Psychotherapy in the LDS Community

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The LDS practice of modern psychotherapy is both a natural outgrowth of previous traditions of the Mormon Cure of Souls and a defensive reaction to mainstream psychology. This did not begin until after World War II, though the LDS community’s early enthusiasm for the Mental Hygiene movement does point to an earlier attraction toward the nascent science of psychology.

In 1890, the Manifesto abolished polygamy within the LDS community, removing a barrier which had alienated the Saints from the larger American community. Over the next few decades, the Mormons in the Intermountain West integrated into the nation economically, politically, intellectually, and culturally. From church-directed communal economic activity, the Saints embraced the American ethic of capitalism. The church-sponsored political party was abolished and members joined the Republican and Democratic parties, though the former was more successful in courting the new voters. And, like other religious communities, the LDS community was forced to confront modernity (Alexander, 1986).

By the turn of the century, Latter-day Saints began to leave their isolation in the Intermountain west and travel east to attend colleges and universities. Their studies introduced them to modernism. In 1908, two brothers, Joseph and Henry Peterson, were hired by Brigham Young University to teach psychology and education, respectively. The Petersons had recently completed their doctorates at the University of Chicago. Ralph Chamberlin, a biologist educated at Cornell, also joined the faculty. Two years later, Ralph’s brother, William, a philosopher, came to BYU. In 1912, the two pairs of brothers became the center of a storm of controversy.

Reacting to complaints that these four modernists were teaching evolution and “higher criticism” of the Bible, the Church superintendent of education, Horace Cummings, investigated. He found the new faculty teaching that the Bible was “a collection of myths, folk-lore, dramas, literary productions, history and some inspiration” (Sherlock, 1979; Chamberlin, 1925). The reality of miracles recorded in the Bible was questioned. The theory of evolution was “treated as a demonstrated law and their application of it to gospel truths gives rise to many curious and conflicting explanations and interpretations of scripture”; furthermore, the First Vision was seen as a “mental suggestion,” not an “objective reality,” which struck at the core of the LDS worldview (Sherlock, 1979, p. 12).

Three of the four were given an ultimatum to conform their teachings to “non-speculative issues” or be dismissed. After some tumult, which included a petition from the students in their support, the three were dismissed (Bergera, 1993, p. 35). Joseph Peterson went on to teach at the University of Minnesota and the George Peabody College for Teachers in Nashville. He served as the President of the...

This movement, which brought psychological ideas to the masses, and promoted the ideal of self-improvement, found a congenial home with the LDS community. The mental hygiene movement promoted attitudes which the LDS community already agreed. For a people used to being persecuted, to have their pre-existing values confirmed by the scientific community (as represented by the mental hygienists).

Several academic studies during the 1950s and 1960s examined the counseling roles of LDS priesthood leaders (Meadows, 1958; Johnson, 1961; Thorpe, 1967). These studies found some differences in performance between priesthood counselors and mainstream, secular counselors. Bishops who were younger, served in urban areas, and more educated were rated better by their members and themselves (Johnson, 1961, pp. 110-111; Thorpe, 1967, p. 77). This can be construed as an indication of the cultural milieu that psychology was creating, which would affect those people who are younger, lived in non-rural setting, and were exposed to the latest in academic education. The church responded to this need with orientation seminars for bishops which included some pointers for effective counseling. As always, the emphasis was on inspiration (personal revelation from God received on the behalf of his duties) being the most important attribute of a bishop's calling, tempered by the following:

Experience is no substitute for inspiration; lack of preparation is not conducive to inspiration either. We're usually no wiser than our information (Church of Jesus Christ of Latter-Day Saints, 1967, p. 65).

The importance of trust was also emphasized, as the need to maintain confidences, but the other duties can interfere with this requirement.

The object of the cure of souls is to initiate behavioral changes and hopefully internal spiritual changes which will help an individual or group along the road to salvation.

The LDS Community and Post-War America:

During the two decades after America's triumph in World War II, Mormonism was closer to the American mainstream in terms of culture and social mores than at any other time in their history before or since. No longer did polygamy and independent political parties alienate them from the American people, and traditional Christian sexual morality still held sway in public rhetoric. Mormonism also entered a phase of accelerating growth, fueled by aggressive missionary activity. From a million members at the end of World War II, concentrated mostly in the Intermountain West, the membership proceeded to double about every fifteen years, with half of the LDS community now residing in other countries. The sociological characteristics of American members also changed from an agricultural and working-class status to a more professional status, with many in corporate business careers. Certainly the leadership is more and more drawn from those who have been educated in business and law rather than educated on the farm (Mauss, 1994, pp. 129-130).

The Latter-day Saints like to see themselves as being unique, a chosen people. While in certain areas of theology, these claims of uniqueness are quite justified, many of the attitudes and beliefs of Mormons are adoptions and transmutations of ideas from external society. Most of this integration is quite subtle, and psychotherapy is one of those areas where ideas from external society have been integrated. The LDS community reacted vigorously to the threat posed by the psychologization of America, as it always did when confronted with alternative belief systems. For example, during the nineteenth-century, spiritualism was strongly condemned, as was most other religious movements (Bitton, 1964, pp. 39-50).

