the Mormon client, however, this sense of inadequacy may have cosmic overtones.

Mormons feel that God is the ultimate role model. They often quote the biblical words of Jesus: “Be ye therefore perfect, even as your Father which is in heaven is perfect” (Matthew 5:48). Since, in its full sense, this goal is literally unattainable in mortal life, within some Saints a sense of failure arises regarding the issue of perfection, a sense of failure which is associated with serious depression (Ericksen, 1979).

It may be worthwhile to assist the client to reconceptualize human “perfection,” not as a final state of flawlessness, but as a process, an *orientation* toward goodness (Peters, 1987). Alternatively, one might help the client to *tolerate* imperfection even while striving for perfection.

The LDS concept of the afterlife has kept some Mormons from succumbing to the suicidal ideation which often accompanies major depression (Degn, 1985). For the typical Mormon, suicide is not so much a solution as merely a “change of scenery” where one is still accompanied by one’s problems (L. A. Moench, personal communication, May 30, 1988).

A change in this client attitude can be an important warning to the therapist. When the sense of cosmic purpose completely leaves a Mormon who is usually observant, this may be a prelude to suicide. The therapist needs to beware of “ordinary existential meaninglessness” in the Mormon client; the client’s life is usually so intertwined with a sense of mission that the loss of this sense is very serious.

The practitioner may gain therapeutic leverage from the LDS doctrine of the person’s relationship to God. One of my clients, D., had been a victim of repeated sexual abuse by several family members as a child. This client had internalized so negative a self-

image that as an adult she considered suicide. A turning point in therapy came when we explored her self-feelings and contrasted them with her stated faith in the position that "I am a child of God." D. ultimately agreed that even the horrible experiences she had lived through did not affect either her status as divine offspring, or her eligibility for godhood. This helped the client to refrain from suicide.

Marriage in the New and Everlasting Covenant

The doctrine of eternal progression has important implications for the LDS concept of marriage. Mormon scripture explicitly states that those who obtain the highest reward available after mortal life first "must enter into . . . the new and everlasting covenant of marriage" (*Doctrine and Covenants* 131:2), which is to say, marriage in the temple for time and eternity. Those who obtain the highest reward "pass . . . to their exaltation and glory in all things, . . . which glory shall be a fulness and a continuation of the seeds forever and ever. Then shall they be gods" (*Doctrine and Covenants*, 132: 19–20). Such couples will create spirit children eternally, to populate other worlds.

As a result of this belief, one of the central hopes of most Latter-day Saints is to have a fulfilling marriage to another Latter-day Saint which has been celebrated in the temple. Although Mormons may be married in a public religious ceremony in one of their meeting houses, temple marriage (also called "celestial marriage" or "the new and everlasting covenant of marriage") is considered highly preferable. Mormons believe that if the parties to a temple marriage fulfill their moral and religious obligations, the couple's marriage shall last, not "until death do us part," but throughout all eternity.

The doctrine of celestial marriage is a powerful impetus towards making an earthly marriage work. This may account for the finding that Mormon divorce rates are often somewhat lower than those for non-Mormon marriages. On the other hand, one sometimes notes a tendency for Latter-day Saints to remain in unions which are deeply painful or even virtually hopeless, out of a desire to preserve their "forever family." At least until recently,

divorced persons were subject to an unofficial but powerful stigma in Mormon communities.

The clinician may find it useful to help a client understand that the importance of a “forever family” does not require enduring abuse or a hopelessly mismatched marriage. It is particularly important to show respect for the desire to attain a worthy temple marriage, as this is central to Mormonism as a whole. At the same time, it is crucial to attend to issues of shame, feelings of failure on a cosmic scale, and the difficulties which certain demographic groups will face in attempting to find a partner for a temple marriage (see below).

Sexuality

The doctrine of eternal progression has implications for Mormon sexuality. The idea that Heavenly Father and Mother have physical bodies and engender spiritual children such as ourselves gives a positive sanction to some forms of sexual behavior. Mormonism is unique among Christian denominations in its assertions that it is proper to speak of God in the plural, that the Gods have physicality, that the Gods have gender, that the Gods have physical bodies, and that the Gods procreate.

Given what appear to be scriptural statements that some form of sexuality is an important and valuable element of human and divine life, several aspects of contemporary Mormon life appear puzzling. Why are so many Mormons singularly uninformed about sexual matters? Why are Mormon families often unwilling to discuss sexual matters, except to concentrate on what *not* to do?

