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Bathed in the Light: Conceptual Considerations for the Gospel-Centered Psychologist

EDWIN GANTT

This paper is a brief response to Dr. Robert Gleave's (2012) article "Gospel Centered 'Therapist' or Gospel Centered 'Therapy': Is There a Difference and Does It Matter?" Dr. Gleave's essay is commended for its insight, timeliness, and importance to the LDS clinical and counseling community. Three areas in which LDS therapists need to engage in careful conceptual consideration of the philosophical and theoretical underpinnings of their approach to therapy are enumerated: moral agency, embodiment, and sexuality. It is argued that a gospel-centered perspective in psychology requires that the LDS therapist pay careful attention to the conceptual "fit" between these concepts as they are understood in the light of the restored gospel and as they are understood in contemporary secular psychology.

I am genuinely grateful for this opportunity to comment on Robert Gleave's (2012) thoughtful and much-needed article calling attention to the dangers of presumably "gospel-centered" psychotherapies and the all-too-often, all-too-easy reconciliations that some offer based on the intermingling of the restored gospel of Jesus Christ and the secular psychologies of our day. It has been my experience that serious and careful examination of the issues Dr. Gleave raises takes place far too infrequently in the Latter-day Saint counseling and psychotherapy communities, and so I applaud his effort to not only advance but to deepen the dialogue concerning such matters. Such dialogue can, I believe, both have a profound impact on the spiritual dimensions of our work as LDS psychologists and exert a significant influence on

the contours and relevance of our professional practice within and without the LDS community.

I, like Dr. Gleave (2012), often find myself growing nervous when I hear talk of an "LDS psychology" or "gospel psychotherapy." As he points out, such talk, when carefully examined, tends to reveal a psychotherapy in which a few gospel principles have been rather unsystematically "sprinkled into a basically intact psychological system with tenets and interventions that are consistent with therapy generally" (p. 2). Such an approach, I am convinced, is far too congenial to the basic assumptions and values of naturalistic or secular

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worldviews that are ultimately toxic to the truth-claims of the restored gospel and profoundly dismissive of the living God of Abraham, Isaac, and Jacob, whom we as Latter-day Saints profess to worship. As Williams (1998) argued over a decade ago, the gospel of Jesus Christ embodies a profound intellectual (as well as religious) challenge to the modern world, and most especially to the social sciences. As such, it demands our most careful and sustained scholarly efforts to appreciate the many ways in which the message of the restored gospel, and the worldview it entails, diverges from the philosophical and scientific presumptions and practices of contemporary psychology and psychotherapy. It simply will not suffice to just note some superficial resemblance between, for example, the Rogerian notion of unconditional positive regard and the revealed characteristics of Christ-like love and then conceptually regard the two as essentially the same thing merely traveling by two different names. They are not, in fact, the same thing, and the significant philosophical, moral, spiritual, and practical implications of their differences deserve our closest attention and intellectual respect (see McKee, 1986).

Equally troubling as any such “shotgun marriage of psychological therapy and the gospel of repentance” (Sorensen, 1981) is the fact that some LDS counselors and clinicians take it upon themselves to advertize their services as particularly helpful or effective because of some special spiritual sensitivity they claim to possess or some unique access to the gifts of the Spirit that they enjoy. Gleave (2012) does an excellent job of pointing out some of the dangers attendant to such presumption, and we would all, I believe, do well to attend to his concerns in this matter. While a sloppy or superficial reading of his argument might leave the impression that it is just this sort of therapist he envisions with his call for “gospel-centered” therapists, I believe that such a reading is ultimately unsustainable and unwarranted. It is clear that for Gleave a “gospel-centered therapist is not one who presumes some special spiritual privilege or claims superiority for his or her brand of treatment on the basis of personal characteristics or the mastery of some comprehensive system of “gospel therapy.” Rather, for him, the gospel-centered therapist is one who humbly and meekly submits to the Lord in all things, who understands that it is Christ who heals us all and that it is his atoning sacrifice and selfless compassion upon which all therapeutic endeavors must be founded. The person and the practice of such a therapist is the very embodiment

of the invitation to “come unto Christ, and be perfected [that is, made whole] in him” (Moroni 10:32). I believe that it would be most wise to heed Dr. Gleave’s thoughtful advice in such matters.