Psychology can be a most insidious belief system (Van De Kemp, 1986). For example, psychology can rationalize away the experience of personal inspiration as little more than wish-fulfillment, or communication with unconscious forces within oneself, or a Jungian explanation. To be a threat to religious faith, psychology as a social movement is not required to offer a definitive answer, just enough plausible answers. The number of answers can tend to undermine the faith of
the Saints, and anything that attacks faith horrifies most of the General Authorities and most of the members.

Recognizing its potential for altering faith, the General Authorities took a dim view of the entire field of psychotherapy in the first two decades after World War II. For instance, as part of the entry for the term ‘Psychiatry’ in *Mormon Doctrine* (McConkie, 1966) the reader was advised to also consult the entries “Church of the Devil” and “Physicians.” Bruce R. McConkie, the author, was concerned that while “competent doctors,” can use their skills for “great benefit and blessing of mentally ailing patients”, other psychiatrists, “unwise practitioners,” sometimes give counsel which “has the effect of keeping sinners from repenting, gaining forgiveness, and becoming candidates for salvation” (McConkie, 1966, p. 610). The blanket condemnation, “Church of the Devil,” referred to any philosophy or organizations which lead people away from “God and his laws” (McConkie, 1966, p. 138).

The general membership of the church was also suspicious of psychotherapy. As two psychiatrists (Hunt & Blacker, 1968) pointed out, among the LDS population, “to visit a psychiatrist would be to admit emotional and spiritual failure.” A Latter-day Saint facing the need for psychotherapy was tormented by “questions and reservations:

Will I be instructed to do something which violates my own moral standards? ... Will my faith in God or in modern prophetic revelation be threatened or ridiculed in psychotherapy? ... Will I lose my testimony? (Hunt & Blacker, 1968)

A LDS clinical psychologist (Howell, 1970) who had practiced in southern California and Utah in the 1950s and 1960s, contrasted his personal experience with an anecdote:

Another Utah bishop counseled some of his ward members that any person who was leading a life which would prepare him for the Celestial Kingdom would never need the services of a psychiatrist or psychologist. In contrast to this, I have never had a California patient complain that his bishop tried to dissuade him from seeking professional mental health services (Howell, 1970, p. 115)

In 1963, Spencer W. Kimball spoke to a group of LDS psychologists and psychiatrists. Since he was one of the two apostles responsible for working with members who engaged in the “ugly practice” of homosexuality, most of his talk was about successful treatment of homosexuality through “love, understanding, and righteous principles” (Kimball, 1963, p. 11). As a conclusion, he emphasized:

In a nutshell, our program is about like this:
*The Malady:* Mental and Physical sin
*The Cure:* Self-mastery
*The Vehicle:* The Church
*The Medication:* The Gospel
*The Treatment:* Constructive activity so full of good works there is no time nor thought for evil (Kimball, 1963, p. 11).

Despite this environment of suspicion towards psychotherapy within the LDS community, Latter-day Saints were being trained in psychotherapy. Furthermore, these individuals tried to show how the interpersonal technologies of psychotherapy could be useful to the LDS community. In the same year that Elder Kimball expressed his version of appropriate psychotherapy, James Jay Tschudy, an associate professor of Psychology at Utah State University, published *The Art of Counseling* (1963). The publisher was the church’s own publishing company, Deseret Book, implying a certain degree of official approval. His purpose in writing this book was:

Tschudy advocated an eclectic approach, avoiding dogma, and hoped “that such provision for flexibility will permit increased sensitivity to the promptings of the Holy Spirit, on the part of the counselor.” Tschudy did see a need for professional aid in areas of “chronic and severely disabling emotional distress,” yet for most “adjustment problems” the counseling of bishops, other priesthood leaders, and relief society presidents, should be adequate (Tschudy, 1963, p. viii). This was very much a how-to book and is an important indication that inroads were being made into the LDS community. Tschudy pointed the way in which psychotherapy, practiced by lay-members, could assist in the functioning of the church and the functioning of its members. This same goal was also
furthered by the growth of psychology at BYU and by the creation of the LDS Personal Guidance Association.

Psychology At BYU

While most institutions of higher education in America founded by churches have sloughed off the religious intentions of their founders, BYU has consistently hewed a close course to the LDS community. As the center of academia for the LDS community, BYU’s dual mission encompasses secular and religious education. The Mission Training Center for missionaries is located adjacent to the campus. A General Authority interviews every faculty member before being hired. The church hierarchy carefully monitors the direction of the University, as well as using it a valuable tool for internal research. Marion G. Romney (1971), a member of Quorum of the Twelve Apostles and also a member of BYU’s Board of Trustees, described this control:

Not only is the Board [of Trustees] charged with the responsibility of determining general policies with respect to the physical plant and personnel matters, but it is also responsible for the academic courses offered and, insofar as it can be predetermined, for the content of forum lectures (Romney, 1971, p. 2; quoted in Wilkinson, 1976, p. 200).