Recently, the historian D. Michael Quinn (1990) has used the psychoanalytic principle of identification with the aggressor to explain this paradox. In brief, Quinn’s thesis is that the church’s encounter with intense and violent hostility at the hands of mainstream American culture in the late Nineteenth Century resulted in the church identifying with the Victorian morals of that culture in order to vitiate the conflict. Another way to put this is that, faced with a culture which could not be escaped, ignored, or overcome, the Mormon people decided that “if you can’t beat ’em, join ’em,” and identified with their aggressors. Since those

aggressors held to a very repressive form of Victorian morality, at least in public, Victorian reticence to discuss sexuality became grafted onto the Mormon identity. Or at least, so goes Quinn's theory.

Quinn's hypothesis suggests that a therapist may appeal to underlying Mormon values to encourage client openness in discussions of sexuality. That is, the Mormon doctrines which positively value sexuality, and give it a place among the attributes of divinity, may give the therapist leverage against the social Victorian modes of thought which have since come to overlay in part the more basic Mormon belief structure. By appealing to the client's basic belief that sexuality is good, and not inherently sinful, the therapist may help break through the Victorian reticence to discuss sexuality which one sometimes notes in the LDS client, while still not compromising the client's belief structure.

Clinical experience does confirm that Latter-day Saints have characteristic problematic issues regarding sexuality. Mormons learn in various ways that progression to godhood depends in part on a strong commitment to "purity," but there has been confusion in recent years about what constitute "pure" sexual practices. Mormon couples sometimes agonize about issues like the propriety of delaying the conception of children in order to complete education or establish a career; they may be concerned about whether foreplay or certain positions for sexual intercourse should be considered natural or impure (Cannon, 1976; Day, 1988; Mackelprang, 1992).

This consideration of LDS attitudes towards sexuality has therapeutic implications. First, it is useful for the therapist to make clear to clients that, even though the therapist accepts the clients' right to choose their values, it is important in therapy to investigate feelings about those values, even about sacred things like sexuality. Emphasize that investigating feelings is not an attack upon the values or objects to which those feelings adhere. For example, clients must understand that talking about their difficulties in practicing certain aspects of the principle of chastity is not to attack or reject that principle. This approach is useful in addressing many issues in therapy, but is particularly valuable in regard to sexuality.

Second, when clients are confused about religious proprieties regarding sexuality, do not let the sexual nature of their questions overshadow the fact that the client's feelings about spirituality are often central to the issue. One rarely comes to grips successfully with a spiritual issue through a sexual homework assignment.

Third, therapists need to keep themselves informed about several issues regarding sexuality and Mormonism. Being aware of current authoritative church policy and counsel regarding sexual issues is important in order to understand LDS clients's concerns, but even this is only part of the task. Therapists must also be aware of how church policy has developed in regard to sexual issues. It is true that maintaining an awareness of how church policy has unfolded is not the easiest thing to accomplish, because the church does not always call attention to policy developments. However, it is clear that policies regarding sexuality have evolved even over the course of the last decade (Day, 1988; Mackelprang, 1990). It is important for therapists to be knowledgeable in these areas, to be able to counteract myths and misconceptions regarding standards of sexual conduct, myths and misconceptions which are frequently encountered among members of the church.

Fourth, although this should go without saying, do not suggest to clients that they violate authoritatively stated LDS moral standards. This is an extension of a more general principle: If clients of any denomination adhere to a sexual code of conduct which is supported by their religious community, do not suggest that they violate that code (Greenberg, 1987; Maxwell, 1976). If the client accepts such a suggestion, the client may incur a burden of guilt which far outweighs the educational value of the sexual experiment (L. G. Moench, 1970). If the client does not accept the suggestion, the client may feel that the therapeutic alliance was compromised by the therapist's insensitivity to client values. Sexual values are an important part of core spiritual values. Core spiritual values which an individual willingly accepts cannot be violated without a price which probably outbalances whatever "benefit" is purchased.