A TESTIMONY IS NOT ENOUGH

While I am clearly very sympathetic to Dr. Gleave’s (2012) thesis that what matters most for us as LDS psychologists is not that we possess or adhere to some formal system of gospel-centered psychotherapy but that we strive to be gospel-centered therapists, I suspect an important clarification is in order lest his argument be misunderstood or misappropriated. I fear that some might assume that since Gleave argues that it is the therapist who must be firmly centered in the gospel of Christ and that a formal or comprehensive gospel psychology is neither likely nor desirable, it therefore makes little real difference what sort of therapy the gospel-centered therapist happens to employ so long as the therapist is a faithful Latter-day Saint. This could not, I believe, be further from the truth. Thus, while I am convinced that aspiring to a single, uniform gospel psychology represents an illusory quest—for all the reasons Dr. Gleave provides and more—I would nonetheless hold that a “most anything goes as long as I have a firm testimony” approach to therapeutic practice and psychological theory is just as problematic, though perhaps for different reasons. Being genuinely open to being guided by the Holy Spirit is obviously central to being a gospel-centered therapist of the sort Gleave envisions. However, should we commit ourselves (however inadvertently or unintentionally) to psychological theories or practices rooted in (and expressive of) conceptions of human nature that deny or dismiss revealed truth, the Spirit will necessarily be limited or constrained in the degree of guidance it can provide to us. As Latter-day Saint psychologists, I do not think we want to be in the confused position of seeking spiritual support while embracing professional and philosophical commitments that do not permit such guidance in the first place. To do so is to work at cross-purposes with the Lord and to shortchange our clients and our community. Indeed, the Lord has cautioned: “Wherefore, let all men beware how they take my name in their lips—For behold, verily I say, that many there be who are under this condemnation, who use the name of the Lord, and use it in vain, having not authority” (D&C 63:61–62).

Clearly, “cleansing the inner vessel,” having a witness of the truth of the gospel, and truly living a Christ-like life¹ are important if we are to be the sort of therapists that Dr. Gleave (2012) enjoins us to be. Be that as it may, however, I believe that it still matters deeply what sort of therapeutic practices we endorse and what conceptions of personhood we entertain and encourage. As Elder Neil A. Maxwell (1976) pointed out thirty-five years ago, “We may not yet know the best form of therapy in every case, but we can know that certain forms of therapy are clearly inappropriate for us as Latter-day Saints” (p. 590). Part and parcel of keeping our subject matter (i.e., the psychology of human beings) “bathed in the light and color of the restored gospel,” as President Kimball (1967) has directed, is being willing to maintain a constant and critical vigilance regarding the intellectual foundations of our theories and practices. To do so requires a careful and sustained consideration of not only the contents of our psychology but also the doctrines of the restored gospel.

In the remaining pages, I would like to briefly delineate a few key issues by which we might more fruitfully evaluate the compatibility of particular psychological theories or therapeutic practices in the “light and color of the restored gospel” (Kimball, 1967), especially as we strive to center ourselves in Christ and work with Him to bring peace to those who struggle and suffer. I propose these issues as an invitation to further dialogue regarding the question of the relationship between the restored gospel of Jesus Christ and the profession of psychology.

