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A Response to Richard N. Williams:
“Turning of Things Upside Down”
versus “Bridge-Building”

P. Scott Richards, PhD

I was at the AMCAP convention in October 1997, when Richard Williams delivered his keynote address, “Restoration and the ‘Turning of Things Upside Down’: What Is Required of an LDS Perspective.” I found his address inspiring and intellectually stimulating, although I found myself questioning and wondering about some of his views. Having now read the printed version of Dr. Williams’ address, my reactions are basically the same. I will briefly comment on both what I liked and agreed with and what I disagreed with. Before doing so, I would also like to thank Dr. Williams for taking the time to prepare this interesting and thought-provoking address for the AMCAP members. I have enjoyed reading the many other thoughtful contributions he has made in recent years, including his articles in the *American Psychologist*. I respect his work and courage. I think we need more people like him who are willing to thoughtfully challenge the “psychological establishment.”

*Ideas I Liked and Agreed With*

I admired and appreciated Dr. Williams’ discussion of the “current
intellectual climate” in which he described and contrasted the modernistic, scientific “tradition” with “postmodernism.” I found his description and analysis of how the modernistic and postmodern intellectual traditions ultimately lead to relativism and nihilism enlightening and quite convincing. I also found his discussion of how the underlying assumptions of the modernistic and postmodern traditions are incompatible with the teachings of the restored gospel helpful. His impassioned assertion that in the “restored gospel of Jesus Christ, we have within our grasp the one alternative that I am convinced will allow the world to escape the nihilism that currently haunts the fringes and hovers around the edges of all human endeavor” was inspiring and I agree with him (Williams, 1998, p. 16).

I also appreciated and agreed with his view that an LDS psychological and therapeutic perspective should include, as fundamentals, the assumptions or faith that (1) “God our Father lives and Jesus is the Christ,” (2) human beings have agency, (3) “there is a war on,” and (4) “human life and human action are fundamentally and essentially moral.” I also agree with what seems to be one of Dr. Williams’ core beliefs, which is that the gospel of Jesus Christ has much to offer the professions of psychology and psychotherapy.

In a recent book Allen Bergin and I wrote, we discussed the fact that the professions of psychology and psychotherapy were founded on philosophical assumptions that directly conflicted with religious and spiritual views of reality (Richards and Bergin, 1997). Table 1 summarizes and contrasts these conflicting assumptions. I believe that many of the assumptions Dr. Williams disagrees with, and rightly argues will lead to nihilism, are found in the left column in Table 1. I assume that he would find the assumptions in the right column more in harmony with his views and the restored gospel’s teachings.

I agree with Dr. Williams that we need to question and challenge the assumptions of the modernistic and postmodern intellectual traditions, for they are just that—assumptions or “articles of faith” that are not any more rational or grounded in empirical facts than are the spiritual, theistic assumptions. I agree that we need to develop theo-
Table 1
Conflicting Philosophical Assumptions of Modernistic Science and Psychology and the Theistic Religious Traditions

<table>
<thead>
<tr>
<th>Modernistic Science and Psychology</th>
<th>Theistic Religious Traditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naturalism/Atheism: There is no Supreme Being or transcendent Spiritual influences</td>
<td>Theism: There is a Supreme Being and transcendent spiritual influences</td>
</tr>
<tr>
<td>Determinism: Human behavior is completely caused by forces outside of human control</td>
<td>Free Will: Human beings have agency and the capacity to choose and regulate their behavior, although biological and environmental influences may set some limits</td>
</tr>
<tr>
<td>Universalism: Natural laws, including laws of human behavior, are context free; they apply across time, space, and persons. A phenomenon is not real if it is not generalizable and repeatable</td>
<td>Contextuality: While there are natural laws that may be context free, there may also be some that are context bound; that is, they apply in some contexts but not others. There are real phenomena that are contextual, invisible, and private. They are not empirically observable, generalizable or repeatable (e.g., transcendent spiritual experiences)</td>
</tr>
<tr>
<td>Reductionism/Atomism: All of human behavior can be reduced or divided into smaller parts or units</td>
<td>Holism: Humans are more than the sum of their parts. They cannot be adequately understood by reducing or dividing them into smaller units</td>
</tr>
<tr>
<td>Materialism/Mechanism: Human beings are like machines composed of material or biological parts working together</td>
<td>Transcendent Spirit/Soul: Humans are composed of a spirit or soul and physical body; they cannot be reduced simply to physiology or biology</td>
</tr>
</tbody>
</table>

(Table continued)
### Table 1 (continued)

