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Gospel-Centered Psychotherapy: What It Is and Why It Matters

P. SCOTT RICHARDS AND KRISTIN L. HANSEN

The dialogue about gospel-centered psychotherapy in the Latter-day Saint mental health community began approximately 50 years ago. In this article we briefly summarize and discuss some of the significant events, issues, and accomplishments in this dialogue and effort. We offer definitions of gospel-centered psychotherapy and gospel-based psychotherapy. We concur with others that there is not “one true” gospel-centered psychotherapy, theory, or approach, but we suggest that gospel-centered psychotherapists have developed many different forms of gospel-centered treatment over the years. We argue that gospel-centered approaches to psychotherapy do share some common characteristics, including the therapist’s moral character and spiritual preparation, the spiritual doctrines and moral values that inform the concepts and methods of treatment, and a belief that it is God and Jesus Christ who ultimately do the healing. We conclude by offering recommendations for future training and education, research, and dialogue about gospel-centered psychotherapies.

We are grateful for the opportunity to respond to Robert Gleave’s (2012) article “Gospel Centered ‘Therapist’ or Gospel Centered ‘Therapy’: Is There a Difference, and Does It Matter?” In our view, there is much to commend in this article. We appreciate Dr. Gleave’s invitation to Latter-day Saint (LDS) mental health professionals to continue a dialogue that started approximately 50 years ago concerning how the gospel of Jesus Christ might appropriately shape the practice of counseling and psychotherapy (Swedin, 2003). There is not space to comment on each of Dr. Gleave’s points in our response; instead we will briefly discuss several topics upon which his article encouraged us to reflect.

Historical Context of Efforts to Develop Gospel-Based Psychotherapy

We appreciated reading about some of Dr. Gleave’s (2012) historical perspectives concerning the efforts that have been made to develop gospel-centered or gospel-based psychotherapies. During his many years of mem-

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bership in the Association of Mormon Counselors and Psychotherapists (AMCAP), Dr. Gleave has witnessed and participated in many of these efforts and discussions. We empathized with the longing he felt early in his career for an “all-encompassing” gospel-centered theory and approach that would allow him to provide his clients with “healing and rescue from the troubles and turmoil of this world” (p. 1). We agree with the conclusion he arrived at later in his career that what psychotherapists need more than an all-encompassing gospel-centered theory is the “presence of the Spirit” as they seek to respect the agency and healing path of each unique client (p. 2).

According to Swedin’s (2003) history of the LDS mental health community, an informal group of LDS professionals met together at the 1964 American Personal Guidance Association (APGA) convention in San Francisco to engage in discussions about the gospel and their professional work. They continued to meet informally at the annual APGA convention for this purpose until 1969, when they elected their first president and changed their name to the LDS Counselors Association. At their next meeting, they wrote a constitution, elected more officers, invited a general authority to address them, and changed their name once again—this time to the Latter-day Saint Personal Guidance Association (LDSPGA).

In 1974, members of the LDSPGA as well as LDS mental health professionals involved in several other professional organizations, including the Utah State Mental Health Association, the Utah Psychiatric Association, the LDS Chaplains Association, LDS Social Services, and the Utah Chapter of the National Association of Social Workers, decided to form a new organization (Lankford, 1990; Swedin, 2003). The organization, which was intended as a home for all LDS mental health professionals, was named the Association of Mormon Counselors and Psychotherapists (AMCAP). AMCAP’s inaugural conference was held in October 1975, and the conference addresses were published as the inaugural issue of the *AMCAP Journal*.

Throughout its history, a major purpose of AMCAP has been to provide a forum for LDS helping professionals to harmoniously integrate their religious beliefs with their professional lives. Many members of AMCAP have also hoped for and sought to develop a gospel-centered approach for the practice of counseling and psychotherapy. But from the very beginnings of AMCAP, disagreement and debate has existed about what a *gospel-centered*

approach is and whether such an approach is desirable or even possible.

Space limitations preclude us from reviewing all of the relevant published literature, but Table 1 lists and briefly summarizes some of the events and publications that have been relevant to the gospel-based psychotherapy dialogue in the LDS mental health community. Swedin (2000, 2003) has provided helpful historical perspectives concerning these events and other efforts to reconcile gospel perspectives with professional counseling and psychotherapy, as well as insights into some of the major areas of agreement and disagreement about how this might be done. We also recommend the many original published articles relevant to this dialogue that are available online in the searchable *AMCAP Journal* at www.ldsamcap.org.

MEANING OF GOSPEL-CENTERED OR GOSPEL-BASED PSYCHOTHERAPY

Dr. Gleave’s (2012) article encouraged us to think more carefully about ways we understand and use the terms *gospel-centered* or *gospel-based psychotherapy* and *psychotherapists*. To clarify our understanding of these descriptors, we consulted several dictionaries concerning the meaning of the words *center* and *base*. What does it mean, we wondered, to say that we “center” or “base” our psychotherapy approach on the gospel of Jesus Christ? *The Random House Webster’s Unabridged Dictionary* (2001) defines *center* as “a point, pivot, axis, etc., around which anything rotates or revolves” or “the source of an influence, action, force.” It defines *base* as “the bottom support of anything; that on which a thing stands or rests” or “a fundamental principle or groundwork; foundation.”

These definitions are consistent with the manner in which we have interpreted the terms *gospel-centered* or *gospel-based* in discussing psychotherapy and psychotherapists. We use these descriptors to convey the idea that such psychotherapists attempt to make the teachings and person of the Lord Jesus Christ the center—the foundation—of the way they think about and practice psychotherapy. We appreciated Dr. Gleave’s (2012) descriptions of a “gospel-centered psychotherapist.” We agree with his characterizations that such psychotherapists are professionally knowledgeable and skilled, yet they seek the inspiration of the Lord in their efforts to honor and enhance the agency and growth of each client. We agree with Dr. Gleave that “the operative element that makes

anything gospel centered is the *people* [emphasis added] who are engaging in an activity doing so under the gentle influence of the Spirit” (Gleave, 2012, p. 8).

