2012

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Recommended Citation
Gleave, Robert (2012) "Gospel-Centered "Therapist" or Gospel-Centered "Therapy": Is there a Difference and Does It Matter?," Issues in Religion and Psychotherapy: Vol. 34 : No. 1 , Article 3. Available at: https://scholarsarchive.byu.edu/irp/vol34/iss1/3

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Gospel-Centered “Therapist” or Gospel-Centered “Therapy”: Is there a Difference and Does It Matter?

Robert Gleave

The foundation of any psychological theory or therapy assumes that we can discover rules that apply to all circumstances. Any attempt to create a Gospel-based therapy—by the very nature of the attempt—is an attempt to articulate a set of principles that apply to all people in all circumstances. The gospel must be dynamic and cannot be reduced to all encompassing rules; rather it must be a present tense lived experience with the complexity of every day oppositions in “real time.” A gospel theory, therefore, would employ the very system that it intends to overthrow, and every attempt fails. I argue that the whole point of the Gift of the Holy Ghost is to have help with the “moment-to-moment decision-making” of life. It provides for ongoing teaching and the “one-on-one” tutoring needed to develop judgment and wisdom. I suggest it is a more prudent course to get very well grounded in both the Gospel and our professions, and then to use our best informed judgment and our agency to create a relationship and a synergistic interaction that our clients can use in their own way—expressing their own judgment and agency to meet the unique challenges and circumstances of their own lives. I submit that we will meet the needs of the real individuals that enter our offices better by “being” in tune with the Spirit than by trying to sum up the gospel in psychological terms or sum up psychology in gospel terms.

I have long been a member of AMCAP. I recall its earliest beginnings as an organization dedicated to the interface of psychology and the gospel. Throughout my 30+ years of membership, I have watched AMCAP struggle with this dilemma in multiple forms and with varied arguments. I have also personally wrestled with the interface of psychology and the gospel. In my early years, I joined many who desired a psychological theory grounded in the gospel of Jesus Christ. A theory that would be all encompassing that would allow me to provide healing and rescue from the troubles and turmoil of this world for my clients. I observed carefully the work of Allen Bergin and other leaders of AMCAP, hoping their efforts would result in my longed-for definitive truth. I joined an effort to provide mental health training for ecclesiastical leaders and was deeply dismayed when the Church as an organization flatly rejected our effort.

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The rejection became complete when we were directly instructed not to pursue the agenda again.

I have spent many years wondering how to reconcile the gospel and psychology. As a practitioner I was well aware of the power gospel principles have in the lives of clients. I also became increasingly aware that each client was unique and presented a different configuration of problems, weaknesses, strengths, goals, and relationships. As an academic I have been interested in the philosophical debates over foundational grounding and inconsistencies in basic premises among prominent theories.

Over recent years I have noticed an increase in the number of therapists claiming to offer gospel-based therapy, both in AMCAP and in other settings. As I have examined the theoretical underpinnings and philosophical assumptions of many of these gospel-based therapies, I have found only a few gospel principles sprinkled into a basically intact psychological system with tenets and interventions that are consistent with therapy generally.

Claims made by developers or advocates of these attempts seem to hold out an expectation that the therapy is superior or more effective as a result of the sprinkling of gospel principles. I have yet to find such a self-proclaimed “gospel-centered” therapy to be comprehensive and to articulate well the relationship between psychology and the gospel, let alone effectively integrate the two.

Increasing numbers of therapists have also made claims in another direction. They similarly purport having a superior or more effective treatment because they believe they have a unique ability to hear or interpret the Spirit. These therapists assert that their emotions or intuitions are more “right” because of their special status, and they offer no other grounding for their claims.

As I have wrestled with this dilemma I have come to believe that it is the presence of the Spirit—while being grounded in the mortal healing arts—that is important in this process rather than an articulation of all truth in a single comprehensive document or theory or having special abilities. In this paper I will attempt to articulate some of the reasons for my beliefs and hope that it will be thought-provoking and further the ongoing dialogue.

I will attempt to approach the subject from three different perspectives. First, I would like to address some history and context of the relevant ideas in this debate within AMCAP, the Church, and elsewhere. Second, I will address what I believe are some of the problems with any attempt to create a gospel-centered therapy. Third, I will attempt to articulate my view of what it might mean to be a gospel-centered therapist.

