



4-1-1999

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Recommended Citation

Gantt, Edwin E. (1999) "Hedonism, Suffering, and Redemption: The Challenge of Christian Psychotherapy," *Issues in Religion and Psychotherapy*: Vol. 24 : No. 1 , Article 8.
Available at: <https://scholarsarchive.byu.edu/irp/vol24/iss1/8>

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EDWIN E.
GANTT

*Hedonism,
Suffering,
and
Redemption*

THE CHALLENGE OF CHRISTIAN
PSYCHOTHERAPY

*Then saith he unto them, My soul is exceeding sorrowful,
even unto death: tarry ye here, and watch with me.*

—*Matthew 26:38*

Few questions have so animated the discourse of the philosopher and the priest, the physician and the poet, as why it is we suffer and what our suffering might possibly mean. Of course, the question has never been solely the province of the scholar or the professional, as can be attested by any parent who has had to look on helplessly as a young child wastes away in a hospital bed. The implications of how this most pressing question of life is answered are profound. As Truman Madsen (1966) has noted, for some “the most staggering objection to belief in a personal God is the ugly, tragic, overwhelming fact of human inequality and suffering” (p. 53). Paradoxically, others have found in suffering not only the most divine assurances of God’s enduring love but also the overpowering call to brotherhood and full humanity. Mother Teresa, for example, taught that “in the slums, in the broken body, in the children, we see Christ and we touch him” (Muggeridge, 1971, p. 114). Clearly, in addressing the question of suffering, we are not just playing with some “academic toy” (Madsen, 1966, p. 53) but are dealing with an issue of immense and potentially soul-rending human significance.

Despite a lengthy, rich, and sometimes contentious history of literary, philosophical, and theological inquiry into the problem of human suffering, our modern world has increasingly come to rely on psychological and psychotherapeutic explanations of suffering’s origins and meaning. Indeed, many scholars have argued that psychology has come to compete for and in large measure usurp the cultural and intellectual space once occupied by religion, literature, and moral philosophy (see, for example, Hooykaas, 1972; Szasz, 1978; Vandenberg, 1991; Vitz, 1977). It has become commonplace in our society to believe that psychologists not only hold the keys that will unlock the mystery of suffering but also possess the techniques necessary for eliminating it. Because of this assumption, psychologists are often afforded the sort of status and respect that was in earlier times reserved for priests and prophets, sages, and shamans.

I intend to argue, however, that some of contemporary psychology’s more popular ways of conceiving suffering are very much at odds with the understanding of it found in ancient and modern revelation and are, thus, for Latter-day Saints deeply problematic—both intellectually and spiritually. Although not always explicitly articulated, many of the theories and practices of modern psychotherapy

are undergirded with a philosophy of hedonism. That is to say, much of the modern psychotherapeutic enterprise is informed by the “doctrine that pleasure is the good” and that the maximizing of individual pleasure is “what we ought to pursue” (Gosling, 2000, p. 336).

One result of this commitment to hedonism in psychology is, I will contend, that human emotional, psychological, and moral suffering often are regarded only as obstacles to our attainment of happiness and the good life. Indeed, it will be shown that a number of prominent schools of thought in contemporary psychotherapy assume that suffering is essentially pointless and unnecessary, the unpleasant byproduct of some impersonal pathological process, defect of rationality, or biochemical deficiency. As such, it is “without intrinsic meaning” and is “seen as some sort of absurdity” (Vitz, 1977, p. 103). It is with this view that psychotherapists so often set their agenda solely in terms of how to most effectively mitigate—if not terminate—the various forms of psychologically relevant human suffering. That such suffering may have profoundly spiritual and moral meaning receives little attention (cf. Young-Eisendrath, 1998).

In what follows, then, I hope to show that, although this sort of psychotherapeutic project seems morally sound, it fundamentally misses the point of suffering—particularly when understood from within the context of the gospel of Jesus Christ. Insofar as psychology’s hedonistic conception of suffering is mistaken and insofar as we therapists endorse that conception in either our theories or our practices, we may hinder our clients from developing a morally deep and spiritually significant life. By minimizing or neglecting the inherent meaningfulness of human suffering, we may prevent our clients from coming to understand, in the words of Viktor Frankl (1986), that “*human life can be fulfilled not only in creating and enjoying, but also in suffering!*”¹ (italics in the original) and that “life

1. Frankl did not say that suffering can be “fulfilling” in human life, but he does state that in suffering human life can be “fulfilled.” He did not suggest that suffering is a fulfilling way to live one’s life, as though it were just one more possible method or means of achieving some level of personal satisfaction or contentment. For Frankl, we are all, by virtue of being human, called to fulfill our lives, as we would a duty or an obligation, without regard to the degree or amount of personal

can reach nobility even as it founders on the rocks” (p. 106). Ultimately, I will propose that, while the call to alleviate suffering is undoubtedly central to both the theory and practice of psychotherapy, there is a spiritually deeper and more pressing call to which we as therapists must first give heed: the demand for us to suffer with our clients in their suffering, to “watch and pray” (Matt. 26:41) as they experience the agonies of their own Gethsemanes.

The Intellectual Roots of Hedonism

The roots of our Western intellectual tradition begin with the Greeks—and thus the roots of hedonism do also. The individual most often affiliated with the hedonist position is Epicurus, who contended “that all men, at all times, pursue only their own pleasure” (Russell, 1945, p. 245) because “pleasure is the first good and natural” (Epicurus, 1981, p. 294). Interestingly, however, Epicurus was not the first to advance the notion that we are by nature selfish and seek only after our own personal pleasure. An earlier advocate of hedonism was Thrasy Machus, a contemporary of Socrates and Plato, a man dubbed by one noted historian of philosophy as the “brutal champion of the rights of the stronger” (Copleston, 1985, p. 95). Unlike Epicurus, who would suggest that the greatest pleasure was to be found in moderate living aimed at minimizing pain, Thrasy Machus argued a “might-is-right” approach to justice and ethics, maintaining that because personal pleasure is the ultimate good those with the means to get what they want should in fact do just that (cf. Plato, 1961, pp. 588–589).