THE REALITY OF MORAL AGENCY

As Williams (2005) has pointed out, moral agency is a “genuine watershed” issue in psychology; there is “perhaps no question regarding our fundamental human nature [that] is more important than the question of agency” (p. 117; see also, Judd, 2005; Gantt, 2002; Oaks, 1988). Indeed, prophets and apostles, both ancient and modern, have consistently taught that moral agency is “an essential ingredient of being human. . . . It is the specific gift by which God made his children in his image and empowered them to grow to become like him through their own progression of choices,” and that “no being can possess sensibility, rationality, and a capacity for happiness without it” (Warner, 1992, p. 26). It would seem clear, then, that for the gospel-centered therapist

the centrality of moral agency to adequately understanding human life and addressing human problems in genuinely helpful ways cannot be overemphasized. The work of therapy must, from this perspective, always begin with the recognition that one’s clients are fundamentally moral agents, possessing the divinely bestowed capacity to “act for themselves and not be acted upon” (2 Nephi 2:26), to engage the world in meaningful ways, to choose from among the possibilities presented to them by the world, and to give their assent to certain ways of being in that world.

Further, such therapeutic work must acknowledge that any treatment approach, case conceptualization, or behavioral explanation in which the client’s moral agency is neglected, marginalized, or outright dismissed will be of little actual worth in helping our brothers and sisters to understand or address the real problems at hand. As Elder Neal A. Maxwell (1990) once noted:

The deep problems individuals have can only be solved by learning about “the deep things of God,” by confronting the reality of “things as they really are and things as they really will be.” Hard though this process may be, painful though it may be, it is the one true course for human happiness here and everlasting joy in the world to come. Whatever we do in our individual lives and through the influence we have on the lives of others must move us and others to come to terms with these ultimate realities. To move in another direction is folly and misery. (p. 46)

One of the realities that our clients, like all of us, must come to terms with in this life is the reality of our moral agency and its nature, scope, consequence, and even possible limitations. Employing therapeutic approaches or conceptualizations of human nature that fail to take the reality of moral agency seriously cannot help but do serious harm to our clients and even ourselves, both spiritually and temporally, as they seduce us to false and falsifying views of who we are and what it means to be sons and daughters of God.

Unfortunately, the overwhelming majority of contemporary psychotherapies, personality theories, and practice models provide little actual place for moral agency in their conceptualizations of human nature or in their theoretical formulations of behavior and pathology (Martin, Sugarman, & Thompson, 2003). Indeed, as many scholars have noted, a basic philosophical commitment to some form of deterministic explanation is in many

ways a hallmark of contemporary psychological theory and practice—even across what are otherwise widely divergent schools of thought (see, e.g., Bishop, 2007; Frie, 2008; Martin, Sugarman, & Thompson, 2003; Slife & Williams, 1995).

Ironically, even some psychological theories and therapies that seem to value human agency by speaking of the client's ability to choose are, upon closer examination, more often than not committed to fundamentally non-agentic, deterministic forms of understanding and explanation. Such accounts typically rely on models that cast human choice as being produced by one or another form of the "decision-making process," whereby various environmental inputs are processed through a complex cognitive machinery to generate behavioral outputs that the client (from the non-scientific perspective of the layperson) may then believe to be agentic in nature but which, in fact, are not (see, e.g., Baldwin & Slife, 2002; Bandura, 1989; Bargh & Ferguson, 2000). For example, as principal architects of contemporary cognitive-behavioral therapy Alford and Beck (1997) note, "Cognitive, affective, and motivational processes are determined by the idiosyncratic structures, or schemas, that constitute the basic elements of personality" (pp. 25–26). Likewise, Clark, Beck, and Alford (1999) maintain that "cognitive theory and therapy acknowledge that there is an independent reality . . . [that] is the basis of the cognitive constructions that determine affect and behavior" (p. 62). Thus, despite the fact that many contemporary cognitive-behavioral therapists speak of the importance of client choice in both the origins of disorders such as depression and in the favorable outcomes of therapeutic intervention, the theoretical foundation upon which such intervention is based asserts that all cognition, affect, motivation, and personality "are controlled by genetically and environmentally determined processes or structures, termed 'schemas'" (Alford & Beck, 1997, p. 29). It would seem, then, that such an approach is not really taking moral agency very seriously.