History and Context

The term “gospel-centered therapist” first appeared, to the best of my knowledge, in Richard Berrett’s presidential address, entitled “The Great Independent Variable,” at the October 1980 AMCAP Convention (Berrett, 1981). In this address, he takes a position similar to mine: it is the therapist’s character that is more at issue than finding definitive truth in a “therapy”. He seems to recognize some of the difficulties inherent in scientific paradigms. Overall, science presses us toward generalizability. In other words, science wants to know the truth about people—all people—since it is assumed as “capital T” truth, or the way the universe functions.

In the 1970s, when I was being trained as a psychologist and for several years prior to that, the general state of the field was to look to certain theorists who had developed comprehensive systems of therapy. Each seemed to be competing for status as having the definitive description of the human condition. It should be noted here that all of these efforts were based on thin data sets that would not stand the rigor of today’s expectations.

Over the ensuing decades, the predominant thinking has shifted since there has been no clear winner declared. There is no longer a cadre of mentors or gurus to whom we look for definitive statements about the nature of mankind; rather, the field has turned to an emphasis upon common factors and views expressed by research teams examining much larger data sets. These statements are more narrowly constrained and make no claims toward an overall integration.

Church leaders have also expressed ideas that are relevant to this topic. President Boyd K. Packer described the shaping of the armor of God as a cottage industry in his April 1995 General Conference address, entitled “The Shield of Faith.”

That shield of faith is not produced in a factory but at home in a cottage industry. . . .

. . . No two can be exactly alike. Each must be handcrafted to individual specifications . . .

. . . made to buckle on so firmly that it can neither be pulled off nor penetrated by those fiery darts.
In the Church we can teach about the materials from which a shield of faith is made: reverence, courage, chastity, repentance, forgiveness, compassion. In church we can learn how to assemble and fit them together. But the actual making of and fitting on of the shield of faith belongs in the family circle. Otherwise it may loosen and come off in a crisis. (p. 7)

Flexibility and judgment are essential elements of our work if we are going to seriously embrace agency and choosing. Those of you who served missions long ago will recall the Mr. Brown discussions, which in some ways followed a one-size-fits-all thinking similar to the prevailing scientific approach. Currently the Church is using *Preach My Gospel* (2004), which is founded on a significantly altered paradigm and approaches the discussions differently. Missionaries are now teaching the gospel to each individual in a unique order. They are listening to the personal stories, individual struggles, and unique concerns of each person or family. They are being guided by the Spirit to structure their teaching to tailor-make a presentation for each individual. Missionaries are asked to choose the principles taught, and the timing of deliveries, as well as the language used, based upon the needs and personalities of the people they are teaching.

Elder Dallin H. Oaks seems to articulate a way in which the gospel of Jesus Christ and psychotherapy can interact that doesn’t undermine the eternal purposes of the Lord or ignore the mortal contribution psychotherapy can make.

Elder Oaks spoke of the intersection of religion and secular healing in his April 2010 General Conference address, entitled “Healing the Sick”: “We have this priesthood power, and we should all be prepared to use it properly.” He explains,

Latter-day Saints believe in applying the best available scientific knowledge and techniques. We use nutrition, exercise, and other practices to preserve health, and we enlist the help of healing practitioners, such as physicians and surgeons, to restore health.

The use of medical science is not at odds with our prayers of faith and our reliance on priesthood blessings. When a person requested a priesthood blessing, Brigham Young would ask, “Have you used any remedies?” To those who said no because “we wish the Elders to lay hands upon us, and we have faith that we shall be healed,” President Young replied: “That is very inconsistent according to my faith. If we are sick, and ask the Lord to heal us, and to do all for us that is necessary to be done, according to my understanding of the Gospel of salvation, I might as well ask the Lord to cause my wheat and corn to grow, without my plowing the ground and casting in the seed. It appears consistent to me to apply every remedy that comes within the range of my knowledge, and [then] to ask my Father in Heaven . . . to sanctify that application to the healing of my body.”

Of course we don’t wait until all other methods are exhausted before we pray in faith or give priesthood blessings for healing. In emergencies, prayers and blessings come first. Most often we pursue all efforts simultaneously. This follows the scriptural teachings that we should “pray always” (D&C 90:24) and that all things should be done in wisdom and order. (p. 47)

An excerpt from a discourse by Joseph E. Taylor in 1894 may help clarify another essential point as we explore this topic.