Furthermore, we also think it is self-evident that gospel-based psychotherapists do *not* ground their clinical work in the worldviews of atheistic naturalism or secular humanism, or in the various philosophical assumptions associated with these worldviews, such as determinism, materialism, ethical relativism, and hedonism (Jackson & Fisher, 1999; Richards & Bergin, 2005; Slife, 2004; Slife & Williams, 1995). Rather, they build their therapeutic practice on the theological foundations of LDS scripture and theology—on the sure foundation provided by Jesus Christ (Jackson & Fisher, 1999; Richards & Bergin, 1997, 2005; Williams, 1998). Perhaps the main point of disagreement we have with Dr. Gleave (2012) is that we believe that each gospel-centered psychotherapist *does* practice a form of gospel-centered psychotherapy. We think it is self-evident that all psychotherapists have a psychotherapy approach they use as they work with clients. They cannot escape their approach, just as they cannot escape their theology and religious values (Slife & Richards, 2001). We will say more about what we believe gospel-centered or gospel-based psychotherapy is and is not as this discussion continues.

THE FALLACY OF “ONE TRUE” GOSPEL-CENTERED APPROACH

Dr. Gleave (2012) points out that there is not one all-encompassing gospel-centered theory or approach to psychotherapy. He also argues that such a theory and approach is not needed and that LDS helping professionals should focus on becoming gospel-centered psychotherapists who “respect the individual agency of the clients, including their opportunity to make hurtful choices” (p. 8). Clyde A. Parker (1989a), a past president of AMCAP, presented a similar viewpoint over 20 years ago when he wrote,

A few years ago, when I returned to Utah and rejoined AMCAP, there was much excitement about the need, the desire, even the will or mission to find *The True* gospel approach to therapy. . . . I am not supportive of such a venture. Not because I am not in favor of the gospel nor that I am not supportive of the church. Rather, I don’t believe it is the nature of good therapy or of good care giving.

I believe we are obligated to conduct therapy in a way not only expressive of ourselves, but also consistent with gospel principles. When patients make choices—or even if they are about to choose actions inconsistent with the essentials of Christ’s teachings—we would be inconsistent with our belief in free agency and individual responsibility to *prevent* them from doing so. On the other hand, it would be irresponsible of us as committed Latter-day Saints *not* to confront them. Our effort to have them give full consideration to alternatives should not, however, be at the expense of interfering with their right to make a choice free of defensive action. (p. 6)

We agree with Dr. Gleave (2012) and Dr. Parker (1989a) that there is not “one true” gospel theory or approach to psychotherapy. And we agree with them that there is probably not a need for it, and perhaps there will never be such a need. Perhaps some LDS mental health professionals have entertained the hope that it might be desirable and possible to develop “one true” gospel-based theory and approach to psychotherapy—one theory and approach intended to be all-encompassing and universal; however, in reviewing the published articles in the *AMCAP Journal* and other writings of LDS professionals, we have not found advocates for the development of “one true” gospel-based psychotherapy theory or approach. And we have not found any published claims by anyone who thinks he or she has succeeded in such a quest.

If those who have made efforts to develop gospel-based psychotherapy approaches were not seeking to create an all-encompassing universal theory and approach, what have they been trying to accomplish? Based on our review of the relevant literature, we think their ambitions have been more humble. What we have found is many articles and books in which LDS mental health professionals have explored and shared their perspectives about how they have been seeking to integrate their religious faith with their professional practices. Some have developed intervention models and approaches that they believe are consistent with gospel teachings and principles, and some have even chosen to refer to their approaches as “gospel centered” or “gospel based” without claiming that their approaches are all encompassing and universal.

In his discussion of the efforts of the LDS mental health community to integrate gospel perspectives with professional practice, Swedin (2003) concluded,

The formation of the Association of Mormon Counselors and Therapists [*sic*] (AMCAP) and the impetus provid-

ed during the short existence of the Institute for Studies in Values and Human Behavior started the LDS community down the road to an integration of professional psychology and religious values. Although no single, gospel-centric theory of psychotherapy and human behavior has emerged, the effort has borne many fruits. *Many different forms of gospel-oriented psychotherapy have been proposed and practiced in the last three decades.* (emphasis added, p. 99)

We agree with Swedin (2003) that the past several decades of dialogue and work by LDS mental health professionals have borne much fruit. LDS professionals have developed a variety of therapeutic approaches and interventions centered and based in gospel teachings and moral values. Counselors and psychotherapists have applied these approaches to tailor treatment in various contexts, depending on their personality and theoretical preferences and on clients' presenting problems and clinical issues. Numerous self-help books written by and for Latter-day Saints about emotional and relationship issues have been published. While we are not familiar with and cannot endorse all gospel-centered psychotherapy approaches or self-help books and programs, we are familiar with and favorably impressed by many of them. We suspect that many clients and patients, both LDS and non-LDS, have benefitted from the work of gospel-centered psychotherapists using gospel-centered psychotherapy approaches, as well as from the insights offered in gospel-centered self-help books and programs. We will list examples of some of these gospel-centered psychotherapy approaches and self-help books later in this article.

CHARACTERISTICS OF GOSPEL-CENTERED PSYCHOTHERAPY APPROACHES

In a 1990 letter to the editor published in the *AMCAP Journal* and titled "Worldly Therapies and Us," LDS psychiatrist Dr. Karl E. Humiston wrote,

Although clearly there is no one "true" gospel-centered therapy method, it does seem to me that there are a few "true" essentials of what needs to happen in therapy, by whatever method obtained. . . . These essentials include spiritual elements that are missing from the formal concepts and methods of worldly therapies. (p. xi)

Humiston also wrote,

As I see it . . . it is God that performs the healing or beneficial change, not the therapist or the therapy *per se*. This

means that a crucially important part of the preparation of the therapist—and of his work—is organizing himself to invite the Spirit of the Lord to enter the situation. This is a vastly different undertaking from anything described or even contemplated in worldly therapies. (pp. ix–x)

While we stop short of claiming to understand what all of the essential characteristics of gospel-centered psychotherapy approaches may be, we do agree with Dr. Humiston (1990) that most forms of gospel-centered treatment seem to have certain characteristics in common. These include the moral character and spiritual preparation of the therapist, the spiritual doctrines and moral values that inform the concepts and methods of treatment, and the faith that it is God and Jesus Christ who ultimately do the healing.