As with other universities, the teaching of psychology at BYU was initially associated with the more established fields of philosophy, physiology, and pedagogy, and so was not taught as separate subjects at BYU. The first course in clinical psychology was offered in 1941, with an “advanced clinical psychology” course being offered in 1947. The course’s description:

Therapeutic interviewing, ventilation of conflicts, relationship therapy, play therapy, psychodrama, professional relationships and ethics. Designed as a preliminary survey for advanced students intending to enter the counseling field (BYU Catalogue 1947-48, p. 176; quoted in Wilkinson, 1976, pp. 115-116).

This growth continued with the department’s initial doctoral offering, a Ph.D. program in Clinical Psychology, being approved in 1958. In drawing up the proposal for this program, the department emphasized the “need for training of LDS clinical psychologists to serve in our culture” (BYU Catalogue 1947-48, p. 136).

In 1925, psychological and aptitude testing began at BYU, using standard national tests. The Department of Psychology offered classes in psychological testing and mental hygiene. In 1946, the college testing service was combined with a Counseling Center. This Center provided vocational counseling as well as the beginning of psychotherapeutic counseling. Faculty members of the Psychology department often also served as staff members of the Center (BYU Catalogue 1947-48, p. 114). The center also serviced the needs of the local church leadership of the student wards as well as the Mission Training Center. Most of the student ward priesthood leadership was drawn from the faculty and staff of the university, and the Counseling Center worked “closely” with these bishops and stake presidents (Brigham Young University Counseling Center Handbook, 1966, p. 19). There was some tension between the two sets of counselors. Bishops often saw distraught students who had failed in therapy, and the counselors saw the reverse, students who had received poor advice from their ecclesiastical leaders. Clyde A. Parker (later AMCAP president, 1987-1988), a member of the counseling center staff who also served as a church leader, recalled:

It was a rather common occurrence to have student report that he or she had been to see a bishop about a problem, received what appeared to be poor treatment, and now was seeking (and getting) help from one of us at the Counseling Center. It was easy to become puffed up with pride over our superior skill, knowledge and wisdom. But when Elder Harold B. Lee reported a rather miraculous healing of a young woman I recognized to have been a long time client of one of the staff (Parker, 1988, p. 1).

The best solution within this dual environment was cooperation and an appreciation of the strengths and weaknesses of each set of counselors. The 1966 Counseling Center handbook explained, “Where bishops may have become involved in a particular case, they are often invited into case conferences” (Brigham Young University Counseling Center Handbook, p.19). The same handbook emphasized the need for confidentiality, with some exceptions: “In certain cases such as possible suicide, homosexuality, possible homicide, or other extreme problems the names of other persons concerned and circum-
stances involved are reported to the dean of students" (Brigham Young University Counseling Center Handbook, p. 25).

The LDS Personal Guidance Association

The growth of the various psychological-oriented disciplines at BYU during the 1950s and 1960s was a necessary prerequisite for spreading the acceptance of the various secular helping professions within the LDS community. Another area of activity occurred among the LDS members of the American Personnel and Guidance Association (APGA). At the 1964 APGA Convention in San Francisco, LDS members of this organization met in two sessions. This informal group labeled itself the LDS Members of APGA and continued to meet at the annual APGA conventions. Within a few years, they changed their name to LDS Counselors Conference. By 1969, the members of the group decided they wanted more form in their organization and thus elected their first president, Joe J. Christensen PhD, and changed their self-designation to the LDS Counselors Association. A constitution was drawn up, and the bold step was taken of inviting a General Authority to address their next meeting. Hundreds attended this groundbreaking session. The constitution was adopted, more officers were elected, and the name was changed yet again, this time to the Latter-Day Saint Personal Guidance Association (Jensen, 1978).

In 1970, members of the organization also met for breakfast in Salt Lake City, concurrent with the weekend of the annual October LDS General Conference. The speaker at the breakfast was a General Authority in charge of the Unified Social Services of the church. This breakfast became an annual event, and a continuing tradition of General Authority speakers was established.

By the eleventh annual meeting of the LDSPGA in 1974, the sentiment had grown that "something needed to happen in order for the organization to have any kind of impact in terms of what we had to offer the Church and the professional world" (Jensen, 1978, p. 8). By now the organization consisted of some 200 members. In the numerous discussions that followed within various LDSPGA committees, it was decided to expand the membership and appeal of the organization by inviting members of all the helping professions to join (Lankford, 1990). Of course, the name had to change. The reborn organization adopted the acronym AMCAP (Association of Mormon Counselors and Psychotherapists). The term counselor was retained to include those who "prefer to call" themselves "counselors rather than therapists," denoting a distinction in their self-perceived roles (Isaksen, 1990, p. 111). In the course of a little more than a decade, what began as a sub-group of the APGA had become an independent group on its own. Appealing to a wider pool of professionals, AMCAP began to regularly publish a newsletter, a refereed journal, and hold two conferences a year.

The rise of LDS professional associations occurred because LDS psychotherapists felt the need to affiliate and share. This was the first step toward an integration of their professional lives and their religious beliefs (see Cline, 1966). One method of integrating is to justify prior religious concepts in psychological terms. This is a reversal of others who use psychological terms to explain away religious mores and lifestyles. Within the Judeo-Christian tradition sin and guilt are important concepts. More than just theological constructs, they guide the everyday activities of millions of believers.