I presume the Latter-day Saints have heard President Taylor tell the story that during the days of the Prophet Joseph Smith the latter called upon President Taylor, Orson Hyde and some others to write a constitution for the Church. Having received the appointment they applied themselves diligently to frame the instrument, and from time to time they reported to one another and compared notes. But there was always something that could not be accepted, could not be passed upon.

Brother Joseph, after a while, asked, “Well, Brother Taylor, have you got that constitution prepared?” “No, sir.” “What is the reason?” “Because we cannot write it; we cannot agree upon the constitution.” “Well,” said Joseph, “I knew you could not. Ye are my constitution—as Twelve Apostles—ye are the living oracles.” That is what he meant. “The word of the Lord shall proceed from you, and that, too, in keeping with the circumstances and conditions of the people, and you shall have the inspiration of Almighty God given to you to give counsel suited to them.”

Now, what about the written word? Shall we ignore it? Shall we pass it by as a thing of no value to us whatever? Or shall we retain it, read it, and commit it to memory, and above all things become possessed of the spirit underlying the written word. . . . You take this revelation, for instance, pertaining to the glories of the celestial, terrestrial, and telestial worlds, and let many individuals read it carefully and seek to mature ideas that come to their mind in connection with this revelation. You ask these individuals their opinion upon this, that, and the other
passage, and I guarantee to tell you that there will be a vast variety of ideas upon that written word, a vast difference in conception. And now, mind you, while these individuals may be more or less possessed of the spirit of the Almighty, yet is it not possible that a man might err even upon the written word? Ask yourself the question. Is it not possible that you and I may place a wrong construction upon the revelations of Almighty God? Do brethren vary in opinion belonging to the same quorum, to the same organization, vary in their opinion upon points of doctrine? Why, yes; and they vary very largely and very widely, and in some instances I have found that one individual is the very antipodes of another, so far apart are they in their ideas. Does that change the spirit of revelation? Not by any means. What is the reason of this diversity of thought and opinion and construction? Simply the fact that we have not grasped the real truth underlying the revelation. And yet these men are good men, useful men, men full of zeal and intelligence, and full of faith in God. The sick may be healed under their hands, the power of God may be manifested in them, and yet they may err in judgment in trying to conceive the proper and correct idea upon points of doctrine which God himself has revealed. You come to the principle of baptism, however, and there is no question about that. And why? . . . Simply because we all partake of it, we all experience it, we all pass through it. When you come to grasp the eternal things that God, to a certain extent, has revealed in order to give us some light upon things pertaining to eternity, that is another thing. You and I have not passed through it, and consequently we must reach out to gain a conception, and according to our capacity to conceive, so are we satisfied in our mind. We talk upon this subject, on that subject, and we shall find our brother varying from us in ideas, and yet he is a good brother. When you and I have passed through death, when we have had our bodies called forth from the tomb, when our spirits shall become united with these tabernacles, when you and I shall be celestialized we will know something about celestial glory, it will not be merely conjecture. We will understand by actual experience, and there will be no difference of opinion whatever. (pp. 22–24)

It seems to me that the concepts we are wrestling with as we try to create some kind of relationship or interaction between psychology and the gospel are sufficiently complex and beyond our level of comprehension and experience that this description of varied opinions is quite apt. We each reach out with our minds trying to conceive, and we each discover some element of truth—we each find something that rings true to us. We find things about which the Spirit bears witness to us. We gain understanding and a conception of things that really do help the clients that we serve. And yet we find that we have differences of opinion and that other people don’t see things quite the same way that we do. Still, we are good therapists and we have good intentions. Our testimonies are strong. Perhaps it’s okay for us to have these varied opinions, and perhaps it’s even intended that we struggle in such ways without reaching definitive conclusions.

I believe Father in Heaven has purposely avoided giving us a “manual” and that His point was for us to individually explore our preferences more fully using our agency, not for us to blindly follow rigid prescriptions that mitigate all distress.

My study has led me to believe that every serious and rigorous attempt to create a gospel-centered “therapy” has arrived at this same position, that it is inadvisable to pursue such a quest. The Church also appears to me to be consistently rejecting such attempts.

The Church’s in-house therapy delivery system, LDS Family Services, doesn’t claim to develop a special or superior or gospel-centered “therapy”.