We have gained additional insights into some of the characteristics that are possibly common among gospel-centered approaches to psychotherapy from two research studies of AMCAP members during the 1990s. In the first study, Richards and Potts (1995a, 1995b) randomly sampled 300 members of AMCAP and asked them what types of spiritual interventions¹ they used in their professional work. Of those who received surveys, 215 (72%) responded. The researchers also asked the AMCAP members to share case examples of successful and unsuccessful attempts to use spiritual interventions with clients, indicating whether there were any spiritual interventions professionals should not use. They found that the majority of AMCAP members integrate spiritual interventions into their practices in a treatment-tailoring fashion. The spiritual interventions they reported using included, but were not limited to, praying for clients, teaching spiritual concepts, discussing scriptures, conducting spiritual assessments, using spiritual imagery, encouraging forgiveness of self and others, referring to the religious community, and encouraging clients to pray.

In their qualitative responses and comments about the survey, the AMCAP members offered a number of process guidelines concerning how gospel perspectives and practices can be effectively and ethically used in psychotherapy practice. The following are some examples of these process guidelines: (1) use spiritual interventions only when prompted and guided by the Spirit of God to do so; (2) establish a relationship of trust with the client before using spiritual interventions; (3) obtain the client's permission before using spiritual interventions to make

sure the client is comfortable with using them; (4) assess the client's religious beliefs and doctrinal understanding before using spiritual interventions; (5) work within the client's value framework and level of spirituality; (6) use spiritual interventions carefully and sparingly; (7) recognize that spiritual interventions may be less effective with severely disturbed clients; and (8) use caution in utilizing spiritual interventions if religion seems to be part of the client's problem (Richards & Potts, 1995b).

The AMCAP members also raised the following ethical dangers that psychotherapists must avoid: (1) engaging in dual-relationships or usurping religious authority, (2) engaging in priestcraft, (3) trivializing the numinous or the sacred, (4) imposing one's religious values on clients, and (5) using spiritual interventions inappropriately in certain work settings. Despite such concerns and cautions, the majority of the AMCAP members expressed their belief that spiritual interventions belong in professional practice, and if used appropriately, such interventions can significantly enhance the efficacy of psychotherapy (Richards & Potts, 1995a).

Additional insights into how some LDS psychotherapists seek to practice gospel-centered forms of psychotherapy were gained the following year in a qualitative interview study conducted with 13 experienced LDS psychotherapists (Chamberlain, Richards, & Scharman, 1996). The researchers identified the following five major themes in the interviews: (1) seeking for professional and spiritual integration, (2) seeking divine guidance, (3) using a holistic treatment-tailoring approach, (4) identifying process and ethical considerations in a spiritual approach, and (5) implementing spiritual interventions. The LDS therapists in this study indicated that gospel-centered psychotherapy begins with the therapist. Sound professional training, good psychological health, and spiritual and moral well-being were all regarded as essential characteristics of a gospel-centered therapist.

The therapists also explained that their LDS beliefs were the foundation or core of their therapeutic approach and that they sought to harmonize secular theories and approaches with this spiritual foundation. The therapists also shared their conviction of the reality and importance of inspiration and divine guidance in the therapy and healing processes (Chamberlain et al., 1996).

Based on examining these two studies of LDS psychotherapists, as well as reading publications, hearing presentations, and engaging in personal conversations with

many of our LDS colleagues, we have come to believe that there are some common characteristics of effective gospel-centered psychotherapy. Figure 1 illustrates what we regard as some of the common theological and philosophical perspectives on which LDS psychotherapists center or ground their gospel-centered approaches. It also illustrates that these conceptual foundations influence the theory and practice of gospel-centered treatment approaches. Table 2 summarizes some hypothesized common process characteristics of gospel-centered approaches to psychotherapy. While we make no claims that the conceptual perspectives and process characteristics summarized in Figure 1 and Table 2 are comprehensive, we think they capture many important elements of effective gospel-centered psychotherapies.

ARTICLES AND BOOKS ABOUT GOSPEL-CENTERED TREATMENT AND SELF-HELP APPROACHES

During the past 36 years, numerous articles have been published in the *AMCAP Journal* describing efforts to harmonize and integrate gospel doctrines with specific psychological theories and therapeutic practices. Additionally, many LDS self-help books have been published that provide gospel perspectives and solutions concerning a variety of psychosocial topics and concerns. It is beyond the scope of this article to describe these approaches in detail or even to provide a thorough listing of them. Nevertheless, for illustrative purposes Table 3 provides a list of some relevant AMCAP articles, as well as a sampling of some LDS self-help mental health books.

The list of publications in Table 3 illustrates the wide variety of doctrinal topics and clinical issues that LDS mental health professionals have addressed over the years. In our view, there is much wisdom in these publications. And we should not neglect to mention that LDS helping professionals have also shared wisdom and insights with each other during the many unpublished presentations made at AMCAP conventions over the decades, many of these presentations are available for purchase on the AMCAP website as audio recordings (www.amcapstore.com/products). We view these publications and audio recordings as a valuable resource for LDS theorists, researchers, practitioners, and clients. LDS mental health professionals have greatly benefitted from AMCAP, which enables us to network professionally with members of the LDS faith.

NEEDS AND DIRECTIONS FOR THE FUTURE

Training and education, research, and further dialogue are important aspects of the development of competent, emotionally healthy, morally congruent, highly ethical, and spiritually sensitive LDS mental health professionals.

TRAINING AND EDUCATION

New LDS counselors and psychotherapists must be trained in the mainstream secular theories and therapeutic practices of their professions, but we also think it would be valuable for them to receive education in the gospel-centered practice of psychotherapy. We view training and education in the following areas as important for those who wish to practice effectively and ethically as gospel-centered psychotherapists: (1) historical perspectives concerning gospel-centered psychotherapy, (2) theological and philosophical foundations, (3) spiritual and sacred nature of the therapy relationship, (4) ethical issues, (5) spiritual assessment, and (6) spiritual interventions.

Historical perspectives. We think training is needed concerning the LDS historical perspective on gospel-centered psychotherapy through review and discussion of past efforts and contributions of faithful LDS therapists and scholars. We think students and practitioners of gospel-centered therapy would benefit from becoming familiar with the rich history and literature of the LDS mental health community, which have been briefly discussed in this article. Such knowledge might become a foundation for further discussion and debate concerning future developments and efforts relevant to gospel-centered therapists practicing gospel-centered psychotherapy approaches.