Sin and Guilt

At that first meeting of the LDS Members of APGA in 1964, Joe J. Christensen presented a paper on "Sin and Guilt." His discussion of this topic was based on the work of O. Hobart Mowrer (1961), a past president of the American Psychological Association. As would be expected, this topic resonated with the emerging generation of LDS psychotherapists. Trained in mainstream psychotherapeutic programs, many were anxious to apply their training to LDS contexts. In his presentation, Christensen sought to take a small step on the road to "synthesize some of the aspects of our work as counselors with basic tenets of our faith" (Christensen, 1964).

Mowrer is a good example of the many influential writers on the interface between psychotherapy and religion. He advanced a set of ideas dubbed Integrity Therapy, whose basic premise was a rejection of the biological determinism of Sigmund Freud and psychoanalysis. "Human beings are more than mere bodies, organisms, physiological entities; they are also persons." Mowrer declared in the introduction to an essay: "and personality, it seems, can be properly understood and appreciated only in terms of sociality, i.e. interpersonal and moral value systems" (Mowrer, 1961, pp. 1-2). Mowrer condemned Freudian psychoanalysis for advancing an intrinsically amoral value system. Such "a disingenuous amorality is more likely to cause than cure personality deviation and disorder" (1961, p. v). He thought that the mainstream Protestant churches had made a grave error in uncritically embracing Freudism. Yet by the end of the 1950s, Mowrer wrote that:

We are, I believe, definitely in process of abandoning psychoanalysis, both as a personality theory and as would-be
therapy—and also, very possibly, those forms of theology which have allowed themselves to become most seriously adulterated by it (Mowrer, 1961, pp. v-vii).

Mowrer’s Integrity Therapy (1960, 1961) relied on one of the most prominent features of traditional Western culture: the Judeo-Christian concept of sin. In Christian theology, repentance is the yin to the yang of sin. The overwhelming guilt which can at times incapacitate individuals attracted the attention of psychotherapists. Mainstream psychotherapy, seeking to throw off its religious roots, attacked the concept as counterproductive to an individual’s mental health. In 1959, the American Psychological Association held a symposium on “The Role of the Concept of Sin in Psychotherapy” during the annual meeting in Cincinnati, Ohio [proceedings published 1960 in the Journal of Counseling Psychology]. Albert Ellis, a strong and persistent voice in criticizing the negative aspects of sin and religiosity in general, warned that guilt often produces a situation where “we actually have a moral individual who hates himself” (Ellis, 1960). Ellis developed his own flavor of treatment, known as Rational-Emotive Therapy. For Ellis, neurotic behavior arose from irrational assumptions and so the duty of the therapist was to examine the patient’s assumptions and to persuade the patient that these assumptions were irrational and should be disregarded. Certainly, this was an aggressive therapy based in positivistic worldview, where rationality and logic lead to obvious definitive conclusions (see Ellis, 1958, 1960).

Not all the views presented at this conference were against sin. Charles A. Curran (1960) compared sin and consequent feelings of guilt to physical damage and the resulting pain. These psychological pains “warn us of the dangers to ourselves, they alert us to the issues that we must face at the time when we wish to avoid facing them.” Telling a client that they should not feel this pain is no favor, since “his cure can be all the more difficult for him because he has been led to think that feeling no pain, he is actually well” (Curren, 1960).

In his paper to his fellow believers, Christensen saw sin and its twin, repentance, as important tools that “can prick one’s conscience and lead him to take action which will avoid further personality disintegration” (Christensen, 1964, p. 4; see also Belgum, 1963). Furthermore:

I see therapy as a process through which an individual recognizes his problems (thus arriving at insight), and then moves on to make adjustments in his actions so that they correspond more closely with his accepted standards and values, whatever they may be. The contin-

ued existence of a gap between the ideal and action can lead on, in my opinion, to serious emotional problems... I would submit that any person who understands the basic concepts of Judeo-Christian ethics, and who violates them, suffers from feelings of sin and guilt, and until they can bring their actions to be fairly well in line with their beliefs, they will not be as mentally healthy as they ought be (Christensen, 1964, p. 4).

Christensen agreed with Ellis in that, “without a conviction that repentance is an effective principle, I would be forced to accept his conclusions” (Christensen, 1964, p. 5). Christensen argued that in an LDS setting, which does not stress the depravity of humanity, a person should not feel the sense of worthlessness which sometimes accompanies the sense of sin. This is because,

There seems to be ample evidence that man, though a sinner, has immense potential—a promise of evolutionary progression to remarkable heights—if he will but repent (Christensen, 1964, p. 6).

A sense of sin forced people to take responsibility for their lives. Repentance is a process of apology and permanent change in that area of a person’s life. Christensen defined optimal mental health as “assuming responsibility for his own acts” (Christensen, 1964, p. 6). Yet while a LDS counselor can believe in the process of sin and repentance as having “great therapeutic value,” that does not give that counselor the ethical right to attempt to impose” this principle on his clients, regardless of whether or not that client is a fellow Latter-day Saint (Christensen, 1964, p. 8). Showing the pervasive influence of Carl R. Rogers PhD, Christensen sees a role for a counselor who is “non-judgmental and accepting,” yet still maintains his own “convictions” (Christensen, 1964, p. 9).