I will close this section with one final idea. Elder James E. Faust (1989) said:

The prophets, seers, and revelators have had and still have the responsibility and privilege of receiving and declaring the word of God for the world. Individual members, parents, and leaders have the right to receive revelation for their own responsibility but have no duty nor right to declare the word of God beyond the limits of their own responsibility. (p. 8)

I know of no General Authority—who has the right to do so—to have made even the slightest attempt to articulate even a sentence regarding a “gospel-based” psychotherapy or anything that could even be so construed.

Our responsibility, I argue, is to individuals and families, one at a time, one hour at a time.

Problems Created by a Gospel-Centered “Therapy”

The very foundation of every psychological theory or therapy is based on naturalistic assumptions—namely that we can discover natural laws and rules that apply to all humans in all circumstances (Slife & Gantt, 1999). This is a primary assumption of science and has been clearly exposed as embracing atheism (or worse, assum-
ing God to be irrelevant even if He exists) (Slife, Steven-
on, & Wendt, 2010).

Every attempt to create a “therapy,” gospel-based or
otherwise, by the very nature of the attempt is an at-
tempt to articulate a theory of everything, perhaps with
the goal to establish control and reduce uncertainty. We
try to develop a set of principles that apply to all people
in all circumstances regardless of the context, or at least
to all members of the Church—a sort of salvation by
congregation or “by the numbers,” if you will.

It is these very qualities that we recognize in the cur-
rent theories of psychology and that we reject as being
incomplete. In fact, it is in our awareness of the poverty
of this model and these paradigms that our quest to find
something more is born, and we find ourselves yearning
for something with more life and more heart.

It naturally follows, however, that we would use the
tools at our disposal, those things to which we have been
exposed and the paradigms within which we have been
educated, to seek a remedy. It is, therefore, expected that
we would want to create a better “theory” or “therapy”;
however, all such efforts employ the very system and
structure that they intend to overthrow. It is inevitabil-
 therefore, that every attempt is doomed to failure before
it is begun.

Similarly, attempts to create and then apply treatments
based on diagnosis (substance abuse, pornography use,
depression, eating disorders, etc.) are founded on the
same mortal principles espoused by the professions—
namely naturalism, determinism, logical positivism,
reductionism, generalizability, etc. In like fashion, all
gospel-centered therapies I have encountered share the
common claim of holding true across all circumstances
and individuals because the author’s conception of the
principles held forth are true for everyone, always. These
paradigms are diametrically opposed to the scriptural
teaching that salvation is accomplished individually in a
personal relationship with the Savior rather than by con-
formity to a common law.

It is a red herring to think we can be more than “just
mortal”. While it is a common desire of perhaps all men
and women to seek for understanding—often with a
hope to obtain control and to reduce uncertainty—we
may not have the capacity to accomplish this lofty task in
this mortal state. Indeed, it may be contrary to the cen-
tral purposes of our mortal probation.

While it is reasonable to receive inspiration to benefit
one of Father in Heaven’s children in a moment of emo-
tional wrestle, let’s not take the next fatal step and claim
to have found a “Truth” that applies equally to all or even
to all those in similar circumstances. Such poorly found-
ed or incomplete approaches to creating a theory can
lead to lack of rigor and a susceptibility to fads. There
are deeper philosophical questions that need to be raised
in the process of establishing theories, but they lie in a
different arena altogether.

Let me be clear: I am not speaking against scholarly
wrestling with the paradigms of science in general, or
psychology in specific, nor the challenges that flow from
such attempts as evidenced in the work of Richard Wil-
liams, Brent Slife, Edwin Gantt and others. The work
they pursue is in a completely different arena than the
one I address here. Their academic enterprise is separate
from those generated by individuals or small groups of
practitioners, and their intended product is not a defini-
tive statement about interventions with clients. Their di-
alogue is conducted in a community that requires argu-
ments to be situated in the context of what many others
have said. Their wrestling is in the domain of an aca-
demic enterprise and their ideas are put forward into the
public arenas where they are checked by any and all who
care to enter the debate. Theirs is a painstaking and rig-
orous process that involves decades of thinking, convers-
ing, writing, and responding to others who exert similar
effort. The wheels of this machine move very slowly, but
the impact has the potential to alter society in fundamen-
tal ways. Nothing less than this immense effort provides
the rigor necessary to challenge foundational paradigms
and to shift scientific or cultural assumptions.