Ironically, even Socrates, who consistently sought to counter this sophistic equation of physical pleasure with the ultimate good, still maintained at the core of his teachings the notion that conduct is governed by a concern for matters of personal pleasure. Socratic doctrine held that acts that produce pleasure are always to be judged in light of their ultimate rather than immediate benefit. Because the unreflective pursuit of pleasure may lead one only to

satisfaction to be garnered. Indeed, for Frankl, finding meaning in our lives, whatever our circumstances might be, is our ultimate duty—to ourselves, others, and God. It is vital to keep this distinction clearly in mind to see how Frankl avoids falling into one or another of the more traditional forms of egoism.

future misery, the relative worth of a given course of action should be determined by whether or not it provides long-term or ultimate benefit (i.e., pleasure) to the person. Thus, as Guthrie (1950) has noted, in the Socratic or Platonic system, “acts which in themselves give pleasure can be referred to the question of ultimate benefit as to a higher standard, while still maintaining the attitude of pure self-interest” (p. 103).

In the end, then, for many ancient Greek thinkers, though they disagreed continually and vehemently about the proper means of its achievement, the ultimate goal of life was always the pursuit and maximization of pleasure for one’s self. Even Aristotle, who questioned the thinking of his predecessors and contemporaries in many profoundly insightful ways, nonetheless held that our most committed and concerned friendships were in reality just the outgrowth of a more fundamental love of self.

Although eclipsed somewhat by intensive theological speculation, various versions of the hedonist doctrine continued to inform philosophical thought in significant ways throughout the medieval period. A great deal of intellectual effort during this time was devoted to demonstrating how service to God and obedience to his commandments were, when considered most broadly, really just matters of self-interest. For example, St. Augustine (K. Rogers, 1997) argued, “For, that man might be intelligent in his self-love, there was appointed for him an end to which he might refer all his actions, that he might be blessed. For he who loves himself wishes nothing else than this. And the end set before him is ‘to draw near to God’” (p. 60). St. Augustine urged his fellow Christians to ask themselves what earthly and transitory pleasure could possibly compare to the eternal rewards of heaven that are to be made available to the obedient and dutiful. Christians should then ask whether it is in their own best interests to do all they can to secure such eternal bliss for themselves.

Indeed, as St. Thomas Aquinas later reasoned, if contemplation of ultimate reality is the greatest good and God is the ultimate reality, then our greatest opportunity for the single-minded contemplation of God is in the afterlife, and the more single-minded our contemplation, the greater our joy (cf. Rogers, 1997, pp. 61–73). The

individual who settles for the evanescent pleasures of mortal flesh is a fool who will fail in the end to secure that which is the most truly gratifying of all pleasures: eternal communion with God.

Interestingly, despite this tradition of assuming self-interest to be central to human endeavor, it was not until the Enlightenment that hedonism achieved a nearly undisputed predominance in explanations of human motivation and behavior. Thomas Hobbes's *Leviathan* (1668), for example, offered an account of human motivation wherein self-preservation and self-aggrandizement were not only right but natural and absolute. He contended that we are naturally constituted to seek to ensure our own survival and pleasure, regardless of the costs to others. In fact, Hobbes maintained that our natural inclination as human beings is to wage unrestrained war on one another so as to maximize material acquisitions and power. Furthermore, if not for the controlling influence of a powerful and organized state capable of imposing its will on the individual via the threat of force or the promise of security, the "life of man [would be] solitary, poore, nasty, brutish, and short" (Hobbes, 1668, part 1, chap. 13, p. 186). The impact of this Hobbesian doctrine for later political, social, and intellectual developments can hardly be underestimated.²

One profound consequence of the modern advancement of the doctrine of hedonism is that hedonism has, in many ways, come to

2. For example, by deftly mixing the influences of Hobbes and Epicurus, Jeremy Bentham (1748) was able to assert that "nature has placed mankind under the governance of two sovereign masters, pain and pleasure" (p. 1) and that "each individual always pursues what he believes to be his own happiness" (Russell, 1945, p. 775). Based on this fundamental assumption of self-interest, Bentham then proposed what has come to be known as the utilitarian system of rationality and ethics, a system that has proven to be enormously influential in contemporary law, politics, economics, and philosophy. Following closely in Bentham's footsteps, John Stuart Mill (1806) wrote, "Of the social virtues it is almost superfluous to speak; so completely is it the verdict of all experience that selfishness is natural. . . . [The people we regard as moral are simply selfish in a different way;] theirs is . . . [a] sympathetic selfishness" (p. 394). By the middle of the 19th century, particularly with the advent of Darwinian evolutionary theory and subsequent biological accounts of human behavior, hedonism had clearly begun to take center stage in the political, moral, and social thought of the West (cf. Ruse, 1999; Smith, 1997).

be identified with rational thinking. Henry Sidgwick (1981), for example, felt that it was

Turning
Freud
Upside
Down

hardly going too far to say that common sense assumes that “interested” actions, tending to promote the agent’s happiness, are *prima facie* [at first sight] reasonable: and that the *onus probandi* [burden of proof] lies with those who maintain that disinterested conduct, as such, is reasonable. (p. 120)

Ayn Rand (1964) argued that the rational person “sees his interests in terms of a lifetime and selects his goals accordingly. . . . [This] means that he does not regard any moment as cut off from the context of the rest of his life, and that he allows no conflicts or contradictions between his short-range and long-range interests” (p. 51–52). Thus, to be rational is to seek after one’s own interests in a manner as careful, consistent, and efficient as possible (cf. Shaver, 1999).