In a talk to LDS college students a year later, Christensen expanded on his previous themes. “I believe that the Gospel of Jesus Christ is essentially therapeutic to those willing to apply its principles to their lives” (Christensen, 1965, p. 2). Besides emphasizing the role of sin and repentance as a way of encouraging us to be honest with ourselves and “avoid hypocrisy” (Christensen, 1965, p. 4). Belief in LDS religious precepts gave one a sense of purpose, answers to existential questions, and a scriptural promise of “peace” (Christensen, 1965, p. 7; see also John 14:27). An LDS psychiatrist, Louis G. Moench, also examined the issue of guilt and called for “mutual respect and cooperation” between clergy and psychotherapists on the issue:
It is not appropriate for psychiatrists to forgive sin or to encourage behavior or attitudes contrary to the religious standards of the person or of the community. The psychiatrist should be familiar with and respectful of the patient's religion and encourage the healthy application of participation in his religion. He is often much more aware of the pathological forms of religious involvement, such as entheomania, scrupulosity, asceticism, fantasy, denial, etc., than the wholesome forms of religious participation.

The clergy should not treat mental illness (except where especially trained or as part of a professional team), should be aware of the pathological forms of religious belief, should be aware of the principles of mental health, and should recognize the more overt signs of psychiatric disorder. The psychiatrist and the clergyman can use each other as resource persons without competitive concern. In the enormous middle ground of human experience and relations, mutual respect and cooperation between the psychiatrists and clergymen enlarge the calling of both (Moench, 1970; also see Alder, 1970; McNeill, 1952).

Christensen's treatment of this subject demonstrates the use of psychological terms to confirm prior religious tradition. His approach also demonstrates the predilection of the LDS community to give primacy to tradition religious sources of knowledge over the new psychological understanding. His presentation is representative of the professional expansion which LDSPGA promoted. This urge toward the integration of theology and psychology, where psychology would illuminate and expand the traditional beliefs derived from theology, found a fuller expression in AMCAP.

**The Association of Mormon Counselors and Psychotherapists**

The Association of Mormon Counselors and Psychotherapists, having grown out of the LDS PGA and other organizations, rapidly became a recognized forum for discussion of issues surrounding integration. The activities of AMCAP reinforce and popularize the usefulness of psychological epistemology within the LDS community. Throughout all its activities, AMCAP has maintained two goals: applying LDS values and theology to therapy, and building the confidence of the General Authorities in the "helping professions." AMCAP members are constantly reminded that they are not in yet another professional organization, but within a subset of the LDS community. In their publications and during their semi-annual conventions, the members of AMCAP address each other as Brother and Sister, the same forms of greeting used in regular church meetings. Besides annual, later semi-annual, conventions in Salt Lake City, there are regional meetings of AMCAP under the direction of Area Coordinators.

Membership in AMCAP is divided into three different categories. The first, professional, demands that the member must have reached a professional level of training in one of the branches of counseling or psychotherapy, be a member of the Church of Jesus Christ of Latter-Day Saints and be willing to declare his willingness and intentions to adhere to the principles and standards of the Church, both in his or her personal life and professional practice (AMCAP Journal 1, 1975, p. 5).

The next category, students, is similar to professional; and the third category, associate, does not require the AMCAP member to be a Latter-day Saint or even a psychotherapist, but they "must subscribe to the purpose of the Association" (AMCAP Journal 1, 1975, p. 5). Associate members cannot vote nor hold any association office. AMCAP is very much an exclusive club, more to protect its purpose than out of any elitism.

The theme of AMCAP's inaugural conference in October of 1975 was "Current Issues Facing Mormon Counselors and Psychotherapists." Two of these issues— homosexuality and feminism—were to persistently return and be pondered over during the next two decades and still continue to vex the LDS community. The keynote speaker, Carla Broderick PhD, was a prominent family relations therapist who was then the editor of the Journal of Marriage and the Family as well as President-Elect of the National Council on Family Relations. He spoke introspectively about his profession and his religion.

I have a lively awareness that counseling can be lifesaving, soul-saving, or life destructive and soul destructive ... So I think, in the Church, the long-standing hostility between the ecclesiastical authorities and the counseling profession is not without cause (Broderick, 1975, p. 30).

Yet AMCAP could change this, for "as we [as professional counselors] become more trustworthy, I think we'll be more trusted" (Broderick, 1975, p. 30). Furthermore, "I think that one reason the Church is more open to counseling today is..."
because there is a whole new wave of counseling style and techniques that are eminently consistent with Gospel principles” (Broderick, 1975, p. 31). The citadel of psychoanalysis had been breached, to be replaced by a bewildering variety of therapies and modalities that the greatest number of therapists became eclectics (Smith, 1982, p. 804). The rising emphasis on “short-term, action-oriented” therapies, often based on “behavioral” modalities, appealed to a Latter-day Saint community which was composed of people who were so often doers rather than introspective thinkers (Broderick, 1975, p. 31). Short-term therapy was also a way of keeping people off the “psychological dole.” Broderick was “not very sympathetic to the kind of counseling that creates dependencies” (Broderick, 1975, p. 32).