Grace and Works: The Mormon Doctrines of the Atonement and Free Agency

The psychologist, Richard Kahoe (1987), has suggested that “there are surely . . . psychological consequences of whether one rests on God’s grace or one’s own good deeds for relationship with the divine.” For Mormons, at least officially, *both* grace and deeds are crucial. Mormon theology states that “it is by grace that we are saved, after all we can do” (*Book of Mormon*, 2 Nephi 25:23). The Atonement of Christ paid the price for our sins, but we accept this blessing “by obedience to the laws and ordinances of the gospel” (*Pearl of Great Price*, Article of Faith 2). In practice, however, much emphasis is placed on good works and obedience to commandments as demonstrations of faith. Indeed, Mormons may act as if “working out one’s salvation” meant earning one’s place in heaven through overtime. For Mormons, works are demonstrations of how one chooses to exercise one’s “free agency” in the course of one’s personal development toward righteousness.

“Free agency” has some nuances beyond what is usually discussed as “free will.” Freedom of choice and the ability to largely control one’s destiny are considered to be among the greatest gifts of God to humanity thus far. Every Mormon youngster is taught that a war was fought in heaven before the creation of the earth to preserve the agency of humankind. Frequently spoken of, agency is considered something to be cherished, preserved, even fought for.

The agency doctrine has implications for the types of therapy to which Mormons seem to be most receptive. Mormons are comfortable with the notion that one must *do* something to make progress and see change. Mormons prefer therapeutic modalities which seem to emphasize the exercise of agency by focusing on conscious thought and overt behavior, modalities like cognitive or behavioral interventions.

Mormons are averse to therapies which appear to interfere with the exercise of agency. Mormons believe that they can and should solve their problems through diligent work and willpower, rather than rely on medications or hypnosis, which the client may consider “crutches.” When medication is indicated, or is a

preferred adjunct to psychotherapy, I have found it helpful to tell the client that, in the long run, such techniques permit a greater exercise of free agency. Like an arm cast, these methods temporarily restrict movement in some directions in order to develop greater overall freedom of movement later on.

Many Mormons feel that dynamically-oriented therapies occupy a suspicious middle ground between methods which deserve outright client resistance and those which can gain tentative client acceptance. Mormonism's emphasis on action (Kluckhohn and Strodtbeck, 1961/1973) makes it easy for Mormons to undervalue insight. As a group, Mormons have a relatively low tolerance for ambiguity and paradox; they seem leery of the existence of conflicting unconscious motives and drives. They may be concerned that dynamic therapy will be too unfocused or will "take too long."

This is *not* to say that therapists should only use modalities which are an "easy sell" to their clients. There are many situations, for example, where a dynamic therapy is the treatment of choice for a Mormon client. However, to implement any treatment program, it is useful to know what inclinations may exist in the client, to help guide inquiry into this issue.

When it comes to Mormon clients, a therapist must be able to honestly justify a treatment plan on the basis of enhancing the expression of the client's agency. Therapists who ignore LDS concerns on this issue risk encountering massive and avoidable client resistance. I have known LDS clients to flee therapy because of concerns about agency. Some of these clients later found therapists who would listen empathically to client concerns about agency. These therapists could then explain how therapy can enhance a client's ability to exercise free agency. The result was that clients were able to accept and follow the same therapeutic strategies which they had fled before.

The emphasis on agency inclines some Mormons to equate self with action. The biblical statement that "I will shew thee my faith by my works" (James 2:18) often seems translated by the Mormon to mean "I am what I do." This becomes problematic when a

Mormon does something which violates the LDS moral code. If the client has little tolerance for conflicting desires, this Mormon may interpret a serious (especially a sexual) transgression to indicate that, globally, "I am evil." Mormons typically feel that they are totally responsible for all their actions and feelings—an attitude which, when taken to extremes, can result in despair, depression, and inaction bordering on paralysis. This is manifest in the following letter, written by an alcoholic Mormon.

Right now I am looking . . . down into the sewer through a bottle of booze. I guess I thought it might help to replace the happiness of the morality of which I robbed myself and the last bit of worldly success that my peers rightfully took from me . . . I am alone. On my trip down the gutter I chose to be alone. Now I have no choice. What I do, I will do alone. I got myself here. Sometimes I feel as if I were enclosed by a steel ball. No escape; there is nothing I can do. (Anonymous, 1970, p. 42).

As Clark has observed, "Mormons are forbidden to drink alcohol, but when one does, he is more likely to become alcoholic and more refractory to treatment" (Clark, 1978).

The therapist might help the client to temper the agency orientation with the knowledge that we are *not completely* free at every moment. Mormon doctrine (Oaks, 1987) recognizes that people have different inherent strengths and weaknesses. One might convey the idea that a given limitation in reality should not be translated into a self-derogating fantasy. For example, the fact that the client may always struggle to live up to some standard does not mean that the client is worthless or morally crippled. Mistakes or problems show that one is a limited being, but not a depraved one.