Equally problematic are those therapeutic approaches (e.g., existentialism) that, while not seeking to reduce human choice to any underlying mechanical processes of biology or cognition, nonetheless still fail to take moral agency seriously by decoupling it from its fundamentally and inescapably moral nature. Agency as absolute autonomy, wherein the individual is entirely

free to determine the contours and scope of his or her own moral universe without constraint, is a groundless and free-floating agency and, as such, "cannot be anything other than randomness or a capacity for complete caprice in our actions" (Williams, 2005, p. 126). It is hard to imagine that a war in heaven was fought primarily for the privilege of making random and capricious choices. If moral agency, as Williams has claimed, is more a matter of "doing what you should do" than merely being capable of "doing what you want to do" (p. 118), then therapeutic perspectives that dismiss or blur this important distinction ought to be assiduously avoided by the LDS psychologist seeking to be centered in the gospel of Christ. To embrace a therapeutic perspective on human agency that either denies the reality of our capacity to choose, on the one hand, or rejects the inescapably moral context of our choices, on the other, is to move in the direction of "folly and misery," the direction away from which Elder Maxwell (1990) warned us.

In short, then, while Dr. Gleave (2012) rightly argues that there is no formal, comprehensive system that constitutes a gospel psychology (at least insofar as one has not yet been revealed to us through proper channels), this does not mean that the therapist striving to be gospel centered need not worry overmuch about the type of therapy or the forms of theoretical understanding he or she adopts as a professional so long as he or she personally believes in moral agency. What it does mean, I believe, is that the gospel-centered therapist must be extremely attentive to the question of moral agency, especially in light of the often hidden deterministic assumptions that undergird so many of the therapeutic theories and techniques accepted in the field today. Such a therapist must continually, to paraphrase a scripture quoted earlier, beware how he or she takes "agency" in his or her lips. The gospel-centered therapist must, then, not only steadfastly resist theories and practices that deny the reality of our moral agency—or that seek to debase it by dressing it up in conceptual rags that pretend to seriousness while reducing it to indeterminate nonsense that lacks any real moral bite—but he or she must also actively work to formulate and implement approaches to therapy that draw upon and pay proper conceptual respect to the reality of our God-given moral agency.

EMBODIMENT: MACHINES OR SOULS

Appreciating the spiritual and philosophical significance of the LDS perspective on embodiment is every bit as important to the therapist seeking to be centered in the restored gospel as is a recognition of the centrality of moral agency. As Elder Jeffrey R. Holland (1989) has claimed, echoing Elder James Talmage before him, “A body is *the* great prize of mortal life” (p. 187; italics in original). And, as the prophet Joseph Smith taught, “We came to this earth that we might have a body and present it pure before God in the Celestial Kingdom. The great principle of happiness consists in having a body” (Smith, 1976, p. 181). The LDS understanding of human embodiment is unique among the theologies and philosophies of the religious and secular worlds. For Latter-day Saints, human corporeal nature is not characterized by a “state of constant conflict between the righteous enticings of the spirit and the vices of the flesh, ending only when death frees the spirit from the body” (Van De Graff, 1992, p. 1080) as many religious traditions have maintained. Neither do we believe, as do many in the world today, that human corporeality is merely matter in motion. Such a view takes the body to be nothing more than a profoundly complex machine whose various motions and processes serve to constitute our existence—until, of course, those motions cease and with them our existence (Wiker, 2002).