Theological and philosophical foundations. We agree with Dr. Gleave (2012) that scholars like Allen Bergin, Ed Gantt, Brent Slife, Terry Warner, and Richard Williams, and many others, including contributors to the special issue of the *AMCAP Journal* edited by Jackson and Fisher (1999), have made valuable philosophical and theoretical contributions to the mainstream field of psychology. We also think that their theoretical and philosophical work has immediate and important implications for practicing psychotherapists—especially those who are seeking to be gospel-centered psychotherapists.

LDS mental health professionals, especially those who are trained in secular settings, are rarely taught to appreciate the theological and philosophical groundings of psychological theories, including the implications for

conceptualizing human nature that these theories support. By not understanding how naturalistic, deterministic, and relativistic assumptions drive secular theories of psychology, LDS mental health professionals may fail to recognize how their use of certain psychotherapeutic interventions can run counter to cherished gospel principles, such as agency. LDS mental health professionals need better training in the theological and philosophical assumptions underlying secular theories so they can choose the best parts of these theories and recognize what to leave behind. Without accurate knowledge, psychotherapists may fail to understand implications of some of these practices and may slowly guide their clients down paths that in the long run may take them away from the gospel (Bergin, 1978, 1980a).

Swedin (2003) highlighted the importance of a gospel-centered conceptual framework when he compared the LDS church's approach to psychology with that of some Protestant churches. Despite allowing psychology to influence LDS *culture*, the LDS church has stood firm in its *doctrine*, while some Protestant Christian churches have allowed psychological movements and positions to change their doctrine. He cited the LDS Church's unchanging position regarding sexuality despite cultural movements and the promotion by many psychologists of a self-centered rather than a God-centered view of human nature. Swedin concluded his study of the history of psychology in the LDS faith by asking,

Has a separate and unique LDS psychology been developed? The answer is mixed. The practice of LDS psychology so far has taken the prior concepts of LDS theology and the practices of LDS culture and recast them in psychological terms. No fundamentals have been changed. (p. 210)

LDS mental health trainees need to be taught to recognize when a secular psychological theory being taught is actually changing fundamentals. The theoretical and philosophical work of Bergin, Gantt, Slife, Warner, Williams,, and other faithful scholars can provide practicing gospel-centered psychotherapists with valuable understanding to help them avoid centering their treatment approach on secular theories and philosophies that might lead them in unintended directions. A well-articulated gospel-centered conceptual framework will help them more consistently select therapeutic goals that respect and strengthen their LDS clients' religious beliefs and moral values.

Spiritual and sacred nature of the therapy relationship. LDS mental health professionals recognize the sacred nature of the counseling process and the vulnerable hearts of the individuals served. However, rarely is the personhood, character, or sacred nature of the therapy relationship discussed in training or continuing education programs. In our view, more training and continuing education programs need to focus on the personhood, spirituality, and vulnerability of clients. Additionally, more can be done to help therapists learn how to facilitate (and avoid impeding) spiritual development and sensitivity in clients in ways that are consistent with the gospel of Jesus Christ. Because of the power for good in all psychotherapeutic practice, great care for the spiritual well-being of the client should always be considered above the psychological benefits of implementing a therapy intervention.

As discussed earlier, effective LDS therapists are emotionally healthy and sound in their gospel understanding. Mental health training and continuing education programs need to not only enhance trainees' knowledge base but also support growth of their emotional awareness and character. Courses can be designed to challenge psychotherapy students to explore their values and understand and make use of countertransference to provide the best ethical care to clients. LDS mental health trainees and professionals may benefit from getting their own therapy to increase their self-understanding and empathy for clients. We think training should also include a focus on how LDS mental health professionals can prepare spiritually to work with clients.

Ethical issues. To involve client spiritual concerns with psychological issues creates ethical complexity that requires knowledge, discernment, and thoughtfulness regarding which spiritual interventions to use, how to make spiritual self-disclosures, how to receive client spiritual material presented in the session, and how to consider spiritual authority, revelation, and impressions in treatment. While some LDS authors have addressed these issues (e.g., Richards & Bergin, 2005), our impression is that the LDS mental health community engages in much less discussion of ethics than those with more secular views. We think LDS mental health professionals need more dialogue concerning ethical issues involved in gospel-centered psychotherapy approaches—a point that Dr. Gleave seems to be addressing on many levels in his paper.

Spiritual assessment. We think that more training and education on spiritual assessment would be valuable for

gospel-centered psychotherapists. Although many LDS psychotherapists do conduct informal clinical assessments of their clients' religious background and spiritual functioning, specific training in the various dimensions of religiousness and spirituality and their relevance to psychological functioning would enhance practitioners' understanding of and ability to use this information during treatment (Plante, 2009; Richards & Bergin, 2005). Additionally, more knowledge can be gathered and organized around specific differences between psychological and spiritual problems. As knowledge increases of how medical problems can lead to psychiatric symptoms, LDS psychotherapists must not neglect to consider medical conditions when a client presents with psychological or spiritual concerns. For example, presenting with depression could indicate any of the following: a thyroid problem, an unhealthy idealization of devaluing parents, a pornography addiction, an inability to trust God, inadequate knowledge of one's own divine worth, or a negative interaction with a bishop at church. We think therapists would benefit from more tools for assessment and more education on distinguishing between medical issues, psychological problems, and spiritual concerns.

Spiritual interventions. We think that gospel-centered psychotherapists would also benefit from more research and training on the ethical and effective use of spiritual interventions in treatment. The case reports provided by the AMCAP therapists in the Richards and Potts (1995a) study revealed that LDS therapists use a wide variety of religious and spiritual interventions in their practices. These reports also revealed that the same spiritual intervention can be effective and helpful or ineffective and unhelpful depending on the context of when and how it is implemented (as can empirically supported secular interventions). The context, including the client's personality, the client's issues, the therapist's personality, the quality of the therapeutic relationship, the client's readiness for change, the timing of the intervention, etc., can all potentially influence whether or not an intervention will be effective in a specific application. More research, more dialogue, and more training about when and how to go about effectively and ethically implementing various religious and spiritual interventions are needed. Gospel-centered psychotherapists can be educated and guided to become clearer about what types of interventions they are using, why they are using them, and when such interven-

tions may be indicated and contraindicated (Plante, 2009; Richards & Bergin, 2005; Richards & Potts, 1995b).