To fall short in the realization of this ideal—or, even worse, to reject it outright—is by definition to be irrational. Indeed, as Nathaniel Branden (1964), one of Rand’s collaborators, explained, “To sacrifice one’s happiness is to sacrifice one’s desires; to sacrifice one’s desires is to sacrifice one’s values; to sacrifice one’s values is to sacrifice one’s judgment; to sacrifice one’s judgment is to sacrifice one’s mind” (p. 41). Given this sort of intellectual presumption, it should not come as too great a surprise that one of the most explicitly hedonistic of all our modern theories of human action, and one of the most widely endorsed in both the humanities and the social sciences, is known as Rational Choice Theory (cf. Becker, 1976; Coleman & Fararo, 1992).³

3. In his text *Theory and Progress in Social Science*, James B. Rule (1997) identified three essential tenets of the Rational Choice school of thought. First is the notion that “human action is essentially *instrumental*, so that most social behavior can be explained as efforts to attain one or another, more or less distant, end[s]” (p. 80; italics in original). Second, individual actors “formulate their conduct through *rational calculation* of which among alternate courses of action are most likely to maximize their overall rewards” (p. 80; italics in original). The third and final tenet of Rational Choice Theory is that “large-scale social processes and arrangements—including such diverse things as rates, institutions, and practices—are ultimately to be explained as results of such calculation[s]” (p. 80). This last point, according to Rule (1997), is a crucial claim for adherents of the theory, in that

Hedonism, Psychotherapy, and Suffering

As a product of modern philosophical thought, psychotherapy often reflects a strong intellectual commitment—both in terms of its theories and its practices—to the epistemology and ethics of hedonism. Because psychotherapy has, in many ways, become the major modern attempt to address the question of the good life, it has been intimately concerned with the question of human emotional, spiritual, and moral suffering. As mentioned above, our modern world has increasingly come to look to psychologists for answers to questions about the meaning of life and suffering. The therapist, as a highly trained expert in human affairs, is often thought to be uniquely situated to offer not only rationally based explanations for the presence of suffering but also empirically defensible counsel on how best to achieve happiness in life (cf. Gantt, 2001; Richardson, Fowers, & Guignon, 1999).

In close connection with this assumption is psychotherapy's long-maintained belief that the personal views and values of clinicians and therapists have little direct effect on clients, at least insofar as those values are conscientiously set aside in the therapy hour by the careful employment of established methods and techniques of treatment. It was thought that the therapist could be "a kind of horticulturist engaged in bringing out the true nature of each client by encouraging a process of unfolding along predetermined lines" (Wallach & Wallach, 1983, p. 17). This assumption, however, has been convincingly proven to be fallacious as many authors have shown the inextricable connection between moral values and therapeutic practice (see, for example, Bergin, Payne, & Richards, 1996; Kurtines, Azmitia, & Gewirtz, 1992; Howard, 1985; Woolfolk, 1998).

Indeed, as I have argued elsewhere (Gantt, 2001), clients come away from therapy with a good deal more than a simple, value-free cure for their psychological ills. During the course of most psychotherapeutic treatments, clients are initiated into the language, customs, assumptions, values, and practices of an entire moral

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the "doctrine provides the indispensable analytical tools for relating aggregate events and processes to the microworlds of face-to-face interaction and individual decision making" (p. 81).

order within which they are encouraged to make sense of themselves, their symptoms, and the world. This initiation is not simply an academic or intellectual exercise, however. It is, rather, “an active moving into and shaping of [the client’s] life in the light of the therapist-patient dialectic” (Barton, 1974, p. 238).

Clearly, one of the most profound ways in which therapists give shape to the moral and psychological landscape of their clients’ lives is the way in which they help clients to articulate and pursue a particular vision of the good life. Unfortunately, there is an astonishing lack of sustained or critical discussion concerning the various metaphysical, epistemological, and ethical presuppositions inherent in psychotherapy’s often hedonistic conceptions of the good life. Therapists seem content simply to iterate, in various ways, the fundamental virtues of self-fulfillment, self-expression, self-esteem, self-discovery, self-love, and self-acceptance. Suffering, in the broad spectrum of its psychologically relevant manifestations (e.g., depression, anxiety, fear, shame, grief, guilt, and regret), is usually conceived of as an obstacle to the realization of individual potential. As such, suffering is seen to constitute a sort of barrier that must be overcome if individuals are to attain a maximal degree of happiness and contentment in their lives (Young-Eisendrath, 1998).

Because the various psychological forms of suffering are so often viewed as pathological or irrational in nature, psychotherapy’s commitment to eradicating their effects in as efficient and timely a manner as possible is seldom held up for critical scrutiny.⁴ Rather, the issue that seems to have most fully captured the discipline’s attention is the more methodological one of how best to reduce or eliminate the unpleasantness of those pathological conditions from which clients happen to be suffering.

4. A few notable exceptions to this rule are *The Brighter Side of Human Nature: Altruism and Empathy in Everyday Life* by Alfie Kohn (1990); Michael and Lise Wallach’s (1983) *Psychology’s Sanction for Selfishness: The Error of Egoism in Theory and Therapy*; Paul Vitz’s (1977) *Psychology as Religion: The Cult of Self-Worship*; George Kunz’s (1998) *Paradox of Power and Weakness: Levinas and an Alternative Paradigm for Psychology*; and Frank Richardson, Blaine Fowers, and Charles Guignon’s (1999) *Re-Envisioning Psychology: Moral Dimensions of Theory and Practice*.

Given the vast and varied nature of the landscape, it would be all but impossible in the limited space available here to even begin adequately identifying the many ways in which hedonistic assumptions suffuse contemporary psychotherapy. Therefore, rather than reel off some comprehensive, but only marginally informative, list of schools and practices, I will attempt a more in-depth look at a few of the more widely practiced modern therapies. In particular, I will examine Albert Ellis's school of Rational Emotive Behavior Therapy (REBT), the Client-Centered Therapy of Carl Rogers, and, finally, certain trends in contemporary drug therapy. Although I realize the limited scope involved in such an analysis, I nonetheless feel strongly that each of these traditions can be seen to be exemplars of the larger discipline of psychotherapy.

Albert Ellis, Hedonism, and Suffering. Perhaps one of the clearest modern exponents of the notion that suffering is irrational—and, by implication, pointless—is Albert Ellis, who has maintained that “one of the basic philosophic aspects of rational-emotive therapy . . . is an emphasis on hedonism, pleasure, and happiness” (1962, p. 336). Ellis has stated that, at least in this regard, his Rational Emotive Behavior Therapy is no different from most other forms of therapy in that

just about all existing schools of psychotherapy are, at bottom, hedonistic, in that they hold that pleasure or freedom from pain is a principle good and should be the aim of thought and action. . . . The rational-emotive therapist, therefore, is far from unique when he accepts some kind of a hedonistic world-view and tries to help his patients adopt a workable hedonistic way of life. (p. 363)

Although he has repeatedly asserted that his main therapeutic goal is to minimize the irrational anxiety, depression, and anger his clients feel, Ellis is not content with merely a negative definition of psychological health and well-being. Rather, in a more positive vein, he has argued that the rational-emotive therapist should encourage clients to adopt the notion that “it is good for me to live and enjoy myself” and decide to “strive for more pleasure than pain” (Ellis, 1973, p. 23).