If the client is determined to measure self-worth on the basis of how well she or he "lives the commandments," the therapist might find an interim solution in modeling the attitude that *all* elements should enter the balance—not just the area in which the client may "break the commandments," but also commendable aspects of the client's life, such as "compassion, charity, community service or other virtues and deeds" (Clark, 1978). Ultimately, this may help the client to reach an understanding that is inherent in Mormon

theology, namely, that one's worth before God is independent of one's obedience and one's past. It may be helpful in this respect for the client to be reminded that, in Mormon doctrine, aside from murder and a relatively rare form of apostasy, all sins are potentially forgivable upon repentance.

This knowledge was helpful with D., the adult survivor of childhood sexual abuse mentioned earlier. She revealed that in order to escape from sexual abuse as a child, she diverted the abuser's attention to one of her siblings, preparing the way for her own escape. To help the client cope with the guilt which this invoked, it was critical to appeal to the concept of limited freedom (akin to a plea of "reduced capacity") on the grounds of youth, suggesting that even if this were a sin, it seemed potentially forgivable in the frame of reference of the client's religion.

The Mormon Lifestyle

The agency doctrine underlies Mormon daily life. Mormons *do* a lot. (Or, at least, they are *supposed* to do a lot.) There are three hours of worship and classes on Sunday, and observant ("active") Mormons typically have at least one teaching or administrative office ("calling") which requires time each week. Mormons are encouraged to hold private and family scripture study and prayer. Beyond these items, which are common to many religions, their church exhorts Mormons to donate 10% of their gross income, to write personal journals and family histories, attend temple worship, plant gardens, store a year's food supply, and be active in civic affairs.

One also *does not* do a lot of things as a Mormon. Pre-marital, extra-marital, and autoerotic sexuality are prohibited, as is homosexuality (Pearson, 1986). Deviations from these standards occur, of course, and "often appear in the clinical situation" (A. E. Bergin, personal communication, October 3, 1988). Mormons are taught not to consume alcohol, tobacco, tea, or coffee. Business and recreation are not to be engaged in on Sunday, and gambling is prohibited.

Mormonism provides, then, a rich repertoire of coping activities, which constitute one avenue by which religion contributes to

individual adjustment (Pargament, 1988). But while this life-style holds many positive consequences for psychosocial development and physical health, there is a downside as well. "A whirlwind of activity may have the purpose of avoiding emotion and closeness. . . . While the idle mind may be the devil's workshop, frenetic activity is the exorcist of emotion" (L. A. Moench, 1985, p. 70). "The church and church service can become an escape for people to throw their energies into to avoid facing the fact that they have serious marital and family problems" (Langlois, 1983, p. 13). "Mormon burnout" is also a risk, especially for Mormons in the 25-to-50-year-old age range, when children are home, and educational and professional demands are intense.

The activity patterns of the church legitimize obsessive-compulsive tendencies (Payne, 1980). And the activities performed are often not of the reflective variety. For example, more Mormons attend church for one to three hours weekly than engage in private scripture study for one hour; more saints pay a full tithe than engage in meaningful daily prayer (Goodman and Heaton, 1986). Marlene Payne's (1980) case study illustrates many of these issues:

[A] woman in therapy . . . realized that she felt worthwhile only when she was busy. She felt she could not even afford to "waste time" in the evenings by sitting quietly with her husband. She felt anxious at such times, also concerned because he complained that they never talked intimately. Since it took him a while to move from trivia to deeper subjects, her activity destroyed all possibility of this intimacy. . . . She revealed a demanding and critical conscience. Often critical of other people, she was more critical of herself. Her performance was never quite good enough; she was never sensitive enough of others. Tears filled her eyes as she produced painful self-accusation. She suffered frequent depressions because her ideals were so high that she could never live up to them. . . . She realized that she had identified with her mother and internalized her father's voice as her conscience. She also felt that her state of mind was consistent with the teachings of the gospel. Aren't we here to achieve perfection, to improve step by step, to ceaselessly evaluate faults? . . . As this woman proceeded with therapy, she became less critical of herself. She began to see her worth as an individual, quite aside from the worth of her productions. This was possible because she was valued and accepted in the therapist-patient relationship in a way her parents had been unable to offer. She became more able to set limits on the requests of others. As occurs with so

many good church members, she [had] felt guilty if she ever said "No." . . . She set a more reasonable pace for her activities. She was less tired and irritable and more available to others, better able to give loving service. She could pray better because her efforts to concentrate were no longer blocked by obsessive ruminations about her activities.