<table>
<thead>
<tr>
<th>Modernistic Science and Psychology</th>
<th>World's Theistic Religious Traditions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethical Relativism:</strong> There are no universal or absolute moral or ethical principles. Values are culture-bound. What is right and good varies across social and individual situations</td>
<td><strong>Universals/Absolutes:</strong> There are universal moral and ethical principles that regulate healthy psychological and spiritual development. Some values are more healthy and moral than others.</td>
</tr>
<tr>
<td><strong>Ethical Hedonism:</strong> Human beings always seek rewards (pleasure) and avoid punishments (pain). This is the basic valuing process built into human behavior.</td>
<td><strong>Altruism:</strong> 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.</td>
</tr>
<tr>
<td><strong>Classical Realism/Positivism:</strong> The universe is real and can be accurately perceived and understood by human beings. Science provides the only valid knowledge. Scientific theories can be proven true on the basis of empirical evidence.</td>
<td><strong>Theistic Realism:</strong> God is the ultimate creative and controlling force in the universe and the ultimate reality. God and the universe can only be partially and imperfectly understood by human beings. Scientific methods can approximate some aspects of reality but must be transcended by spiritual ways of knowing in many realms.</td>
</tr>
<tr>
<td><strong>Empiricism:</strong> Sensory experience provides human beings with the only reliable source of knowledge. Nothing is true or real save that which is observable through our sensory experience or measuring instruments</td>
<td><strong>Epistemological Pluralism:</strong> Human beings can learn truth in a variety of ways, including authority, reason, sensory experience, and intuition/inspiration. Inspiration from God is a valid source of knowledge and truth.</td>
</tr>
</tbody>
</table>

ries of human nature, personality and psychopathology, and therapeutic change that are grounded in theistic, and particularly LDS, views of reality.

Ideas I Questioned and Wondered About

Dr. Williams began his address by explaining and asserting the basic premise of his position; that is, that the professions of psychology and psychotherapy (and other social sciences) need to be “turned upside down” and replaced with “ideas and therapeutic practices founded on revealed truth” (p. 22). If by “turning things upside down,” Dr. Williams meant only that we must challenge and replace the naturalistic, deterministic, and relativistic assumptions that our professions were founded upon, then I would be in complete agreement with him. It is Dr. Williams’ second interpretation of “turning things upside down” with which I disagree.

Although he is not entirely clear about this, Dr. Williams seems to also be saying that, to date, the professions of psychology and psychotherapy have not discovered any truth or developed any therapeutic approaches or techniques that are worth keeping. He states, “I believe we need to challenge the idea—an article of faith in the social sciences—that there are secular “truths” out there in our traditions that we can harvest for our own use. If there were such truths, it would not be necessary to “turn the world upside down” . . . (p. 18). But does “turning things upside down” mean that we must “throw out” all previous psychological ideas and practices and start over? Personally, I think not. I would prefer to think that “turning things upside down” means we may often only find it necessary to “reframe,” “reinterpret,” or “revise” secular theories and practices in light of a theistic, spiritual view.

But perhaps there is no need to argue about Dr. Williams’ interpretation of what it means to “turn things upside down.” The bottom line is that I found unconvincing Dr. Williams’ argument that the professions of psychology and psychotherapy have discovered no worthwhile “truths” during the past century. Just because the words “secular truth” don’t occur in the scriptures, it doesn’t necessarily mean that the psy-


ducology and psychotherapy professions haven’t discovered any truths. I personally am not quite so willing to jettison a century of psychological and clinical research. While I do not accept all of it as “gospel truth,” I do think there are many valid insights and facts that we have learned during the past century about human psychological development and functioning, and that we have discovered many helpful therapy practices. I find it untenable to entirely “write off” all of these theories, research findings, and practices just because the researchers or theorists did not believe in God or moral universals.

Dr. Williams also criticized “eclecticism” and LDS helping professionals who “are drawn to eclectic strategies, largely because they appear to ‘work’” (p. 19). He also said, “That certain ideas and practices seem to ‘work’ is a completely unimpressive finding” (p. 19). He argued that even “Satan quite often gets results” and that “Apostate practices ‘work’ within the criteria provided by apostate standards” (p. 19). I found Dr. Williams’ arguments against eclecticism entirely unconvincing. Perhaps a strong argument can be made against eclecticism, but in my opinion, Dr. Williams has not made one here (I haven’t heard one anywhere else yet either).

Perhaps it is because Dr. Williams is not a psychotherapist that he finds it so “unimpressive” that certain therapeutic ideas and practices “work.” As a therapist, I found it “impressive” when, using psychotherapeutic “ideas and practices,” I assisted in keeping a severely depressed, suicidal client from killing herself and witnessed her again experience happiness and joy in her life. I found it impressive when ideas and practices I learned from “secular” colleagues helped an LDS woman (a Relief Society president), who was immobilized with severe panic attacks and agoraphobia, overcome her fears and return to normal functioning (including a return to church activity). I also found it impressive when psychotherapy helped an unhappy, inactive LDS man, who was planning to divorce his wife and leave his child, change his mind. When therapy also helped this man reform his life, reaffirm his testimony of Jesus Christ, return to church activity, and qualify for temple attendance, I found it even more “impressive.”
In regards to psychotherapy, I agree with Dr. Williams about one thing: psychotherapy does work! Forty years of research have provided ample evidence that psychotherapy, even some secular and eclectic versions of it, can often help people cope, heal, and change (Bergin & Garfield, 1994). I think it is impressive and wonderful that psychotherapy can help people function better psychologically, interpersonally, and spiritually (Chamberlain, Richards, & Scharman, 1996; Lambert & Bergin, 1994; Richards & Bergin, 1997; Richards & Potts, 1995). I do agree with Dr. Williams (1998) that some psychotherapy practices are “neither true nor moral” (p. 22), but I don’t feel a need to throw out all of the helpful ideas and practices that I have learned from my secular colleagues, even though I disagree with their underlying assumptions about God and human nature.