Because hedonism is assumed to be identical with rationality in this system of therapy, suffering, in whatever psychological form it

might take, is ipso facto irrational, the product of an inappropriately directed style of living and reasoning. Because it is irrational, suffering is also pointless and unnecessary. The solution to the dilemma of suffering is to simply adopt a more “healthy” and rational style of living and thinking, one that will prove to be more personally satisfying and self-enriching.

Ellis does not, however, advocate a “short-range, self-defeating hedonism of a childish variety” (1962, p. 336). Rather, that immature form of hedonism is spurned in favor of a more long-range form of hedonism, one that is clearly reminiscent of that found in ancient Stoic philosophy. Borrowing terminology from Freud, Ellis (1962) suggests that “the reality principle of putting off present pleasures for future gains is often a *much saner* course to follow than the pleasure principle of striving only for present gains” (p. 363; italics added). In short, Ellis (1962) has argued for

the philosophy that one should primarily strive for one’s own satisfactions while, at the same time, keeping in mind that one will achieve one’s own best good, in most instances, by giving up immediate gratifications for future gains and by being courteous to and considerate of others, so that they will not sabotage one’s own ends. (p. 134)

This philosophy of long-range hedonism is “consistently stressed in RT” (Ellis, 1962, p. 363) so that clients will come to understand that the unhappiness they are experiencing is ultimately the result of failing to engage in the rational calculation and pursuit of their own long-term self-interest. As Ellis (1962) has stated, “The main aim of RT is to help the patient to clearly see what his own basic philosophic assumptions or values are and to significantly change these life premises” (p. 348). If these irrational values are not “significantly changed” (i.e., abandoned in favor of a philosophy of long-term hedonism), however, the client’s “underlying anxiety and lack of self-confidence will not be greatly ameliorated” (p. 349).

Carl Rogers, Hedonism, and Suffering. In contemporary psychotherapy, Ellis is, of course, not the only major voice advocating the notion that suffering is irrational, pathological, and pointless. Carl Rogers, too, offered an essentially hedonistic answer to the questions of suffering and the good life. For Rogers, achievement of

the psychological good life is understood in terms of becoming a “Fully Functioning Person” (Rogers, 1961, pp. 183–196). This is a person whose self-concept is congruent with his or her inherent tendency to value positively those experiences that increase personal fulfillment and satisfaction, a person who is “open to the wide range of his own needs” and who is a full “participant in the rationality of his organism” (Rogers, 1961, pp. 194, 195). Such a person is creative, sensitive, and thoughtful, a being whose feelings and reactions “may be trusted to be positive, forward-moving, and constructive” (Rogers, 1961, p. 194). In short, because the fully functioning person “does not have to satisfy the introjected standards of other people, he or she is guided entirely by the organismic valuing process and enjoys total self-acceptance” (Ewen, 1998, p. 396).

Clearly, in this particular scheme, the basic nature of humankind is held to be constructive, trustworthy, and rational. In response to the Freudian notion that human beings are basically irrational and governed by aggressive and destructive impulses that must be controlled, Rogers (1961) argued that “man’s behavior is exquisitely rational, moving with subtle and ordered complexity toward the goals his organism is endeavoring to achieve” (pp. 194–195). In the fully functioning, genuinely rational person, there is a “natural and internal balancing of one need against another, and the discovery of behaviors which follow the vector most closely approximating the satisfaction of all needs” (Rogers, 1961, p. 195). Unfortunately, according to Rogers (1961), “the tragedy for most of us is that our defenses keep us from being aware of this rationality, so that consciously we are moving in one direction, while organismically we are moving in another” (p. 195). Only when the individual manages to overcome irrational defensiveness and embrace a genuine openness to experience will behavior “come as close as possible to satisfying all his needs” (Rogers, 1961, p. 190).

Therapy, then, is about assisting the suffering client in overcoming the burdensome weight of irrational defensiveness (i.e., conditions of worth) so that “he would continue to move toward becoming himself, and to behave in such a way as to provide the maximum satisfaction of his deepest needs” (Rogers, 1961, p. 194). Suffering, as understood in the Rogerian framework, is capable of only two meanings: symptom and obstacle. Suffering, in its various

forms, represents a symptomatic expression of an underlying incongruence or disharmony in the individual's life and organismic experience. Likewise, as symptom, suffering points to the presence of a barrier obstructing the achievement of the individual's natural and rational pursuit of his or her own self-interest. The role of the therapist is not to assist the client in exploring the existential significance and possible moral meaningfulness of suffering but rather it is to help the client "to consider each stimulus, need, and demand, its relative intensity and importance, and out of this complex weighing and balancing, discover that course of action which would come closest to satisfying all his needs in the situation" (Rogers, 1961, p. 190).

Psychopharmacology, Hedonism, and Suffering. At the opposite end of the therapeutic spectrum from both the REBT and client-centered approaches is an increasingly popular way of understanding and treating human suffering and distress: psychopharmacology. Rosenzweig and Leiman (1989) pointed out that

although in the past many psychiatric dysfunctions have been approached from an exclusively psychological framework, current efforts have developed a distinctly biological orientation. This orientation is leading to progressive refinements of the categories of mental disorders such as schizophrenia and anxiety. This accomplishment is aiding not only understanding but also therapeutic interventions. (pp. 600–601)

One of the most obvious ways in which such biological "refinements" have impacted clinical theory and practice in recent years is seen in the astonishing rise of both the use and the acceptance of medication for the treatment of emotional, social, and interpersonal problems. Indeed, it was only a decade ago that Peter Kramer, a psychiatrist at Brown University, coined the troubling phrase "cosmetic psychopharmacology" (cited in Shorter, 1997, p. 314) and, thereby, ushered in a new era of psychopharmacological hedonism.⁵

5. Interestingly, Kramer's phrase appeared in print at roughly the same time as President George H. W. Bush's congressional resolution declaring 1990 to be the first year of the Decade of the Brain.