The members of AMCAP yearned for greater acceptance from their church: “We are going to show by example that AMCAP’s members are also trusted and respected members of the LDS church” (Lankford, 1975, p. 3). This approval had to come from the General Authorities and the membership at large. The editorial in the inaugural issue of the AMCAP Journal declared: “Brothers and Sisters, the day is past that we as AMCAP members need lower our eyes, dig our toes in the sand and apologize for our respective professions” (Lankford, 1975, p. 3). The writer of this editorial, the first President of AMCAP, E. Wayne Wright, “was noted for his strong stand in ensuring that the organization adhered to LDS principles” (AMCAP Newsletter, Winter 1982, p. 4).

The willingness of a General Authority to speak at every AMCAP convention is a good indication that the church hierarchy had become more receptive to the message of professional psychotherapy. Elder Vaughn J. Featherstone, the General Authority who addressed the first convention, encouraged the members of AMCAP and reminded them that they were “doing probably what the Savior spent His whole life doing, in just a little different way. You are healing souls” (see Featherstone, 1990, p. 15). This was a definition which fit the image which many counselors and therapists had of themselves. The members of AMCAP were eager to prove their loyalty to the church and serve in the LDS cure of souls.

While the church hierarchy was accepting of AMCAP, a certain distance was maintained. A letter from the church legal department expressed a concern: “It would appear to some that the word ‘Mormon’ in your title would give an improper impression of Church sponsorship” (Jensen, 1978, p. 17). After discussions over this topic, various disclaimers appeared in AMCAP publications. The first journal carried this statement:

The Association of Mormon Counselors and Psychotherapists adheres to the principles of the Church of Jesus Christ of Latter-Day Saints. This professional group however, is an independent association with the gospel of Jesus Christ as a common bond. It is not sponsored by the Church of Jesus Christ of Latter-Day Saints (Lankford, 1975, p. 2).

These same professionals also wanted respect from fellow non-LDS professionals. Surely, Carlfred Broderick spoke for many of the attendees to that first conference when he said:

I think sometimes it’s hard to be a Mormon in the field [of counseling]. I believe for me, at least, the most important thing is to be good at what you do, so that when people think of Mormons, they don’t think of us as just a fringe group. They think of you first as a good therapist, and incidentally, you’re a Mormon. That’s my goal. My goal is have people referred to me because I’m a good therapist. Then they know, by linkage, that you can be a good Mormon and a good therapist (Broderick, 1975, p. 35).

The therapists of AMCAP drew emotional strength and professional courage from each other. Most had been trained in programs which religion was rarely mentioned as a positive component in human relations. Many wanted to be more assertive about their LDS faith, yet to break so significantly with their professional training usually required encouragement from others.

Teaching higher principles needs no apology. At any rate, whenever a therapist follows a persuasion he believes to be true (be it Behaviorism, Gestalt, T. A., or the Gospel) he naturally starts teaching that persuasion. Thus, choosing to teach the Gospel is no different in procedure from choosing to teach any other ideology (DeHoyos & DeHoyos, 1983, p. 22).

The same editorial which encouraged AMCAP members to take pride in their professions also encouraged pride in their faith. AMCAP members should

be active and vocal in their respective organizations … The day is also past when we as professionals need to apologize for our religious values. Your AMCAP Editorial Board is convinced that our professions, the
gospel of Jesus Christ, and our individual ethics are congruent (Lankford, 1975, p. 3).

These are the strong assertions of confident scholars, proud of their loyalty to their religious faith and anxious to make a difference. At that same conference [1975], the President-elect of AMCAP urged his fellow believers:

my experience leads me to believe that when you are well enough known to be elected to an office in your professional association, your word and opinions seem to carry more weight than they did before. I am convinced that as Latter-Day Saints and as professionally competent people in our various fields, we do have something to say to our colleagues and that becoming "Famous" in our respective organizations would help us say it more effectively. My message, therefore, is simply this: "Let's get involved" (Isaksen, 1975, p. 5).

The purpose of this involvement was to help others with their influence to "stem the tide of liberal positions taken by a number of professional organizations" (Jensen, 1978, p. 15). These liberal positions often concerned sexuality and the Equal Rights Amendment, since that was where the values of mainstream counseling and the LDS community were diverging the quickest (see Berrett, 1980, p. 1).

While defending their Latter-day Saint values before professional peers, the members of AMCAP were anxious not to allow heresy and division to tear at their organization. Part of the editorial policy of the journal further confined the mission of AMCAP within the bounds of loyalty to their church.

AMCAP will not publish material which, in the opinion of the Editorial Board, might be construed as questioning, taking issue with, or contradicting established doctrine of the Church of Jesus Christ of Latter-day Saints (Jensen, 1978, p. 17).