**Building Bridges: An Alternative View**

When Elder Neal A. Maxwell delivered an address at BYU in 1976 entitled, “Some Thoughts on the Gospel and the Behavioral Sciences,” he did not call on LDS behavioral scientists to “throw out” all secular research, theories, and practices, but encouraged us to “build bridges” between “revealed truth and the world of scholarship” (Maxwell, 1976, p. 70). To me, “building bridges” implies that we are interested in a two-way flow of traffic or ideas and that there may be some things of worth for us in the secular “world of scholarship.” Granted, there are “one-way” bridges, and some LDS scholars and helping professionals, perhaps including Dr. Williams, may prefer a one-directional flow of ideas between the LDS faith and the world of scholarship. I believe a two-way exchange would be more helpful and enlightening for both parties.

In our recent book, Allen Bergin and I attempted to build some “two-way” bridges between the theistic, spiritual world view and secular theories of psychology and psychotherapy. The theistic, spiritual strategy for psychotherapy we proposed starts with the assumptions that God and Jesus Christ exist, that human beings are children or creations of God, that the link between God and humanity is maintained
Table 2

Unique Contributions of the Theistic, Spiritual Strategy to the Understanding of Psychotherapy

<table>
<thead>
<tr>
<th>Goals of Therapy</th>
<th>Therapist's Role in Therapy</th>
<th>Role of Spiritual Techniques</th>
<th>Client's Role in Therapy</th>
<th>Nature of the Therapy Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual view is part of an eclectic, multi-systemic view of humans and so therapy goals depend on the client's issues. Goals directly relevant to the spiritual dimension include (1) help clients affirm their eternal spiritual identity and live in harmony with the Spirit of Truth. (2) assess what impact religious and spiritual beliefs have in clients' lives and whether they have unmet spiritual needs, (3) help clients use religious and spiritual resources to help them Adopt an ecumenical therapeutic stance, and when appropriate, a denominational stance. Establish a warm, supportive environment where 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 Interventions are viewed as very important for helping clients understand and work through religious and spiritual issues and concerns, and for helping clients draw upon 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 techniques, forgiveness, meditation and</td>
<td>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 utilize the religious and spiritual resources in their lives to assist them in their efforts to heal and change. Seek God's guidance and enlight-</td>
<td>Unconditional positive regard, warmth, genuineness, and empathy are regarded as an essential foundation for therapy. Therapists also seek to have charity or brotherly and sisterly love for clients and to affirm their 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</td>
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in their efforts to cope, change, and grow, (4) help clients resolve spiritual concerns and doubts and make choices about role of spirituality in their lives, and (5) help clients examine their spirituality and continue their quest for spiritual growth. 

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 regarding how best to help clients.

prayer, scripture study, blessings, participating in religious services, spiritual imagery, journaling about spiritual feelings, repentance, and utilizing the client’s religious support system.

enment about how to better cope, heal and change. 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 religious and spiritual beliefs and values, even though the therapist may at times disagree with their values and confront them about unhealthy values and lifestyle choices.

(Table 2 continued)

through spiritual influences, and that spiritual beliefs and influences can promote human growth, healing, and therapeutic change (Bergin, 1980; Richards & Bergin, 1997). Our strategy is unashamedly eclectic or integrative. We assume that human beings are multisystemic in nature; that is, they may be influenced by biological, environmental, psychological, cognitive, and spiritual systems and processes. Therapists may need to intervene in any or all of these systems in order to help their clients cope, heal, and change.

Table 2 summarizes some of the contributions we think a theistic, spiritual strategy makes to our understanding of psychotherapy. Although there is not space here to discuss these contributions in any detail, I wish to mention that, compared to the secular theories of psychotherapy, our theistic, spiritual strategy does offer a radically different way to think about human personality, psychopathology, therapeutic change, and the practice of psychotherapy. It does not “throw out” all secular psychological ideas, findings, and practices, but perhaps it does open the door for us to “integrate,” “remake,” or even “redeem” some of them by providing a theistic framework within which to interpret and understand them.

In closing, I wish to thank Dr. Williams for his thought-provoking address. While I don’t agree with all that he has said, I do agree with much of it. I look forward to his response to my comments and to further discussion and debate in the years ahead about the important issues he has raised. I think that it is through addresses such as his, and associated discussions and debates, that we as LDS social scientists and helping professionals will grow in our understanding and ability of how to better help our brothers and sisters heal, change, and grow emotionally and spiritually.

References