The therapist might help the Mormon become more "inward-oriented" by using techniques which are compatible with LDS religious practices. For example, since their religion encourages Mormons to keep journals, one might suggest that the client use the Intensive Journal (Progoff, 1975) or New Diary (Rainer, 1978) approaches. Some forms of meditation, used as avenues for self-exploration, may also be appropriate for the Mormon (Koltko, 1989b, 1990b).

Also, the therapist might encourage the Mormon to attend the temple periodically. Temple rites are sacred and are not to be discussed outside the temples—even with one's therapist (Leone, 1985; Talmage, 1912/1962; *Temples*, 1988). However, modern Mormon temples share a number of potentially therapeutic characteristics with ancient temples and ancient forms of proto-therapy (Ellenberger, 1970). The temple is a symbol of wholeness, a vehicle for individuation in the Jungian sense, and a primal source for gaining knowledge about a transcendent reality (Lundquist, 1990a, 1990b). Individuation and transcendence inherently involve a high form of therapeutic activity and healing. Thus, the busy "active" Mormon might benefit from temple attendance, not to do "temple work," but to do "inner work."

Mormon Epistemology: The Doctrine of Personal Revelation

Mormons believe that people may receive individual inspiration ("revelation") directly from God. Inspiration may come in a variety of ways, such as "pure intelligence flowing into you . . . sudden strokes of ideas" (J. F. Smith, 1938/1976). A small number of Mormons report that they have had a vision. There are similarities between these phenomena and a believer's experiences in the ecstatic or mystical groups which are found in *all* major religious groups (Koltko, 1989b).

The issue of personal revelation raises diagnostic questions, especially, but not exclusively, for the non-Mormon psychothera-

pist. It is relatively easy for a therapist to shrug off most Mormon beliefs as anthropological oddities—unusual, but not pathological. Personal inspiration is a different matter. Some therapists consider the mere occurrence of a supposed personal revelation to be delusional or hallucinatory. Mormons feel that this is a common opinion among therapists. Many Mormons are reluctant to discuss these occurrences with the typical therapist because Mormons (like others) do not wish a sacred part of their lives to be considered a sign of mental illness.

Most Mormons who have confided to me their instances of revelation have been rather “normal” and healthy people. If pathology or maladjustment was manifest, it was usually independent of the occurrence of personal revelation. The small amount of research which has addressed Mormon personal revelation bears out these observations (Bergin, et al., 1988), paralleling results obtained in research with members of other religions who report mystical experiences (Hood, 1974, 1975; Mallory, 1977).

The question of whether or not hallucination or delusion is involved in the personal inspiration of religious people should be answered in the context of the whole lives of the persons involved (Westermayer, 1987). Psychosis and other forms of psychopathology do exist among Mormons with the typical incidences, and pathology does manifest in religious forms (L. A. Moench, 1985); however, the *a priori* assumption that psychosis, delusion, or hallucination explains an instance of personal inspiration is unjustified. Even the DSM-III-R (which is not known for its spiritual sensitivity) states:

Beliefs or experiences of members of religious or other cultural groups may be difficult to distinguish from delusions or hallucinations. When such experiences are shared and accepted by a cultural group, they should not be considered evidence of psychosis (American Psychiatric Association, 1987, p. 193).

The clinician may find it helpful to approach Mormon revelation in a positive fashion through the frameworks of Jungian analytical psychology or one of the transpersonal approaches (for example, Boorstein, 1980; Vaughan, 1985).

Selected Aspects of Social Structure and Culture and their Psychotherapeutic Consequences

History

Mormon history is largely a history of struggle. Violent and often deadly persecution drove early Mormons from New York and Pennsylvania ultimately to the deserts of Utah in 1847, where they struggled for generations with hostility both from the environment and from the federal government. Although since World War II the balance of public perception has shifted towards a largely positive view of the church, the church today is criticized from both ends of the religion-political spectrum, either because of the church's conservative social policy stances, or because of the non-orthodox character of its doctrines in comparison with other Christian churches.

The exigencies of Mormon history have shaped a cohesive "near-nation" (O'Dea, 1957, p. 115), with a strong ethic of both self-reliance and mutual assistance. But, corresponding to the presence of a helping community is a reticence to seek help outside of that community. There is a particular suspicion about non-Mormon therapists, especially regarding whether such therapists will ridicule or attempt to dissuade Mormons from their religion (Hunt and Blacker, 1968).