For Kramer (1993) and like-minded others (e.g., Banich, 1997; Kolb & Whishaw, 2000), human emotional and interpersonal suffering is at root an expression of an underlying medical condition. That is, suffering is in reality just the symptomatic manifestation of a disturbance in the neurochemical activity of the individual's central nervous system. The brain, Seward (1999) told us, "has one extremely important characteristic: it is capable of emotions" (p. 33). Those emotions that the brain creates for us, however, are often unpleasant and distressing and, thus, less than desirable. The most appropriate remedy for such a situation, then, would seem to be a chemical one (Cooper, Bloom, & Roth, 1996). After all, as Nancy Andreasen (1984) suggested, emotional and psychological suffering are diseases and "should be considered medical illnesses just as diabetes, heart disease, and cancer are" (p. 29). It is in this sense that Goodwin (1986) asserted that not only is talking therapy of little real value when compared to drug therapy but it can even make "people feel worse; talking about the problems reminds them of them" (p. 107).

In its most basic sense, psychopharmacological intervention involves altering an individual's neurotransmitter activity to reduce or eliminate the patient's presenting symptoms (Feldman, Meyer, & Quenzer, 1997). Symptom reduction has long been—at least in psychiatry—the primary (if not the only) standard for judging the worth or success of a particular therapeutic treatment (Luborsky, Singer, & Luborsky, 1975). Indeed, Shorter (1997) noted in his widely cited history of psychiatry that "lifting symptoms rather than cultivating a sympathetic rapport in the office [has] remained the ultimate therapeutic objective" (p. 314). In this model, the patient's presenting symptoms—the experiential features and enactments of his or her suffering—constitute a sort of diagnostic signpost that points toward some more basic, underlying biochemical dysfunction that is the real source of the patient's problems. The medical model reduction of the complex experiential meaning of suffering to the status of symptom is almost never questioned, and neither is the notion that the first order of therapeutic business is the elimination of such symptoms. Suffering is not to be taken at face value, nor is it thought to possess any intrinsic meaning or significance. Rather, it is seen merely to be an unfortunate outcome of fundamentally

impersonal and mechanical biological processes operating out of the individual's awareness and beyond his or her control.

Despite a number of glaring differences in terms of both theory and practice, the psychopharmacological perspective clearly shares with its humanistic and cognitive cousins a commitment to the philosophy of hedonism. As Shorter (1997, p. 324) and others noted, "Psychiatry [has] nurtured a popular culture of pharmacological hedonism" in which millions of people (both clients and professionals) have come to see drug therapy as the ultimate technological solution to the problems of everyday living. Evidence for this claim can be found in Kramer's (1993) international bestseller, *Listening to Prozac*, the principal message of which seems to be that personal contentment and self-confidence can, indeed, be found in a pill.

For example, Kramer (1993) offered the following story to illustrate the promise of pharmacological solutions to the problems of human suffering:

After about eight months off medication, Tess told me she was slipping. "I'm not myself," she said. New union negotiations were under way, and she felt she could use the sense of stability, the invulnerability to attack, that Prozac gave her. Here was a dilemma for me. Ought I to provide medication to someone who was not depressed? I could give myself reason enough—construe it that Tess was sliding into relapse, which perhaps she was. In truth, I assumed I would be medicating Tess's chronic condition, call it what you will: heightened awareness of the needs of others, sensitivity to conflict, residual damage to self-esteem—all odd indications for medication. I discussed the dilemma with her, but then I did not hesitate to write the prescription. Who was I to withhold from her the bounties of science? Tess responded again as she had hoped she would, with renewed confidence, self-assurance, and social comfort. (p. 10)

This account clearly implies that the only genuinely rational and moral response to Tess's unhappiness and dissatisfaction with her life was to provide a biochemical means of replacing her pointless suffering with a chemically induced sense of satisfaction.⁶ Kramer

6. The most disturbing feature of this account is, at least for me, the fact that, despite the obvious dilemma involved here, when the moment for action came Dr. Kramer did not hesitate to provide a chemical solution. Indeed, it almost seems as

(1993) further argued that drug therapy “simply gives anhedonic people access to pleasures identical to those enjoyed by other normal people in their ordinary social pursuits” (p. 265). Notice the rhetoric of normality and rationality at play in this pronouncement. Anxiety, depression, and isolation, it is assumed, are really just nonrational, biomechanical conditions that can be fairly easily swept aside if we just deliver the proper dosage at the proper time. As in Ellis’s and Roger’s models, suffering in itself is pointless and unnecessary. Indeed, it is abnormal and dysfunctional. The maximization of individual pleasure is the point of our existence—or so we are told—and, in this case, psychoactive medication the most rational and efficient means for its achievement.⁷

The Christian Alternative

It is instructive to contrast these psychotherapeutic conceptions of suffering with those articulated in the canons of revealed Christianity. Holy scripture clearly teaches that suffering is not “some sort of absurdity” (Vitz, 1977, p. 103) bereft of any genuine meaningfulness, a sort of accident to be overcome or managed or even anesthetized. Rather, scripture teaches us that suffering is a challenge to be lived, an obligation to be shouldered, a meaning to be found. For example, in the biblical account of Job, we are confronted with a righteous man’s struggle with a bewildering array of afflictions. While the story of Job does not provide a single, simple answer to the question of human suffering, it does suggest “that affliction, if not for punishment, may be for experience, discipline, and instruction” (Bible Dictionary, “Job,” LDS KJV, 1986, p. 714).

though Kramer feared the guilt that might ensue should he violate the hedonistic imperative to provide Tess with some quick chemical relief from the stresses and strains of her life. The presumption seems to be that a man of science ought to do all he can to assist his patient in the pursuit of maximum pleasure and self-satisfaction—particularly if the means of procuring such satisfaction is as simple as the dash of a pen and the filling of a prescription.

7. For many today, particularly third-party payers, the efficiency and speed with which psychopharmacological interventions work is the strongest argument in their favor. After all, why waste all those months working to establish an environment of trust and care and openness in the consulting room when a prescription treatment regimen can be implemented and significant symptom reduction observed—in just a few visits?