In addition to understanding the complexity of the use, role, delivery, reception, and context of spiritual interventions, LDS mental health professionals need to consider that new interventions and approaches yet to be developed or researched might further enhance the effectiveness of gospel-centered psychotherapy. Soon after the formation of AMCAP, Bergin (1978) stated,

As I read the scriptures and as I've had experiences with individuals who have really chosen a spiritual approach to change, I begin to see powerful things happen that don't ordinarily happen in other situations. I think you and I know from our experiences that those things are real, that they could be understood better, and that they could be implemented in a systematic manner. (p. 7)

During the past several decades LDS psychotherapists have developed and used many spiritual interventions and approaches that have enhanced healing and recovery for clients. We feel optimistic that many more discoveries and therapeutic innovations will be made by LDS mental health professionals in the years ahead. These innovations will further enhance the effectiveness of gospel-centered approaches in treating various types of clients, clinical issues, and psychosocial problems.

RESEARCH

More research is badly needed on gospel-centered approaches to psychotherapy and self-help. Outcome studies evaluating the efficacy and effectiveness of such approaches are almost nonexistent. Thus there is still much that is not known or understood about gospel-centered treatment approaches. For example, are gospel-centered psychotherapy approaches more effective than secular ones, and if so, when? What types of gospel-centered approaches are most effective with what types of clients and problems? What types of gospel-centered approaches do different types of clients prefer? When gospel-centered psychotherapists prefer a secular approach, what reasons do they give for their preference? When and how can specific gospel-centered interventions be implemented ethically and effectively? These and many other questions need further investigation.

As we encourage more empirical research about gospel-centered psychotherapy and self-help approaches, we also wish to endorse a broad definition of the criteria for what constitutes empirical support or evidence-based

treatment. In a recent article about the need for developing an evidence base for spiritually oriented psychotherapies, Richards and Worthington (2010) wrote,

Postmodern critiques of the natural and behavioral sciences have challenged exclusive reliance on experimental and quantitative research designs and have created space for a methodologically pluralistic approach. Qualitative, ethnographic, naturalistic, and phenomenological methodologies are being used with increasing frequency in the behavioral sciences, which in our view is fortunate because these approaches hold considerable promise for deepening professional understanding of the complexities and outcomes of psychotherapy and therapeutic change. A philosophically and methodologically pluralistic approach to outcome research on spiritually-oriented psychotherapies will be most fruitful, not only for spiritual psychotherapies, but for the field as a whole. (p. 368)

These authors also cautioned that "research methods that are based on the philosophical assumptions of scientific (reductive) naturalism may preempt the valid study of spiritual realities if careful thought is not given to prevent this" (Richards & Worthington, 2010, p. 368).

In order for more research to occur within the LDS mental health community, we consider it essential for LDS academic researchers to collaborate more frequently with LDS practitioners. Such collaboration brings together the best of both worlds: a practice setting where clinically relevant questions can and need to be investigated, and the academic setting where some time, money, and support for conducting research are available. Both practitioners and academic researchers would benefit from such collaboration, and the database on gospel-centered psychotherapies would grow. We hope that many LDS practitioners and academic researchers will join together in addressing this important need.

FURTHER DIALOGUE

We agree wholeheartedly with Dr. Gleave's (2012) call for further discussion. Forums for discussion about what constitutes a gospel-centered approach to psychotherapy occur among LDS authors, LDS professionals, and LDS graduate students, as well as in various AMCAP forums. More dialogue is needed among these venues to develop and implement the training and educational ideas proposed here and those suggested by others.

In addition to the ideas we have presented on training and education, we believe that greater understanding

needs to be sought regarding a gospel-centered conceptualization of personality theory. Secular perspectives of human nature have evolved in recent decades from simplistic behavioral views to a more complex understanding, which affirms the interconnections between physiology, thinking, emotion, behavior, and spirituality. Careful LDS thinkers have noted ways these secular theories undermine certain gospel principles such as agency (Slife & Williams, 1995), God-given confidence (Judd, 2004), and fidelity in marriage (Bergin, 1980a), to name a few principles. Insights from psychology will continue to shed light on gospel knowledge and give LDS mental health researchers ideas for gospel-based interventions on both spiritual and psychological levels.

CONCLUSION

We value the perspectives Dr. Gleave (2012) has offered, as they highlight the need for greater unity among LDS practitioners. Such unity can be facilitated through defining terms as we have attempted to do in this article; engaging in further dialogue; and developing theory, training, and interventions along the lines where consensus has been achieved through clinical experience, empirical research, and dialogue and debate. We do believe knowledge can be expanded; better tools can be developed based on correct gospel principles properly understood; and greater consensus among mental health professionals can allow for a mosaic of contributions from many thoughtful LDS practitioners, academics, and students.

During the past half-century, gospel-centered psychotherapists making humble efforts to practice effective gospel-centered approaches to psychotherapy have rendered valuable service. They have provided assistance and treatment to many LDS clients, as well as clients from other faiths, who have desired and needed psychotherapy that is consistent with their religious beliefs and moral values. These psychotherapists have provided a therapeutic relationship centered in the gospel and person of the Lord Jesus Christ, and have used gospel-centered approaches and interventions to help many clients heal, recover, and grow emotionally, relationally, and spiritually. Walking on sacred ground, they have been privileged to be instruments in His hands, witnessing the healing power of the Savior in clients' lives. This is what gospel-centered psychotherapy is—and this is why it matters.

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ENDNOTE

1. We define *spiritual interventions* as religious practices, traditions, or rituals, such as prayer, meditation, and scripture reading, which psychotherapists use or encourage clients to engage in during or after therapy sessions with the intent of accessing spiritual resources for healing and change. Spiritual interventions may also include therapeutic interventions that are not considered traditional religious practices per se, but are used with the intent of facilitating spiritual exploration and healing (e.g., guided imagery).