In order to implement the needed foundational chang-
es to the scientific or cultural assumptions called for by
our rigorous academic friends, a revolution would be
necessary. It would require the basic premises and mo-
tivations of social interaction, the economy, and govern-
ments to be restructured in fundamental ways. Such a
revolutionary societal change and the resulting system
may have no need for several professions (police, tra-
ditional clergy, psychologists, business consultants, ad-
vertising, etc.). Anything less than this radical “turning
of things upside down” (Williams, 1998) is hacking at
the branches and will ultimately be a continuation of
the current system—an extension of, or at least situated
within, the current paradigms.
However, until then, incomplete attempts should not be held forth as representing the gospel simply for the reasons that, without the radical realignment mentioned above, it cannot truly represent the gospel of Jesus Christ, which, of necessity, must include the complete system of context, structure, relationships, etc.

The academic effort is worthwhile—not to be successful in creating a new and improved therapy, but to more clearly illuminate the misconceived paradigms prevalent in the world today and to articulate viable alternatives. It is here in this academic arena that the seminal and continuing work of Drs. Williams, Slife, Gant, and others holds paramount value and illustrates why we need to embrace the academics in AMCAP. We need to value such individuals—proposing conference topics that attract them and encourage them to present their ideas and research. I hope we will continue to make significant space and support available for our ivory-tower friends. I deeply respect and support their work and believe it to be critically important. I don’t expect, however, that the value of their work will be found immediately or clearly in a therapist’s office or that their challenges to current thinking and practices will result in any form of a “theory of everything.”

I invite any and all who are willing to engage in the necessary serious and rigorous effort to join with these valiant servants to challenge the deep foundations of our culture and our time. I plead, however, that all efforts that are less intensive and less rigorous be abandoned for the reasons stated above. There is too much at stake. The risk is too high for developing counterfeits that are incomplete at best and misleading and harmful at worst.

There is another type of gospel-centered therapy that I believe is problematic. Some therapists claim they are offering themselves as gospel-centered therapists when, in fact, they are making the very same claim of superiority that a gospel-centered therapy makes. This may look like a subtle distinction but it is a very important one. Such therapists’ claim of being better is not due to a special understanding of “capital T” truth, but rather, to a special status based on their particular ability to receive and interpret direction from the Spirit. Some believe that they are so in tune with the Spirit that they construe anything that they feel as being directed by the Spirit—a therapeutic “medium” so to speak. While they may not claim to know everything, they claim that everything that they know is true by virtue of their special relationship and status with the Spirit. This claim is also too often based on sloppy and careless thinking.

This position is reminiscent of those to whom Brigham Young referred as saying, “we wish the Elders to lay hands upon us, and we have faith that we shall be healed” without the relevant effort (as cited in Oaks, 2010). Claiming that what you know or do is right because of your relationship with the Spirit is expecting the Lord to do all the work and is not consistent with what President Young taught. Having an oracle available (even one in therapist attire) to direct individual people on specific choices does not seem to be the Lord’s typical pattern. It puts excessive emphasis upon passive, faith healing and undermines agency.

Such therapists believe they are a gospel-centered therapy unto themselves and border on believing they are infallible (at least on important matters). It is clear that this claim of superiority lacks substance, grounding, and rigor by any definition; I strongly encourage all who encounter individuals making such claims to challenge them as charlatans.

Allen Bergin (1977) constantly warned against the danger of “free-lance faith healing or spiritual therapy cults.” He said, “We would be extremely disturbed to see free-lance gospel therapies or faith-healing cults arise. Both research and standard lines of priesthood supervision govern our work” (p. 7; italics in original). The Lord said, “A commandment I give unto them, that they shall not boast themselves of these things, neither speak them before the world; for these things are given unto you for your profit and for salvation” (D&C 84:73). Additionally, partial efforts—in either direction discussed—might come dangerously close to priesthood (Alma 1:16). Also, to advertise oneself as a temple recommend- holding therapist or as somehow superior because of one’s LDS status may also approach priesthood. We must be clear that we are offering a mortal or worldly therapy and not make claims, even in our own minds, to be superior, special, or unique by any virtue of our commitment to the gospel.

What Does It Mean To Be a Gospel-Based “Therapist”?