Editors of the journal were instructed to publish articles which "support gospel principles and facilitate the implementation of these principles in our professional lives"; the editorial board "should consider articles for publication both prayerfully and carefully" (Jensen, 1978, p. 18). An analysis of the first five years of the AMCAP Journal reveals two major trends. In the beginning, many of the articles were of "a general informative nature," sometimes written by non-professionals. After a few years, the predominance of articles was more narrowly professional and detailed, dealing with specific research problems and specific therapeutic approaches, not sweeping generalities (DeHoyos & DeHoyos, 1982, p. 22). Out of the first five years of the journal, 35 articles dealt with the integration of religion and psychology. Most of these articles tended to be candid attempts at explaining and justifying whatever amount of religious content the therapists introduce into their therapy sessions” (DeHoyos & DeHoyos, 1982, p. 23). A husband and wife team, Genevieve and Arturo DeHoyos, both BYU professors, analyzed these 35 articles and found that as time progressed, it became "easier for Mormon psychotherapists to write about their need to use the Gospel.” Their conclusion was that the "sense of dissonance" that LDS psychotherapists had felt was dissipating.

For most of them, the dilemma no longer is whether professional psychotherapy can or should include a religious orientation, but rather, how such an orientation can be incorporated in the therapeutic process without compromising professionalism. (DeHoyos & DeHoyos, 1982, p. 22; italics in original).

Furthermore, the DeHoyos found a correlation between the level of education and the perceived need to use gospel principles. Those with higher levels of education, such as a Ph.D., were much more likely in their articles to call for integration and demonstrate how this might be done. This statistic can be attributed to two factors. People who achieve a higher degree of education either become more dedicated to the paradigms of their particular field or become more keenly aware of how fragile and limited their specialized knowledge is. The second factor is the influence generated by the fact that, as of 1981, the "past three presidents of AMCAP and a number of its officers claim they have been using Gospel principles in their therapy" (De Hoyos & De Hoyos, 1982, p. 25). The De Hoyos concluded:

All this almost suggests that when a few high-level, high-powered, well-known Mormon professionals dared to express their feelings that the Gospel could add a great deal to psychotherapy for both Mormon and non-Mormon clients, those who had privately resolved their sense of dissonance by using gospel principles in their practice were able to come out of the closet ... so to speak (De Hoyos & De Hoyos, 1982, p. 25).

While tentative in their conclusion, the De Hoyos are almost certainly correct in noting the pivotal leadership role.
that prominent LDS psychotherapists played.

Over the decades of its existence, AMCAP has taken on a further trapping of a professional organization. In 1978, the first annual awards were given out. Allen E. Bergin received the Professional Liaison Award. Spencer W. Kimball, the respected President of the LDS church, received the Distinguished Service to Humanity Award. And Henry L. Isaksen received the Distinguished Service to AMCAP Award (AMCAP Newsletter, Winter 1979, 3). In 1981, the then-current President of AMCAP, Allen Bergin, proposed that AMCAP adopt a code of ethics, which was done the following year at the fall convention (Bergin, 1981). The code required members of AMCAP to “demonstrate harmony with the teachings” of the church and “compliance” with professional ethics “in their personal and professional lives” (AMCAP Newsletter, Winter 1982, p. 4). This code reemphasized the founding intent of AMCAP to meld church and profession. Also in 1981, the first non-member was invited to be a presenter of the annual AMCAP workshop at their conference. Gary R. Collins, a Professor of Pastoral Psychology at Trinity Evangelical Divinity School, had written several important books on the integrations of psychology and Christianity (see Collins, 1981). In 1985, a new logo was adopted which symbolized the “four elements ideally found in a therapeutic setting: the unique qualities of the client, the unique qualities of the therapists, professional excellence, and spiritual guidance” (AMCAP Newsletter, Winter 1985, p. 1). In 1987, having grown large enough to require more than volunteer service to manage its membership, AMCAP hired its first part-time employee to serve as Executive Secretary who worked out of his home (AMCAP Newsletter, August 1987, p. 1). The creation of this one-person staff was thought necessary even though the 1980s and early 1990s brought repeated problems with the inadequacy of Association funding.

From the modest beginning of the LDSPGA, AMCAP has become an effective organization serving as a forum and voice for the concerns of LDS therapists. Membership of the LDSPGA hovered around 125 at its peak, with fifty or sixty attending a convention being considered a “large crowd.” The third annual convention of AMCAP had 302 people in attendance, with a total membership of 347 people (Jensen, 1978, p. 20). By 1991, the membership directory of AMCAP listed approximately six hundred members. Yet the organization prompted mixed feelings among some members. Many felt that the organization had become “too secular” and others thought that it had become too much of “an apologist for the church, thus, losing its intellectual integrity” (Parker, 1987, p. 1; also see Clement, 1983). This reflected a gnawing controversy over how much LDS beliefs and psychology should be integrated.

LDS Social Services

While LDS psychotherapists were organizing themselves informally through the LDSPGA and AMCAP, the LDS church was reorganizing and expanding its social services organizations. The delivery of social services was part of a larger movement to deliver welfare services of all types. From the beginning, the LDS church has delivered material assistance to its members, usually on a local level. Since the creation of the Welfare Program during the Depression of the 1930s, this assistance has become more centralized and uniform. Church-owned farms, diaries, and canneries produce food that is distributed through the United States and Canada to member families in need (see Mangum & Blumell, 1993).

In 1919, the women’s organization of the church created the Relief Society Social Services Department, which grew to include a wide range of activities: “maternal and child welfare activities,” health and immunization clinics, “official adoption services, the unwed mother program, the Indian Student Placement program, foster home care for deprived or neglected children, services for transients, and employment of women” (Miltenberger, 1987, p. 1). In 1969, the correlation movement turned its attention to Relief Society Social Services. In keeping the general goal of centralization, in October of that year, the organization was transferred from the Relief Society to the Welfare Department.