Table 1. Events and Publications Relevant to Latter-day Saint Mental Health Professionals' Dialogue about Gospel-Centered Psychotherapy Approaches

YEAR	EVENT OR PUBLICATION	BRIEF DESCRIPTION
1964	Informal meeting of LDS members of APGA	An informal meeting was held of LDS members of the American Personnel and Guidance Association (APGA) during the annual conference in San Francisco to discuss gospel and professional issues.
1969	Formation of LDS Counselors Association	LDS members of APAG elected their first president (Joe J. Christensen), changed their name to the LDS Counselors Association, drew up a constitution, and invited a general authority to address their next meeting. They later changed their name to the Latter-day Saint Personal Guidance Association (LDSPGA).
1973	Formation of LDS Social Services Corporation (LDS Social Services)	The Church created an independent corporation, Social Services Corporation, also known as LDS Social Services and eventually renamed LDS Family Services, in order to provide professional consultation services to bishops and stake presidents as well as clinical and adoption services to individuals and families. The staff of LDS Social Services sought to develop new modes of therapy based on the gospel.
1975	Formation of AMCAP	Members of the LDSPGA, as well as LDS mental health professionals involved in several other professional organizations, formed a new organization called the Association of Mormon Counselors and Psychotherapists. The inaugural AMCAP convention was held in October 1975, in Salt Lake City, Utah.
1976	President Spencer W. Kimball Address/Article	President Spencer W. Kimball delivered his "Second Century Address" at Brigham Young University on October 10, 1975. He challenged BYU faculty to teach both secular and revealed forms of knowledge and to find gospel ways to help mankind.
1976	Elder Neal A. Maxwell Speech/Article	On February 26, 1976, Elder Neal A. Maxwell delivered an address at the Brigham Young University centennial celebration titled "Some Thoughts on the Gospel and the Behavioral Sciences" (published in the <i>Ensign</i> , July 1976). Elder Maxwell encouraged LDS behavioral scientists to "become more of a link and bridge between revealed truth and the world of scholarship" (p. 70).
1976	Formation of the BYU Institute for Studies in Values and Human Behavior	On September 18, 1976, the Institute for Studies in Values and Human Behavior at Brigham Young University was inaugurated, with Allen E. Bergin as the first director. The goals of the institute were to challenge and supplant secular theories of human behavior and psychotherapy with a Latter-day Saint applied behavioral science.

- 1977 Allen E. Bergin
Address/ *AMCAP Journal* article
- Allen E. Bergin gave the keynote address, titled "In Behalf of a Revealed Approach to Counseling," at the third AMCAP convention in October 1977 (published in the *AMCAP Journal*, winter 1978). In the article, Bergin encouraged LDS professionals to seek the inspiration and healing power of the Lord in their therapeutic work.
- 1980 Allen E. Bergin
Article in *Journal of Consulting and Clinical Psychology*
- Allen E. Bergin published the article "Psychotherapy and Religious Values" in the 1980 *Journal of Consulting and Clinical Psychology*, a prestigious journal of the American Psychological Association. He criticized the mainstream psychology profession for its longstanding negative bias against traditional religious values and beliefs along with its implicit promotion of humanistic, relativistic, and atheistic values. The article, which became a publication classic, generated international interest and helped catalyze a multidisciplinary movement to integrate spiritual perspectives into the mainstream mental health and medical professions. It also helped create more space and safety within the LDS mental health community to explore the integration of the gospel with psychotherapy.
- 1980 Richard Berrett
Presidential Address/ *AMCAP Journal* article
- In an article titled, "The great independent variable," Richard D. Berrett (1980) shared his conviction that "one must seek a divine nature if one is going to be an effective therapist." He suggested that "then we will have access to the gospel-centered practice and theory of psychotherapy" (p. 10).
- 1981 Allen E. Bergin
Presidential Address/ *AMCAP Journal* article
- In an article titled, "A philosophy of therapeutic change," Allen E. Bergin (1981) shared his conviction that a comprehensive approach to therapeutic change should be eclectic, empirical, psychological, sociological, physiological, moral, spiritual, and educational. He suggested that "attempts to help people should be guided by the well-defined moral principles and standards of the Church" (p. 11). He expressed hope for "a system that harmonizes the many means of producing positive change that derive from diverse orientations, modalities and cultural forms, but which are embraced within a mature and divinely inspired moral framework" (p. 14).
- 1981 A. Don Sorensen
BYU Studies article
- In his article "The Shotgun Marriage of Psychological Therapy and the Gospel of Repentance," A. Don Sorensen (1981) argued that efforts to integrate psychological theory and practice with the gospel need to proceed with caution to avoid corrupting the gospel of Jesus Christ. He raised concerns about trying to combine the incompatible worldviews of the gospel and secular psychological theories.

YEAR	EVENT OR PUBLICATION	BRIEF DESCRIPTION
1981	Robert L. Millet and Charles H. Madsen AMCAP address and <i>AMCAP Journal</i> article	In an article titled, "Joseph Smith's eternalism: Foundations for a system of psychotherapy," Millet and Madsen (1981) shared their perspectives about how the truths restored through Joseph Smith, including the restored gospel's insights about God, man, truth, free agency, and love, can serve as a theological foundation for psychotherapy.
1982	Genevieve and Arturo De Hoyos <i>AMCAP Journal</i> review article	In an article titled, "The Mormon psychotherapists: A synthesis," Genevieve and Arturo De Hoyos (1982) reported the findings of a content analysis they did of 86 articles and transcribed addresses that were published in the <i>AMCAP Journal</i> from 1975 through 1981 to identify the issues explored by AMCAP members. They concluded that 36 articles dealt with the dilemma of integrating religion and psychotherapy, and that all but one of these 36 articles agreed that introducing gospel principles into practice is legitimate for Latter-day Saint psychotherapists, although the authors of the articles varied considerably in how to go about doing so.
1986	Genevieve De Hoyos <i>AMCAP Journal</i> article	In an article titled, "Telestial, terrestrial, and celestial therapy: A Mormon therapeutic model," Genevieve De Hoyos (1986) updated her 1982 content analysis of the <i>AMCAP Journal</i> and described seven ways that LDS therapists have dealt with religion and psychotherapy integration: (1) used secular approaches with no gospel integration, (2) used secular therapies to achieve church-approved goals, (3) "Mormonized" secular models, (4) blended secular therapies with gospel, (5) placed the gospel at the "hub of the wheel," (6) used gospel material in therapy, and (7) created gospel-based theoretical and therapeutic models. She concluded by describing her approach, which she called "celestial therapy": "facilitating clients' understanding and resolving of their religious hang-ups, as well as helping them develop [through teaching] a few of the basic skills found in the celestial life style" (p. 128).
1989	Clyde A. Parker AMCAP address and <i>AMCAP Journal</i> articles	Clyde A. Parker (1989a) delivered an address at AMCAP titled "Techniques, Principles and Persons," in which he argued that therapy "begins with the person of the therapist, not with some predetermined school, theory, modality or technique of therapy" (p. 4). He explained that he was not supportive of efforts to develop "the true gospel approach to therapy" (p. 7). He also indicated in a response article to L. Alan Westover (1989b) that he did "not believe that there is a 'true way' to do therapy" (Parker, 1989b, p. 15).