In contrast to both of these traditions, modern revelation teaches that “the body and the spirit are the soul of man” (D&C 88:15). As Elder Jeffrey R. Holland (1989) has stated, “We simply must understand the revealed, restored Latter-day Saint doctrine of the soul, and the high and inseparable part the body plays in that doctrine” (p. 186). Here, in the doctrine of the soul—which term should not be understood as merely a synonym for *spirit* or *mind*—we find articulated the intimate relationship between our spiritual and our physical reality, a relationship in which the concept of moral agency plays a central, organizing role. We are neither immaterial spirits trapped inside inescapably sinful and rebellious bodies seeking release from the cursed consequences of Adam’s Fall nor are we merely “giant lumbering robots” (Dawkins, 1989, p. 19) whose behaviors are simply the electrochemical byproducts of billions of neural firings that serve no greater purpose than achieving some evolutionary goal of survival and reproduction (Murphy &

Brown, 2009). Rather, we are, to borrow a term from the Christian philosopher Charles Taylor (1989), “embodied agents.” For Latter-day Saints, “the human soul is innately endowed with an agency that should be honored and guarded as sacred and eternal” (Williams, 1992, p. 1392). Thus, for Latter-day Saints, to be human is to be a soul whose nature is fundamentally and inescapably physical *and* spiritual, finite *and* infinite, eternal *and* temporal, and whose desires, sensitivities, feelings, thoughts, hopes, and choices cannot be adequately captured by any calculus whose only permitted terms are immaterial spirit, autonomous mind, or mechanical matter.

Given this doctrinal foundation, then, the gospel-centered therapist is one who carefully avoids those schools of psychological thought that seek to reduce human thought, feeling, and behavior—whether pathological or not—to the mere happenstance outcomes of what are fundamentally mechanical and meaningless biochemical states and processes. While such a therapist would have too much reverence for the blessing of embodiment to deny the inescapable relevance of brain and body to our emotional, social, and psychological life, he or she would also resist the popular tendency to convert what is clearly a matter of constraint and context into a matter of merely matter and cause. Whatever theoretical or practical perspective the gospel-centered therapist might opt for, then, it is vital that it be one in which the divine purpose and moral reality of our embodiment is taken seriously. Embodied moral agents are not “meat machines”² and can never be adequately understood, treated, or served by any therapy that conceives of them as such. Thus, for the gospel-centered psychologist, depression will always be more than merely a “chemical imbalance,” anxiety always more than just a “genetic predisposition,” and anorexia always more than just a “brain dysfunction.” Again, this is not to say that brains and genes and hormones do not matter or are of no real relevance in accounting for the experiential shape and contour of human psychopathology. Rather, it is only to say that if we wish to take moral agency seriously in the context of embodiment, we cannot begin the attempt to understand psychological and emotional suffering by assuming that thoughts, feelings, and intentional, meaningful behaviors ultimately result from the merely mechanical operations of meat and chemical, no matter how complex such operations might happen to be (see Murphy & Brown, 2009).

SEXUALITY

Closely connected to the ideas that human embodiment entails more than just the mechanical functions of meat and chemical and that it is intimately implicated in the meaning and possibility of moral agency is the notion that our sexual nature is also more than simply a matter of genetic happenstance, impersonal biological functioning, or social contrivance. Many contemporary psychological accounts of human sexuality propose that human sexual desire and intimacy are really nothing more than a byproduct of biochemical states, genetic dictates, evolutionary imperatives, and contingently constructed cultural practices (Gantt & Reynolds, 2008; Stainton Rogers & Stainton Rogers, 2001).

Interestingly, even approaches typically thought to be “humanistic” all too often fall into the trap of conceiving of human sexuality primarily in terms of basic natural processes and biological events—events that have meaning only insofar as we happen to contingently assign it in a particular cultural context. For example, Maslow’s (1970) famous “Hierarchy of Needs,” which has become a staple of many contemporary accounts of human nature and a conceptual tool used in many clinical perspectives, locates the desire for sexual intimacy at the very base of human motivation, co-equal with hunger and thirst as a principle force behind human action. As such, Maslow offers what might playfully be called an “eat, drink, and be merry” approach to understanding human motivation. In Maslow’s scheme, social behavior, at its most basic level, always rests on powerful biological needs and the continuous quest to satisfy them: The only way to overcome our captivity to the bondage of lower needs so that we might pursue higher ones is to gratify them. Indeed, Maslow (1970) pointedly states, “The easiest technique for releasing the organism from the bondage of the lower . . . needs is to gratify them” (p. 61). One of psychology’s primary purposes in such an approach, then, is to guide us in mitigating our captivity to the bondage of lower needs and, thereby, in some measure help us to overcome our basic animal nature, or those “basic needs that we share with other animals—needs for food, sex, and so on” (Neher, 1991, p. 104)—so that we might achieve self-actualization and self-fulfillment.