The historical need for unity against external hostility has exacted a price. As a group, Mormons do not accommodate criticism well, even when that criticism comes from within, and this has consequences for individual adjustment. As one Mormon put it:

At times, I am uncomfortable at church because I do not always feel or think the way the "orthodox Mormon" should. I sometimes get angry because the church makes people like me feel like they cannot share feelings without being labeled a "liberal," "intellectual apostate," or "closet doubter." (Quoted in Bohn, 1986, p. 134)

Clients like this may seek the freedom in therapy to express and investigate doubts which they feel they cannot express or investigate within the church; they may feel guilt about these doubts, which they may sense as a betrayal of their religion and community.

Therapists should be sensitive to the affect surrounding such doubts, even though therapists must not unethically portray themselves as competent to render authoritative decisions concerning theological questions (Taylor, in Langlois, 1988).

Demographic issues

Two demographic aspects of Mormon social culture deserve attention here: the growth of the church, and the numerical balance of the genders within it.

Community growth. Over 330,000 converts to the LDS church were baptized worldwide in 1990 ("Official Report," 1991). I estimate that half of these lived in the United States. Mormon conversion is not rare, but it can precipitate serious conflict between converts and their families. Families may feel hurt by the rejection of the family religion, or by the time which converts devote to new religious roles. If an unmarried convert plans to become a full-time missionary (to serve away from home for about two years), or to marry in a Mormon temple (to which only faithful Mormons are admitted), the family's sense of injury may greatly increase. The thought that they have betrayed their families can create intense guilt for converts, who face the dissonant situation that their new religion, which values family life highly, may itself divide their own families.

The therapist should be alert with converts for themes of family conflict. These issues, often deeply embarrassing for the client, require delicate inquiry.

Numerical gender imbalance. Some investigators have noted a substantial numerical gender imbalance in the church in the United States and Canada. For example, there are 89 males for every 100 females aged 20 to 29 years. Considering levels of religiosity, for all singles over 30 there are 19 "active" men (i.e., who attend church weekly) for every 100 active women. "Marriage to an active male is demographically impossible for many active single females over 30" (Goodman and Heaton, 1986, p. 91).

The therapist should be aware of the difficult situation which these demographics dictate for many single active Mormon adult females. Their dilemma is either to not marry, or to marry an

“inactive” Mormon or a non-Mormon—all of which choices are problematic in the LDS faith.

Community Structure and Polity

Individual Mormon congregations or “wards” are headed by bishops. Wards are directed and staffed largely by a male lay priesthood, with leadership positions rotated frequently. The priesthood line of authority in the church is clearly delineated from the individual member up through the “General Authorities,” who direct the church, to the Prophet himself. This hierarchy is well-known and frequently referred to among Mormons.

Perhaps as a result of their sharply defined hierarchy and a concomitant emphasis on priesthood authority, “too many Mormons seem to suffer from developmental arrest with obedience, always looking up for direction” (L. A. Moench, 1985, p. 67). The therapist should be particularly alert for authority issues. These include masked hostility or resentment towards authority, as well as an exacerbation of tendencies towards dependence or authoritarianism.

It may be difficult for the client to express openly an underlying hostility towards church or other authority. Partly this is because church authorities are powerful parental figures; the bishop is sometimes referred to as “the father of the ward.” Partly this is because some LDS religious authorities teach that criticism leads to personal apostasy. It may help the client for the therapist to convey the view that the uncovering of one’s private feelings in the context of therapy is different from creating disharmony in one’s ward or nurturing personal disaffection. These may all appear equivalent to the client. The client may profit from the concept that an exploration of feelings—*any* feelings—is neither endorsement, encouragement, nor a broadcasting of these feelings.

The emphasis which Mormons put on priesthood authority can result in a misconceived notion about psychotherapy and counseling. Mormons who seriously need professional help but resist it may justify this resistance by reciting “the Myth of the In-House Counseling Staff” (Koltko, in press): “We have bishops and other priesthood leaders to handle all our counseling needs. These men

are entitled to receive revelation from God on behalf of the members under their stewardship, so we should trust in their guidance rather than rely on so-called 'professionals.'" This myth betrays a serious misunderstanding of psychotherapy and counseling, church policy, and the role of bishop. It may be necessary for a therapist to discuss these issues in some detail with a client. (For an illustration of how these issues may be approached, see Koltko, in press).