- 1989 L. Alan Westover
AMCAP *Journal* article
- L. Alan Westover responded to Parker's (1989a) address (in an article simply titled, "Response") and argued that "the initial assumptions [LDS therapists] adopt as principles to guide [their] clinical work will be the revealed truths of the gospel of Jesus Christ as taught by The Church of Jesus Christ of Latter-day Saints" (p. 12). Rather than arguing for "one true" gospel-centered approach, he suggested that LDS therapists should "seek to generate gospel-based theories of behavior change and gospel-based clinical interventions" (1989a, p. 12, emphasis added). He concluded, "We should not be disheartened and abandon the quest for gospel-based theories and interventions because our efforts are currently flawed and imperfect, any more than we will abandon our quest for eternal life because we are not yet exalted" (1989a, p. 13).
- 1995 P. Scott Richards
AMCAP survey and AMCAP *Journal* article
- In an article titled, "Spiritual interventions in psychotherapy: A survey of the practices and beliefs of AMCAP members," P. Scott Richards and Richard W. Potts (1995a) conducted a random survey of the AMCAP membership. Data from 215 members provided evidence that the majority of AMCAP therapists integrated gospel perspectives and interventions in their practices. The AMCAP members also shared process and ethical guidelines and concerns regarding the integration of the gospel into mental health treatment.
- 1996 Ronald B. Chamberlain Qualitative study and article
- In an article titled, "Spiritual perspectives and interventions in psychotherapy: A qualitative study of experienced AMCAP therapists," Ronald B. Chamberlain, P. Scott Richards, and Janet S. Scharman (1996) published the findings of Chamberlain's doctoral dissertation. Chamberlain interviewed 13 experienced AMCAP psychotherapists about how they have gone about integrating gospel perspectives into their professional identities and practices. The therapists explained that their LDS spiritual beliefs were the foundation, or core, of their therapeutic approach. They sought to harmonize secular theories and approaches with this spiritual foundation as guided by the Spirit to do so.
- 1997 P. Scott Richards and Allen E. Bergin
APA book
- P. Scott Richards and Allen E. Bergin (1997) published the first edition of their book *A Spiritual Strategy for Counseling and Psychotherapy*, with the American Psychological Association's publishing house. The book was the first to propose a theistic spiritual strategy for the mainstream practice of counseling and psychotherapy. It received positive reviews and has been widely cited, helping further legitimize spirituality in the field of psychology and inform psychologists on how to integrate spiritual perspectives and interventions into mainstream psychotherapy theory and practice.

YEAR	EVENT OR PUBLICATION	BRIEF DESCRIPTION
1998	Richard N. Williams AMCAP address and <i>AMCAP Journal</i> article	Richard N. Williams (1998) delivered an address at AMCAP, which was later published in the <i>AMCAP Journal</i> , titled "Restoration and the 'Turning of Things Upside Down': What Is Required of an LDS Perspective." He argued that the "failure to believe that the gospel of Jesus Christ is the source of real healing of the human soul is a repudiation of the gospel itself" (p. 7). He criticized the naturalistic and deterministic philosophical foundations that mainstream psychology are grounded upon and argued that LDS scholars and behavioral scientists need "to overthrow and remake the dominant intellectual and cultural project to bring it into conformity with modern revealed truth" (pp. 17–18). He suggested a few things that he believes are fundamental to an LDS perspective: (1) God, our Father, lives and Jesus is the Christ, (2) human agency is paramount, (3) there is a war going on for the souls of God's children, and (4) human life and human action are fundamentally moral.
1999	Aaron P. Jackson and Lane Fisher An edited monograph by <i>BYU Studies</i> and <i>AMCAP Journal</i>	Aaron P. Jackson and Lane Fisher (1999) edited a monograph co-published by <i>BYU Studies</i> and the <i>AMCAP Journal</i> titled "Turning Freud Upside Down: Gospel Perspectives on Psychotherapy's Fundamental Problems." The authors of the monograph chapters explored a variety of theological and philosophical issues relevant to the development of Latter-day Saint perspectives in psychology and psychotherapy, including topics such as law, suffering, evil, agency, truth, and human nature and identity.
2003	Eric G. Swedin Book by University of Illinois Press	Eric G. Swedin (2003) published <i>Healing Souls: Psychotherapy in the Latter-day Saint Community</i> , with the University of Illinois Press. The book provided a historical analysis of the Latter-day Saint mental health community and efforts to develop gospel-centered psychotherapy approaches within AMCAP as well as other mental health treatment efforts within the LDS Church and community.
2006	P. Scott Richards <i>AMCAP Journal</i> article	In his article titled, "Theistic psychotherapy," P. Scott Richards (2006) described "theistic psychotherapy," a framework he and Allen E. Bergin and other colleagues have proposed for the mainstream practice of psychotherapy. He suggested that the theistic framework and approach to psychotherapy is compatible with the views and approaches of many LDS psychotherapists.