Let us first consider Job from the Bible. In the first verse of the first chapter, Job is identified as a perfect man. In what way was he perfect? I suggest that one important way was his tenacious refusal to make fundamental mis-
takes made by most mortal men and women. He refused to believe that control was anywhere other than in God’s hands, and he submitted willingly and immovably to the will of the Father. Most of us make one or both of two related mistakes on a regular basis. (1) We believe that we are in control and that we have the ability to direct the universe when difficulties arise. Thus, we look carefully and closely for errors that we have made that were the cause of a bad outcome and then spend too much time feeling guilty and living in regret for our errors. Or (2) we believe that someone else is in control of the universe, and that because of their actions, painful deficits and losses have come into our lives. We then wait for them to correct the errors and to mitigate our losses.

I suggest that gospel-based therapists would not fall prey to, or would at least resist, the desire to be in control in this way. Rather, they see all things as being in the hand of God and wish only to follow His direction, whatever it may be. I suggest that this is the feeling, intent, or message behind D&C 59:21: “And in nothing doth man offend God, or against none is his wrath kindled, save those who confess not his hand in all things, and obey not his commandments.”

Let us next consider the way that the Lord chose to help Moses lead the children of Israel in Exodus 18:13–27 (King James Version). Moses was not able to answer all of the questions posed by the Israelites, yet the people had a great desire to know the word of God—the truth, from the fountain of all truth—perhaps, again, with an intent to control outcomes. The Lord’s plan, however, was neither to grant greater access to the ‘oracle’ nor to produce a written exposition that would answer all questions in minute detail. He provided neither a manual with clear rules that, if followed with exactness, would assure the relief of all sorrow or difficulty nor a multitude of professionals to hold all truth or have direct access to the Lord. Rather, it was His choice to assign lesser leaders who were closer to the individual context to help in the ways that they could, in spite of their limitations. I imagine that it was initially as frustrating to the Israelites as it is to some of us to not quickly find definitive solutions to their sorrows.

Adam was told when he entered this mortal sphere that there would be sorrow, losses, deficits, etc. and that there would be no significant relief from this reality until death and redemption were accomplished (Genesis 3:17–19; Moses 4:23–25). In spite of this clear indication that we are subject to conditions beyond our influence, we see the familiar tendency toward a desire for control in the world today. Many labor under the assumption that if they could just do the right thing, most pain would abate. So they want to know what is the right thing to do.

Through my experience, I have come to understand that the whole point of the gift of the Holy Ghost is to have help with the moment-to-moment decision making of life. It is to provide the ongoing teaching and the one-on-one tutoring needed to develop judgment and wisdom. The gospel, in my mind, cannot be reduced to any form of dead rules or laws; rather, it must be a dynamic, present tense, lived experience with the complexity and diversity of everyday oppositions and dilemmas.

A few verses from Hebrews speak to my point (Hebrews 7:19, 9:9, 10:1). Here Paul seems to be saying that the law is important, but that there is something else that is beyond the law that is more important for salvation than the law alone. He may be referring to that intangible that we sometimes call the spirit of the law, which is beyond the letter of the law.

The spirit of the law calls us to something beyond the letter of the law. A missionary teaching concepts in a unique order to different people maximizes individuality and personal agency. In this approach, flexibility is a hallmark. No longer is there such strict concern about “doing it right” or having an approach that is complete and all-encompassing for everyone. Any attempt to eliminate or hinder this synergistic process seems shortsighted and ill-advised to me—either in regard to missionary work or psychotherapy.

I hope we can embrace something similar to Spencer W. Kimball’s admonition to BYU faculty in his “Education for Eternity” address at the BYU Annual Faculty Conference, Sep. 12, 1967.

It would not be expected that all of the faculty would be categorically teaching religion constantly in their classes, but it is proposed that every professor and teacher in this institution would keep his subject matter bathed in the light and color of the restored gospel, and have all his subject matter perfumed lightly with the spirit of the gospel. Always there would be an essence, and the student would feel the presence. (Kimball, 1967)

I envision the “light and color” and “perfume” to be found behind the scenes in the demeanor and person of the therapist—in attitudes and understandings, not in the type of therapy offered, constant references to scripture, implied revelation, or any claims of superiority. In
this context, I want to go so far as to suggest that the operative element that makes anything “gospel-centered” is that the people who are engaging in an activity are doing so under the gentle influence of the Spirit.