In contrast, the restored gospel of Jesus Christ seems to situate our sexual nature in a fundamentally divine, moral, agentive, and relational context. In this context,

human sexual desire is not seen to be merely a reflection of what is most natural, mechanical, or “animal-instinctual” about us. Rather, human sexuality is held to be an expression of what is in fact most social, moral, and divine about us. Indeed, I would argue that a central claim of the restored gospel is that the fundamental reality of the universe is an eternal family, embodied moral agents bound to one another in genuine relationships of covenant, obligation, and love. “In LDS life and thought,” the *Encyclopedia of Mormonism* explains:

Sexuality consists of attitudes, feelings, and desires that are God-given and central to God’s plan for his children, but they are not the central motivating force in human action. . . . Sexuality is not characterized as a need, or a deprivation that must be satisfied, but as a desire that should be fulfilled only within marriage, with sensitive attention given to the well-being of one’s heterosexual marriage partner. As the offspring of God, humans carry the divine Light of Christ, which is the means whereby the appropriate expression of sexual desires can be measured. Depending on whether men and women are true or false to this light, they will be the masters or the victims of sexual feelings.” (Ludlow, 1992, p. 1306)

Similarly, as Elder Parley P. Pratt taught, “Our natural affections are planted in us by the Spirit of God, for a wise purpose; and they are the very main-springs of life and happiness—they are the cement of all virtuous and heavenly society—they are the essence of charity, or love” (Robinson, 1952, pp. 52-53). Such a picture of human sexual nature is a far cry from our contemporary psychological one in which sexual desires are so often held to reflect nothing more than the presence of basic psychological needs arising out of the mechanical interactions of meat and chemical.

What then might this mean for the gospel-centered therapist—or the therapist seeking to become such? Perhaps (again) only that in striving to center our practice in the restored gospel of Christ we must take care to engage in due critical diligence before we adopt any of the common-place perspectives and practices of our discipline. This is particularly relevant insofar as clinicians and counselors are so often called upon to address questions of sexual desire, relationship, and meaning but are all too frequently left by the discipline with few adequate conceptual tools and little in the way of real wisdom regarding how to do so in any way that will help their clients genuinely understand the fundamentally divine context

and purpose of sexual relationships and desires. Here, as with the questions of moral agency and embodiment, the gospel-centered therapist must never lose sight of the revealed reality of sexual life and the ontological and moral implications for how we understand ourselves, our closest loved ones, our children, and our fellow beings. Any therapy or theory that can make no ontological space in its account of human sexuality wherein the language of covenants, preferences, and moral obligations might flourish ought to have little attraction for the gospel-centered therapist.

CONCLUSION

Once again, in conclusion, let me applaud Dr. Gleave's (2012) much-needed and most welcome efforts to draw our attention to some of the important matters that the community of LDS psychologists, clinicians, and counselors must continually confront—namely, the interface between our religious commitments and the theories and practices of contemporary psychotherapy. Dr. Gleave has invited us all, as a part of that community, to engage in a sophisticated dialogue whereby we might take meticulous stock of our grounding assumptions, professional practices, and religious understandings so as to best get our proper bearings in what is often a tangled and confusing intellectual landscape. I hope that as a community we will accept Dr. Gleave's timely invitation and devote ourselves more intently to just such a dialogue and to the penetrating self-examination that it requires.

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ENDNOTES

1. As opposed to simply assenting to a set of doctrinal propositions or abiding by a set of behavioral proscriptions for social, cultural, or intellectual reasons.
2. This term is most often attributed to artificial intelligence researcher Marvin Minsky.