2006	Robert L. Gleave <i>AMCAP Journal</i> article	In their article titled, "Considering the relationship between religion and psychology," Robert L. Gleave and his co-authors Jensen, Belisle, and Nelson (2006) argued for the need for continuing dialogue and debate concerning the interaction between religion and psychology. They also "present[ed] a framework for the complex interaction between Religion and Psychology—one that embraces ambiguity and uncertainty in order to prevent premature closure" (Gleave, Jensen, Belisle, & Nelson, 2006, p. 72).
2008	Edwin E. Gantt and Richard W. Williams <i>AMCAP Journal</i> article	In their article titled, "Explaining religion to death: Reductionism, evolution, and the psychology of religion," Edwin E. Gantt and Richard W. Williams (2008) argued that "most accounts of religion in contemporary psychology (especially as typified by evolutionary theory) have been toxic to the phenomena of religious experience" (p. 3). They rejected naturalistic evolutionary perspectives and proposed that the phenomenology of Emmanuel Levinas may provide a viable perspective from which to develop a fruitful scientific psychology of religion that takes religious experience seriously.

Table 2. Hypothesized Common Process Characteristics of Gospel-Centered Approaches to Psychotherapy

<ol style="list-style-type: none"> 1. Therapist seeks to ground personal life and therapy approach in the life and teachings of the Lord Jesus Christ. 2. Therapist prepares spiritually for work through personal worthiness, prayer, contemplation, and other spiritual practices. 3. Therapist views each client as a child of God, having divine worth and agency. 4. Therapist has faith in the healing power of God and His Son, Jesus Christ, and humbly seeks to be an instrument to access this healing influence on behalf of clients. 5. Therapist seeks to create a spiritually affirming therapeutic environment in which the clients knows that it is safe and appropriate, if they wish, to explore and address spiritual concerns and goals. 6. Therapist conducts a religious and spiritual assessment with clients, usually informally during a clinical in- 	<p>terview, in order to better understand their background and worldview, ascertain whether religion is a source of distress and/or a resource in their lives, and to determine whether spiritual interventions may be indicated or contraindicated.</p> <ol style="list-style-type: none"> 7. Therapist uses religious and spiritual interventions and resources in a treatment tailoring fashion, when appropriate, integrating them with mainstream interventions, as prompted to do so by the Spirit. 8. Therapist seeks to use clients' religious community and leaders as a resource, and consults with and refers to Bishop and other leaders as indicated. 9. Therapist supports clients in drawing upon their faith in God and the resources of their faith and spirituality during the treatment and recovery process.
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Note: In providing this summary list, we are not implying that all gospel-centered psychotherapists engage in all of these practices, all of the time, even when practicing effective gospel-centered psychotherapy.

Table 3. Selected Examples of Gospel-Centered Approaches and Self-Help Interventions

AUTHOR	TITLE OF BOOK OR ARTICLE AND PUBLISHER
Adams & Stahmann (2002)	"LDS Counselor Ratings of Problems Occurring among LDS Premarital and Remarital Couples" (<i>AMCAP Journal</i>)
Adams, Draper, & Hairston (2006)	"Bringing Love and Joy into Counseling" (<i>AMCAP Journal</i>)
Anderson (2001)	"How to Be Anxiously Engaged without Being Anxious" (<i>AMCAP Journal</i>)
Annadale (2004)	"Personality Theory and Pre-mortal Life" (<i>AMCAP Journal</i>)
Barlow (1995)	<i>Worth Waiting for: Sexual Abstinence before Marriage</i> (Deseret Book)
Beck & Beck (1990)	<i>Breaking the Cycle of Compulsive Behavior</i> (Deseret Book)
Bednar & Peterson (1990)	<i>Spirituality and Self-Esteem: Developing the Inner Self</i> (Deseret Book)
Bergin (2002)	"Eternal Values and Personal Growth: A Guide on Your Journey to Spiritual, Emotional, and Social Wellness" (<i>BYU Studies</i>)
Brinley (2002)	"Spiritual Perspectives in Marriage and Family Relationships" (<i>AMCAP Journal</i>)
Broderick (1986)	<i>One Flesh, One Heart: Putting Celestial Love into Your Temple Marriage</i> (Deseret Book)
Brown (1981)	<i>Human Intimacy: Illusion and Reality</i> (Parliament Publishers)
Brown (1989)	<i>Healing Troubled Relationships</i> (Bookcraft)
Byrd (2000)	"Homosexuality and Change: Results of a NARTH Survey" (<i>AMCAP Journal</i>)
Byrd (2004)	<i>Finding Wholeness and Happiness after Divorce</i> (Deseret Book)
Byrd (2008)	<i>Setting the Record Straight: Mormons and Homosexuality</i> (Deseret Book)
Byrd & Chamberlain (1995)	<i>Willpower Is Not Enough: Why We Don't Succeed at Change</i> (Deseret Book)
Chamberlain, Gray, & Reid (2005)	<i>Confronting Pornography: A Guide to Prevention and Recovery for Individuals, Loved Ones, and Leaders</i> (Deseret Book)
Covey (1989)	<i>Spiritual Roots of Human Relations</i> (Deseret Book)
Covey (2004)	<i>Six Events: The Restoration Model for Solving Life's Problems</i> (Deseret Book)
Decker & Chatlin (2000)	<i>Reaching for Hope: An LDS Perspective on Recovering from Depression</i> (Bookcraft)
Dollahite (2000)	<i>Strengthening Our Families: An In-Depth Look at the Proclamation on the Family</i> (Bookcraft)
Eldridge (1994)	<i>Born That Way? A True Story of Overcoming Same-Sex Attraction with Insights for Friends, Families, and Leaders</i> (Deseret Book)
Ellsworth & Ellsworth (1981)	<i>Getting to Know the Real You</i> (Deseret Book)
Ellsworth (2003)	"Freedom of Choice and Hypnotic Communication in Psychotherapy and Public Address" (<i>AMCAP Journal</i>)

- Gleave & Belisle (2003) "The Mediator: Justice and Mercy as a Type for Bringing Unity out of Conflict" (*AMCAP Journal*)
- Hansen, Nielsen, & Harris (2008) "Meditation, Christian Values and Psychotherapy" (*AMCAP Journal*)
- Hilton (2011) *He Restoreth My Soul: Understanding and Breaking the Chemical and Spiritual Chains of Pornography through the Atonement of Jesus Christ* (Deseret Book)
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Figure 1. Conceptual Foundations of Gospel-Centered Psychotherapy and Self-Help Approaches