I assert that gospel-centered therapists are those who recognize the hand of God in all things and accept the incomplete and fallen nature of this mortal world. They also deeply respect the individual agency of their clients, including their clients’ opportunity to make hurtful choices. They are quick to look past the surface of current conditions and to see the potential healing hand of the Savior bearing them along. They see no need for immediate rescue from mortal trials (that is beyond their station and ability anyway) and yet they are eager to get their hands dirty in the service of supporting the ongoing growth of real people, one hour at a time.

In this service they are open to promptings and are not surprised when they come, but they do not feel able to command them at will. They are well prepared with the tools of the trade to proceed when there is no heavenly direction and are able to use these tools to deliver whatever is given through inspiration. They see the gifts of the Spirit as intended for the person in the room at the time and not as universal. While they learn from these meaningful moments and their overall understanding is increased, they have no need to claim to be superior to others or to have any special ability or gift as a result. They feel no need to have others validate their insights.

They clearly understand that they have been neither ordained nor set apart with any keys or privileges. They are clear that they are engaging in the worldly healing arts as referred to by Elder Oaks (2010) and are careful to give no other expectation in any setting. They have developed rich conceptual structures that are consistent with their personal and moral commitments and values even though they are not completely comprehensive and error free. They have found ways to use psychological principles and language to communicate lessons learned from the scriptures and can also include gospel language in their psychological work—building bridges and welcoming cultural exchanges—without requiring a forced merger.

What Can We Do From Here?

I suggest it is the more prudent course to become very well grounded in both the gospel and our professions and then to use our best informed judgment and our agency to create a relationship and a synergistic interaction with our clients that they can use in their own way—expressing their own judgment and agency to meet the unique challenges and circumstances of their own lives. I argue that this is a far nobler endeavor than giving clients “correct” answers to specific questions (what do you do when . . . ).

I, therefore, strongly advocate becoming a gospel-centered (based, etc.) therapist and strongly denounce attempts to create any form of gospel-centered (based, etc.) therapy.

Sharing with professional colleagues about conceptual or delivery preferences continues to be a good idea while we wrestle with the currently inadequate and philosophically inconsistent state of the profession, but I call for an active and consistent rejection of any claims to have a complete—or even significantly congruent—gospel-centered theory or therapy while these theories or therapies remain nested in corrupt contexts and paradigms. I even go so far as to strongly discourage any further attempts to search for, or aspire to, such a theory or therapy until the underlying philosophy is well enough articulated as to provide a stable foundation upon which it can be situated.

The reality is that we must meet our clients today before we have solved this dilemma. I submit that we will better meet the needs of the real individuals—with real stories, names, and faces—that enter our offices by being “bathed in the light and color” of the Spirit than by trying to sum up the gospel in psychological terms or sum up psychology in gospel terms (Kimball, 1967).

While I desire to encourage following the Spirit generally, I fear that this encouragement may leave room for too many to be content with flying by the seat of their pants, with sloppy thinking, or worse. I fear that encouraging LDS clinicians to follow the Spirit will give license to some—already prone to these errors—to accentuate them. Lax and incomplete, or rigid and rule-based ways to approach this problem lead to fads and lack of rigor or, as Bergin put it, “free-lance faith healing or spiritual therapy cults” (1977).

However, those who strive to truly be “perfumed lightly” by the Spirit leave me with little concern, since one requirement inherent in accessing the Spirit is to be diligent and dedicated in applying the knowledge made available through secular training. After employing all current resources, it is then legitimate to seek help from beyond the veil at the discretion of the Holy Ghost. It is
inappropriate to seek such guidance without expending the effort first or to think to compel a response.

I don’t want to stop dialogue; I want to clarify a context for the ongoing discussion. To those of you who have spent significant time and effort toward a gospel-centered therapy, I suggest that those efforts have not been wasted even though they have not been complete. In that process you have undoubtedly found some important ideas and techniques that help some people. Your work is needed in AMCAP and in the professions. I sincerely hope you will consider sharing your work and continue to be open to new insights that might yet come. However, I hope I have made a compelling case to frame these efforts in preference language and to present them as tentative, partial, and incomplete expressions within a greater whole—with recognition that the whole has yet to be revealed. I would wish the presentation of these valuable concepts to avoid claims of superiority, deliveries full of excessive zeal, or attempts to garner adherents.

Ours is to be humble servants who wrestle in the mud of the trenches—applying critical, albeit inadequate, first aid—until the time of ultimate triumph can remove the effects of mortality.

References


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