In 1973, for purposes of obtaining the necessary legal licensing for its programs, the church formed an independent corporation, the Social Services Corporation, which assumed the duties of the social services department. With the new corporation the issue of fees for services rendered was again considered. Up to this time, previous programs had charged no fees. Now “a reimbursement system” was established based on income, number of people in the family, and any unusual financial burdens” (Miltenberger, 1987, p. 271).

This new corporation did not intend to assume the counseling responsibilities of the local leadership. The numbers of the department were small; the total number of social workers growing from only nine workers in 1955 to 197 workers in 1974 (Miltenberger, 1987, p. 271). In 1973 a General Authority explained how the new organization was to be used by members and their local priesthood leaders.

Any member of the Church experiencing conflicts in his
personal life should first seek assistance and support from his family. As additional help is required, he may, with the assistance of his home teacher and quorum leader, consult with his bishop. The bishop endeavors to aid the member on a ward level through utilizing the ward family or other special resources he feels appropriate. If additional help is need, the bishop counsels with his stake president, who aids through the use of stake or other resources he may select. If additional help is needed beyond this level, the stake president authorizes contact with the Social Services Department, which is able to provide the full range of social services (Ashton, 1971, pp. 30-31; see also Simpson, 1973; Brown, 1977).

This expansion from licensed social work into clinical therapy occurred so eagerly that some LDS practitioners felt that LDS Social Services was “moving in the direction of becoming a massive mental health clinic” (MacMurray & Hammond, 1981, p. 25). In the late 1970s, the church hierarchy realized that they “could not provide all of the services that church members would desire” (Brown, 1981, p. 12). There was a realization that with the continuing explosive growth of membership that the “economics of the problem, our ability to finance a reasonable work load coming through the system, will be beyond the Church to handle” (Elder L. Tom Perry, as quoted in Brown, 1981, p. 31). LDS Social Services reoriented it efforts from direct counseling to “offer more consultation and evaluation services to priesthood leaders” (Brown, 1981, p. 12).

This new direction has held sway since. Nowadays, LDS Social Services functions as a “referral resource” for members, a support staff for the traditional cure of souls as practiced by bishops, stake presidents, and other authorized priesthood leaders, and handled a limited number of clinical cases, usually those of the most severe nature (MacMurray & Hammond, 1981, p. 25). The staff of LDS Social Services also pursued the goal of integration in a variety of ways. New modes of therapy are developed utilizing a Gospel orientation. ... In the late 1970s and early 1980s, professional development manuals with titles like Assessment of Client Functioning and Clinical Application of the Scriptures emerged from the research branch of LDS Social Services located at BYU (LDS Social Services, 1981, 1982). These manuals merged psychology and the Gospel in a syncretistic fashion.

One president of AMCAP, S. Brent Scharman, a psychologist who worked for LDS Social Services, described the clients who came to LDS Social Services thus: LDS Social Services has the reputation in Utah of being a place where clients are told to live the gospel, pray and study the scriptures and their problems will go away. At the risk of sounding too defensive, I won’t list all of the reasons why I know clients are not dealt with that way, but I will mention one. Our clients are, for the most part, already living the Gospel, praying and reading the scriptures, and they’re still hurting (Scharman, 1990, p. 13).

Those therapists who work for LDS social services are the closest that the LDS community comes to the contemporary pastoral counselor found in other Protestant denominations. These practitioners are professionally trained, yet also operating with an explicit religious context. Scharman also saw certain benefits of being a practitioner with LDS social services.

One of the advantages of working for LDS Social Services is that the door is open to appropriately make reference to a scripture, a religious concept or a talk from a general authority. For example, I have frequently made reference to Neal Maxwell’s talk on Irony, Marvin J. Ashton’s talk on Perfectionism, and Ronald Poelman’s talk on Adversity from this year’s April General Conference (Scharman, 1990, p. 13).

By embracing religion as “just as important as any” other issue “that can be raised in therapy,” Scharman sees his unique role particularly useful. “The solutions to problems are often rooted in clarifying answers to spiritual questions, and in putting one’s life in harmony with those answers” (Scharman, 1990, p. 13). Furthermore, in his practice, he has “probably seen as many questions or difficulties that arise from over-zealousness or misinterpretation of some spiritual matter as I do from under use or rejection of religious principles” (Scharman, 1990, p. 14).

**Conclusion: From Suspicion to Integration**

At the beginning of the century, the LDS community approached modernity with suspicion, which eroded as the LDS community became more integrated with the American mainstream. Initial reactions to psychology were also negative, but not so much that Latter-day Saints did not become professionally trained psychotherapists. The faculty members of the Psychology Department at BYU were very secular in their outlook, but other Latter-day Saints were interested in integrating their religious beliefs and their professional train-
ing. This led to the Latter-day Saint Personal Guidance Association and its successor, the Association of Mormon Counselors and Psychotherapists.

AMCAP has served as a focal point for the efforts of LDS psychotherapists.

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