Likewise, while unjustly imprisoned in Liberty Jail, the Prophet Joseph Smith learned that his suffering had both meaning and purpose when the Lord stated that though “the very jaws of hell shall gape open the mouth wide after thee . . . all these things shall give thee experience, and shall be for thy good” (D&C 122:7).

As Christians, we acknowledge that suffering is an obvious feature—and, perhaps, in some ways an unavoidable feature—of our mortality. We also maintain that suffering can play a vital role in our salvation—though not merely as a test of moral character or of the capacity for endurance. Rather, for the Christian, suffering is a powerful way in which one can come to understand and experience the depth of Heavenly Father’s love for his children. Suffering, though not something to seek for its own sake,⁸ nonetheless can provide—in some small and incomplete way—insight into the infinite suffering experienced by our Lord and Savior Jesus Christ on our behalf, as well as a clearer understanding of the infinite love that motivated such suffering. This understanding is never solely intellectual but rather is also deeply and profoundly experiential and, thus, deeply and profoundly spiritual.

Because we recognize the intrinsic meaning and importance of suffering, we Christian therapists are in a position to see that there is a deeper issue involved in the question of suffering than simply how it can be most efficiently alleviated. For the Christian psychotherapist, then, the fundamental moral question incumbent in the suffering of our clients is not how it is to be alleviated but first *how it is to be addressed* in the community of faith. How are we as

8. One obvious counterexample that might be offered in objection to this claim is fasting. As commonly understood, fasting is a sort of self-imposed suffering wherein one abstains from food and drink for a given length of time. However, a careful reading of modern revelation teaches that fasting is a form of prayer and communion with God, the real purpose of which is not suffering but rather comfort and communication. For example, Hills (1992) suggested in the *Encyclopedia of Mormonism* that “a person may fast when seeking spiritual enlightenment or guidance in decision making, *strength to overcome weakness or endure trial, comfort in sorrow, or help at other times of special need*” (p. 501; italics added). Clearly, fasting is not so much a matter of suffering for its own sake as it is a divinely inspired means whereby we may commune with Deity—especially in times of suffering and hardship. It is interesting to note also that in Doctrine and Covenants 59:13–15 the Lord explicitly identifies fasting not only with prayer but also with joy and rejoicing.

practicing psychotherapists—and, more fundamentally, as disciples of Christ—to understand and respond to the suffering of others?

I am not suggesting, of course, that as Christians we are not concerned with alleviating suffering. Quite the contrary. The proper way to address the suffering of others may be, in many instances, to do all we can to ease it. After all, Isaiah demands that we “relieve the oppressed” and “plead for the widow” (Isa. 1:17), while Alma commands us to “mourn with those that mourn; yea, and comfort those that stand in need of comfort” (Mosiah 18:9). However, we should be careful not to read into these and other prophetic injunctions a simplistic—and ultimately hollow—hedonism. Instead, we must realize that mourning with those who mourn and comforting those who stand in need of comfort may well involve a great deal more of us than alleviating their suffering. It may also involve a commitment to suffer with them in their trials as they struggle to find meaning in them (cf. 1 Cor. 12:25–26; see also Gantt, 2000). It may demand that we truly do take upon ourselves one another’s burdens and thereby open ourselves to the glorious possibilities of a genuinely loving and Christlike relationship.

One of the clearest and most poignant modern examples of one who was “willing to mourn with those that mourn” (Mosiah 18:9), one who had, in the words of Jude, “compassion, making a difference” (Jude 1:22), was Mother Teresa. Here was a woman well acquainted with the faces and demands of suffering in all its painful and disheartening forms, a woman whose life was spent tirelessly ministering to the needs and wants of her brothers and sisters amidst the most horrifying and piteous conditions imaginable. Here was a woman whose life has much to tell us about how the Christian should address the suffering of others. Speaking of her work among the poor and helpless in the ghettos of Calcutta, Mother Teresa said:

Without our suffering [here], our work would just be social work, very good and helpful, but it would not be the work of Jesus Christ, not part of the Redemption. Jesus wanted to help by sharing our life, our loneliness, our agony, our death. . . . We are allowed to do the same; all the desolation of the poor people, not only their material poverty, but their spiritual destitution, must be redeemed, and we must share it, for only by being one with

them can we redeem them, that is, by bringing God into their lives and bringing them to God. (Mother Teresa, 1975, p. 3, as cited in Inchausti, 1991, pp. 67–68)

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One of the most striking aspects of Mother Teresa's comment is the way she completely identified the work of Christ with suffering with others in their suffering. Indeed, she suggested that sharing in the suffering of others is not so much a duty or an obligation or even a commandment as it is an opportunity and a blessing. We are allowed, she said, to live the way our Savior did, to be with and for others as he was. The redeeming work of Christ, she taught, takes place in the concrete moment of suffering and in the compassionate sharing of that suffering. For us to truly participate in the work of Christ, it is never enough to just follow the commandments and be morally concerned for the welfare of others—especially if our moral concern is enacted only in a detached or abstracted fashion or only when we find it convenient or personally profitable. For Mother Teresa, the work of Christ is to share in the loneliness, the pain, and the fear of those sufferers who confront us.

As Christ bore the afflictions and sufferings of all mankind, we, too, are called upon to bear the burdens of our brothers and sisters who, in their suffering, call upon us for aid. All the while we should remember that, no matter how much we give of ourselves or how deeply we share in another's pain, the real miracle of redemption is ultimately the product of Christ's loving sacrifice. And while we may be called to participate in the work of redemption, in the end it is the Master whose work it is, and it is to him and him alone that we must direct those for whom and with whom we would suffer.

One further feature of Mother Teresa's comments deserves attention. In her mind, the compassionate service she and her fellow nuns were rendering to the poor, the sick, and the needy in the streets of Calcutta was in some way very different from what she called "social work." It is not that social work—what will be taken here to include psychotherapy—is necessarily detrimental or unhelpful but rather that, at least as traditionally conceived, it is not the work of God (Feister, 2004).

I am quite convinced that she is right on this point. I am not fully convinced, however, that such a distinction is a fundamental

one—that the social work of psychotherapy cannot also be the (social) work of God. Indeed, I sincerely believe that not only can it be the work of God but it must be the work of God. Expending our efforts in any other work is ultimately a waste of time—our own, our clients', and God's. I am convinced that the gospel of Jesus Christ calls upon us to radically reconceptualize and reenvision the project of psychotherapy—from the ground up—so that it can become yet another means by which we can accomplish the work of God here among his children.