Issues of Authority and Gender

The Mormon priesthood comprises virtually all active Mormon men. A type of counterpart organization exists for adult women, the Relief Society. However, the direct line of authority between the individual member and the General Authorities, and all of the latter, are composed of male priesthood holders.

In both male and female Mormons, one sometimes senses a tendency to generalize from a situation where specific male priesthood holders direct certain women in particular religious contexts to a feeling that men generally have authority over women generally in all contexts (B. Shaw in Langlois, 1988). Note also that although a woman might seek personal counsel from a Relief Society officer or visiting teacher, "official" counsel comes from a priesthood leader. For "official" counsel about personal concerns, women seek counsel from men, and men do not seek counsel from women.

The psychotherapist may find a special dynamic in the client's relationship to the therapist's gender. The client may tend to see a male therapist as having more "authority" than a female one. In addition, the matter of "appropriate" gender roles may well become an issue in therapy.

Finally, therapists should carefully monitor their own feelings when gender issues are broached with Mormon clients. Whenever the social ideology which is prevalent among university graduates strongly conflicts with a facet of a client's religion (as seems to be the case with contemporary Mormon gender roles), therapists should note that countertransference reactions are easily aroused.

Conclusion

Religious beliefs can have powerful effects on psychotherapy. As we have seen, such beliefs can influence the client's receptivity to therapy, and can incline the client toward some therapeutic approaches rather than others. More important, religious beliefs help to form a client's attitudes about the self and its worth, about what that self should become, and provide answers to questions such as: What forms of lifestyle are to be preferred? Which forms of human experience are pathological, which are merely normal, and which are genuinely and healthily transcendent? We have seen that aspects of religious culture and social organization can influence a client's attitudes towards therapists, other authority figures, and gender roles. Religious culture can affect not only attitudes, but can shape a client's social reality in ways which will strongly influence the concerns which our clients will present in therapy. In brief, Mormonism as a body of doctrine and as a culture powerfully influences the formation and development of the psyches of our LDS clients.

In conclusion, I would like to share my personal views regarding how the wise therapist handles client religious beliefs. The wise therapist does *not* attempt to excise or change normative religious beliefs and values (in other words, the values and beliefs adopted by a community of believers over several generations). Those beliefs and values have been extant for much longer than the therapist's approach to treatment, simply because they probably have an important adaptive value for large numbers of people (Campbell, 1975).

The wise therapist uses information about a specific religion as a backdrop. It is most important to know what a client's religion means *to the client*, as well as what that religion "officially" states (J. Lopez, Personal Communication, 1988).

The wise therapist attends to the belief issues raised by the client's subgroup *within* the religion. Among Mormons, two subgroups which raise such issues are women (Burgoyne and Burgoyne, 1978; Degn, 1985; B. Shaw in Langlois, 1988; Morris, 1980; I. Smith, 1981; Spendlove, West, & Stanish, 1984; Thatch-

er, 1980) and unmarried people (Anderson, 1983; Johnson, 1983; B. Shaw in Langlois, 1988; Raynes and Parsons, 1983).

The wise therapist is aware that “inactive” or “lapsed” members of a religion may still have active issues relating to their faith. Among Mormons, 25% to 35% of the total membership may be inactive (May, 1980). “Many may disaffiliate from the Church by their actions, but their . . . personality and decision making and belief structure [are] still Mormon. It is important to look . . . for incongruities as clues for anxiety, guilt, [and] depression” (M. Raynes, personal communication, August 30, 1988).

Finally, the wise therapist skillfully uses the power inherent in a client’s beliefs to enhance the client’s functioning. As the statisticians might put it, religion is orthogonal to pathology. Religion can be a “help or a hazard” (Spilka, 1986), and each of the facets of Mormonism which I have mentioned may strengthen clients *and* leave them at risk simultaneously. I have emphasized in this presentation how certain aspects of a client’s beliefs may *bring* the client to therapy and affect the early stages of the work. Given the training in religious issues which most professionals receive (which is to say, next to nothing: Shafranske & Maloney, 1990), this emphasis is reasonable. However, the wise therapist goes beyond this emphasis, and seeks to bring the adaptive and healing powers in the client’s beliefs to bear on the client’s presenting concerns, helping the client progress through and *graduate* from the therapeutic encounter.

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