Although admittedly sketchy and in need of further development, the point I wish to make most strongly here is that we need to reenvision psychotherapy as first and foremost a way of responding to the call to suffer with our clients in their sufferings rather than think of therapy as only an educational vehicle for the identification and satisfaction of individual desires (Gantt, 2000). Prior to entertaining the question of how to most efficiently meliorate our client's suffering, or whether we should even do so, we need to seriously entertain the question of our client's suffering itself—its possible meanings, purposes, and our own and our client's moral responsibilities in the face of it. The fruit of such consideration would likely be the recognition that suffering is not something to be dismissed out of hand as a pointless obstacle to personal fulfillment but is something that can be embraced on its own terms and whose meaning can be explored and articulated. We might also learn that our discipline's desire to relieve suffering as efficiently as possible actually short-circuits an important existential and spiritual process intended to bring souls to Christ.

By focusing so intently on symptom reduction and assuming that the rational calculation and pursuit of self-interest is synonymous with the good life, modern psychotherapy may have robbed many people of the opportunity of developing a morally deep and spiritually significant relationship with both their fellow beings and their Savior. As President Spencer W. Kimball (1982) taught,

Being human, we would expel from our lives, sorrow, distress, physical pain, and mental anguish and assure ourselves of continual ease and comfort. But if we closed the doors upon such, we might be evicting our greatest friends and benefactors. Suffering can make saints of people as they learn patience, long-suffering,

and self-mastery. The sufferings of our Savior were part of his education. (p. 168)

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Freud
Upside
Down*

If suffering is one way we can come to Christ, to experience the miracle of the Atonement by coming to learn the meanings his atoning sacrifice has for us, then any therapy that denies the importance or meaning of suffering or seeks to minimize it prematurely is in need of our most serious reevaluation.

Some Clarifications

At this point, to avoid some possible misunderstandings, I will clarify what is *not* being suggested in this analysis. First, the point that alleviating suffering is still an important goal of psychotherapy bears repeating one more time and in a bit more detail. Although it is possible to vigorously debate the appropriateness or the viability of some of the therapeutic means that have been suggested for alleviating suffering, it would be farcical to debate the importance that the alleviation of suffering has for the psychotherapeutic enterprise. I am not proposing that psychotherapists need not be concerned about relieving the suffering of those who seek out their services. Rather, my proposal is that we subordinate the noble desire to alleviate suffering to the more fundamental moral demands to share the suffering of others and to care for the redemption of their souls. We should pay careful heed to the hedonistic origins of many of our traditional psychological conceptions of suffering, of its origins, nature, and meaning. We should respond to such conceptions by more explicitly addressing the question of suffering from within the framework of the gospel of Jesus Christ—a framework that is fundamentally antithetical to that of hedonism.

Second, I am not suggesting that the job of the therapist is to advocate suffering or to encourage others to indulge in it. That would simply be to assume the hedonist argument in reverse. Casting the psychotherapist as sadist is not the solution I seek. As Broderick (1992) noted in the *Encyclopedia of Mormonism*,

Latter-day Saints do not believe that pain is intrinsically good. In their teaching there is little of asceticism, mortification, or negative spirituality. . . . If benefit comes from pain, it is not because there is anything inherently cleansing in pain itself. Suffering can

wound and embitter and darken a soul as surely as it can purify and refine and illumine. (p. 1422)

The key for us as Latter-day Saint therapists, then, is not to encourage our clients to glory in their suffering, as though the mere experience of anguish were sufficient to sanctify and cleanse the soul, but rather to help them appreciate that their suffering can have meaning and that in their suffering they are never alone or bereft of hope. Despair is never the answer. Thus, we cannot teach that suffering is something to be sought or celebrated for its own sake. Rather, it is something that must be accepted, at least for a time, and something that we must strive to endure with a “steadfastness in Christ, having a perfect brightness of hope, and a love of God and of all men” (2 Ne. 31:20).

Of course, not all forms of suffering are of the same sort, and not all forms of suffering should be addressed in the same manner. As Broderick (1992) again noted,

As a social being, man is vulnerable to emotional suffering that often rivals physical pain—anxiety, rejection, loneliness, despair. Among the sensitive there are also other levels of profound suffering. They may relate, for example, to the awareness of the effects of sin or the anguish of the abuse or indifference of one’s loved ones. And there is vicarious suffering in response to the pain around one and the sense of the withdrawal of the Spirit. (p. 1421)

It is important to add that there are those who choose to suffer because they derive some perverse joy from it, either from the attention they may receive or the guilt and sympathy they may induce. Addressing such suffering clearly requires more of the therapist than simply “playing along.” Conversely, there are those who suffer in innocence, the helpless and tragic victims of others’ violence, greed, and hatred. To such we must offer, without reservation, the hand of fellowship and the healing balm of Gilead (see Jer. 8:21–22).

It is also important that there be no confusion regarding what is meant by the concept of suffering with others in their suffering. This concept, at least in this article, should not be taken to be synonymous with either condescending pity or despairing commiseration. To genuinely suffer with another does not mean that I allow

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you to “cry in my beer” while I cry in yours as we both self-servingly bemoan the miserable cosmic unfairness of our lot in life. That sort of “sorrowing of the damned” has no part whatsoever in the authentic therapeutic encounter. Neither is suffering with another a means of justifying or excusing the often immoral and sinful behaviors that lie at the root of many forms of suffering.⁹ To truly suffer with another requires far more than convenient co-misery, simplistic sympathy, or a readiness to excuse. Rather, in suffering with another we willingly and selflessly take upon ourselves their pains and torments so that the burdens they bear may be lightened. To suffer with others is to offer oneself wholly and unreservedly to another, a gift of the fullest and sincerest compassion.¹⁰

Obviously, in a philosophical or conceptual exploration such as this, it is difficult to spell out exactly what suffering with another might look like in any given therapeutic encounter. What is being proposed here is not so much a technical approach to the practice of therapy as it is a fundamental mind-set of openness and Christlike compassion and, thereby, a framework for re-envisioning the entire therapeutic process. Thus, there are probably many different ways in which a particular therapist might suffer with a specific client in a specific therapeutic moment. At the very least, however, genuinely suffering with a client would seem to require a willing suspension of the therapist’s professional detachment and value-neutral stance

9. On this point, President Spencer W. Kimball (1982) taught, “There are many causes for human suffering—including war, disease, and poverty—and the suffering that proceeds from each of these is very real, but I would not be true to my trust if I did not say that the most persistent cause of human suffering, that suffering which causes the deepest pain, is sin—the violation of the commandments given to us by God” (p. 155).

10. Obviously, the question of therapist “burnout” could be raised here. Emotional fatigue amongst therapists has not only been a long-standing problem in the profession but also in recent decades has become a growing one (see, for example, McCarthy & Frieze, 1999). It might be argued that, should therapists follow my suggestions in this paper and truly suffer with their clients, the likely outcome would be an increase in the incidence of therapist burnout. Unfortunately, space limitations will not allow for an adequate response to such questions. Nonetheless, I will voice my suspicion that most therapist burnout might be explained by the fact that, relying on secular and self-oriented models of therapy, many therapists have only their own, finite emotional resources to draw upon in

towards that client's suffering. Further, it would most certainly require the therapist to be deeply attuned and responsive to the whisperings of the Spirit so that he or she might know in any given moment how to respond to the client as Christ himself would respond. Relying solely on technique and abstract treatment strategy will almost certainly short-circuit the real healing that comes through a genuine encounter with Christ that is facilitated by a therapist willing to serve him. Perhaps, in the final analysis, what matters is not the "how" of therapy but the "why" that lies behind whatever action the therapist feels called upon to take.

Still, it might well be asked, What are the practical benefits and advantages of suffering-with over other possible approaches to therapy? Such a concern is, however, rooted in the hedonistic understanding of psychotherapy being called into question here. The point of suffering with clients is not that it results in improved therapeutic outcomes or more efficiently speeds clients back to health and productive contentment. It is that we fulfill the sacred duty we have been enjoined by Christ to take upon ourselves.

As Christian therapists, we offer ourselves to our clients, because they are, in fact, our brothers and sisters and because doing so is right and good and true. The willingness to make such an offering arises out of the spiritual desire to do all we can to serve our brothers and sisters and, thereby, glorify God. Indeed, as Joseph Smith taught, "The nearer we get to our heavenly Father, the more we are disposed to look with compassion on perishing souls; we feel that we want to take them upon our shoulders, and cast their sins behind our backs" (Smith, 1993, p. 270; see also Isa. 38:17).

dealing with the often overwhelming suffering they encounter in the consulting room. The Christian therapist, however, recognizes that his or her own resources are far too meager for the momentous task at hand and that ultimately it is Christ's infinite love and compassion upon which he or she must draw in order to truly suffer with a client. By fully and unreservedly relying upon the Lord in conducting his or her therapeutic work, the Christian therapist will most certainly be sustained, sanctified, and renewed in that work. One is reminded, for example, of the Lord's support of Alma and his people in their bondage to the Lamanites: "And now it came to pass that the burdens which were laid upon Alma and his brethren were made light; yea, the Lord did strengthen them that they could bear up their burdens with ease, and they did submit cheerfully and with patience to all the will of the Lord" (Mosiah 24:15).

This should not be taken to mean, however, that the therapist is the transformative agent in the life of the client or that the discovery of meaning in suffering is the result of the therapist's having shared in the client's pain. To assume such would be to engage in a particularly pernicious form of priestcraft wherein the therapist is set up as a savior and mediator of the sufferings of others. Our call as Christians and as therapists is not to set ourselves as "a light unto the world, that [we] may get gain and praise of the world" (2 Ne. 26:29) but rather to attend to the needs of others as they work out the meanings of their relationship with God. Only insofar as our willingness to emulate the Savior by sharing in the suffering of another serves to point them toward deeper possibilities of knowing God, his love for them, and their own complete reliance upon the power of his saving grace will our therapeutic efforts be genuinely therapeutic. I do not believe this point can be emphasized too much or too strongly. We must never lose sight of the fact that it is only in light of the infinite and atoning sacrifice of our Lord and Savior, Jesus Christ, that our clients will be able to come to find meaning in their suffering and, even then, only insofar as they allow him to instruct them in its meaning.

As Alma the Younger taught, Christ took upon himself our pains and afflictions "that his bowels may be filled with mercy, according to the flesh, *that he may know according to the flesh how to succor his people according to their infirmities*" (Alma 7:12; italics added). Thus, as therapists we must never forget that Christ understands the suffering of our clients in ways that we, even at the best of times, can only barely begin to imagine. Nonetheless, we have an absolute obligation to take up their sorrows, to share in their suffering, and to do all we can to help make a space in our clients' lives wherein they can experience the atoning love and healing power of the Master. Ultimately, it is only insofar as we heed this call and shoulder this sacred obligation that our work as psychotherapists can cease to be mere social work and truly become the redeeming work of God.

It is also important to recognize that I am not proposing a therapeutic technique here, as though suffering with others in their suffering were just some new treatment strategy that could be employed over the course of a given therapy to increase the likelihood of a successful outcome. Suffering with others is not "a channel by

which the therapist communicates a sensitive empathy and an unconditional positive regard” (Kirschenbaum & Henderson, 1989, p. 233). This is not to say that technique is never warranted in therapy or that it has no place or purpose in our therapeutic endeavors. Neither does it mean that medication has no role to play in therapy. Rather, it is only to say that the call to suffer with others in the moment of their anguish is morally prior to the implementation of any treatment method or technique. Method and technique must always be guided by and subordinated to our fundamentally moral responsibility to the client in his or her suffering. Only as psychotherapy comes to admit this moral priority will it become truly therapeutic in the fullest and richest sense of that word.¹¹

11. The Greek word from which we derive the term *therapy* is *therapeia*, a term that denotes service or attendance as well as healing. Additionally, it connotes an act of service, or “tending to,” which is freely and devotedly given rather than forced or purchased (for a more detailed treatment of this point, see Williams and Faulconer, 1994, p. 346).

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