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Life's Lessons: Reflections on a Disciple Scholar

COLLEAGUES AND STUDENTS OF DR. ROBERT L. GLEAVE

BRIGHAM YOUNG UNIVERSITY

Wisdom accumulates by reflecting on life experiences. According to the tenets of many religious faiths, wisdom also comes from divine sources: prophetic counsel and personal revelation. Mental health professionals who acquire wisdom through both experience and divine sources have much to offer their clients and colleagues.

Mental health professionals rarely speak of wisdom. Perhaps we are too concerned about ego to dare use the word *wise*. Or perhaps we have seen too much fallibility and irrationality in ourselves and others. Yet professional counselors and therapists accumulate a rich panoply of tenets and principles based on their observations of thousands of human encounters with suffering, yearning, and healing. Given that rich experience, perhaps we therapists should speak of wisdom more often.

Hesitant to admit wisdom in ourselves and in those we encounter in our day-to-day lives, we may find it easier to praise the sages and scholars who have preceded us. Forgetting that those individuals were once mortal before they became immortalized in textbooks, we cite certain theorists and renowned practitioners as if the mere mention of a surname requires no elaboration. Lest reverence for the heroes and heroines of the mental health professions remains perpetually distanced and unrealistically idealized, we may benefit from occasionally taking stock of the here and now. What insights have we heard from colleagues in our own office this week that merit recognition and dissemination to others? Why not capitalize on the acumen of our coworkers?

Given the benefits of seeking out and sharing the insights and skills of our immediate associates, this article summarizes some insights from one contemporary therapist and scholar, Robert L. Gleave. A long-time therapist and AMCAP member, Dr. Gleave has recently experienced a debilitating health condition. That condition has not diminished his desires to benefit our profession, so even though he at first declined and later postponed attempts to summarize his experiences (for he would not ever call them *wisdom*), he at last consented to our sharing some of his ideas.

This particular collection of Dr. Gleave's ideas is far from complete. This document merely summarizes responses of 33 students and colleagues who, upon Dr. Gleave's retirement from Brigham Young University, submitted brief comments about Robert's example and teachings. Many more insights and perspectives could have been shared, but the following points are offered as a tribute to Robert by some who know him—and as an acknowledgement of the wisdom that can come to anyone who consistently looks to inspired sources for additional light and truth (D&C 93).

CONTRIBUTIONS TO AMCAP

From 2004 to 2009, Robert Gleave served as a member of the AMCAP Governing Board. Over those years, he facilitated a variety of initiatives and innovations. Reflecting on Robert's service, an AMCAP board member shared the following:

“Robert offered insights about faith, our relationship to Christ, the privileged relationship of knowing and serving clients, and courage in facing challenging issues and changing times.” Another board member said, “Robert was incredibly helpful in getting our working group to think through every possible angle and situation that could arise while being mindful of AMCAP’s diverse membership and the long-term good of the organization.” Robert helped to revise the AMCAP bylaws and to rename the AMCAP Journal to *Issues in Religion and Psychotherapy*. He contributed to that journal, including the influential article “Gospel-Centered ‘Therapist’ or Gospel-Centered ‘Therapy’: Is There a Difference and Does It Matter?” He also assisted with several AMCAP conventions and organized a special track at one convention that highlighted authors from *Turning Freud Upside Down*, published by BYU Press. Robert wrote a chapter for that volume and the recently published second edition. Across his career, Robert has contributed his time and talents to building AMCAP and professional mental health services.

MAINTAIN FOCUS ON CLIENTS’ EXPERIENCES

Therapy can be intensely complicated, but the foundational principles can sometimes be forgotten by therapists in routine practice. One of the foundational principles that both novice and seasoned therapists can sometimes forget is that therapy must focus on the client’s experiences and worldviews. One former student shared:

As my clinical supervisor, Robert told me that while I was in the therapy room, everything that happened was about the client. He explained that for me to get caught up worrying about myself, my competence, or the client’s perception of me would only make me ineffective and distracted. By making everything that happened about the client and what they were bringing to the therapy room, I could help them figure out their issues. Worrying about my own concerns could wait until after the session was over. This insight changed therapy dramatically for me and certainly made me a better therapist.

Another colleague shared:

Dr. Gleave advised that when you are trying to “earn your money” as a therapist, that is when your therapy

becomes ineffective. He helped me to see that acting based on a perceived need to prove my value to clients inevitably moved me away from their experience. He taught me instead to respond from a place of genuineness and passion.

TRUST IN CLIENT RESILIENCE

Therapists can sometimes impede client progress. The perception that a client is weak or needy bloats a therapist’s ego and also fails to honor the client’s innate power and agency. Dr. Gleave often repeats phrases such as, “Clients are more robust than we give them credit for. They made it this far without us and will do just fine after us. Clients have overcome more before they met us than they will while we are working together. Do we really think we therapists are that important/powerful?”

Having worked with thousands of clients over 40 years, Dr. Gleave remains absolutely emphatic about the strength of the human spirit to persevere and overcome. One time when a graduate student expressed her pessimism about dysfunctional married couples entering therapy too late to resolve issues effectively, Robert asked whether the student should facilitate a therapy group with that mindset. Everyone has the potential to improve.

PAIN AND SUFFERING: POTENTIALLY CATALYTIC CONDITIONS

Therapists witness intense suffering. Vicariously feeling the weight of that pain, therapists can sometimes seek to rescue or otherwise remove that pain. Although therapists seek to promote healing, that healing does not come from the avoidance of discomfort. Rather, we can stand alongside suffering clients to enable them to endure and learn from the pain, even when that pain persists. In short, we can adopt the divine attribute of experiencing pain without being intimidated by its immediate unpleasantness. The suffering we experience helps us connect with others and serve them.

We therapists can be more apt to remain with a client in pain, rather than shield ourselves or them from the pain, when we reconceptualize suffering in terms of its long-term consequences, as demonstrated by the following perspective:

Robert shared a metaphor that has helped me understand pain and suffering better than anything else I have heard. He explained to me that he saw each of us here on Earth like a little baby in a playpen. In reality, and from the loving parent's perspective, there is nothing catastrophic or horrible that can happen to the baby in the playpen. However, from the baby's perspective, falling down on the padded floor, dropping a beloved toy over the edge of the playpen wall, or any other minor problem or inconvenience seems utterly catastrophic. When one of these 'catastrophic' events occurs, the baby wails and feels completely undone. The parent cares that the child is hurting and does what she or he can to comfort the child but also realizes that the situation is totally within the range of expected experiences for a child in a playpen and that it is not in any way catastrophic as the child supposes. Robert talked about feeling that God sees us as the parent in this metaphor sees the child in the playpen. From God's perspective, there is truly nothing that happens on this Earth that is catastrophic or beyond the range of expected experiences. All is swallowed up in Christ's atonement and was planned for from the beginning. This insight has helped me immeasurably as I work with so many hurting people and hear so many painful things. I am able to care about people's suffering without it overwhelming me or feeling catastrophic.

In his contribution to the first edition of the book *Turning Freud Upside Down*, Dr. Gleave asserts that pain is an instrument for developing a divine nature. He characterizes suffering as a gift and points to several examples in scripture where lessons have come through travail. He reminds us that God is not intimidated by suffering, neither ours nor His own. God's plan for His children remains in place across all circumstances, painful or not: "There are boundaries to what we will be called upon to suffer. The Savior's atonement makes up the difference. If you fail this round, you get another one. And if you fail that round, you get another one."

Several implications for therapy follow from this perspective on pain. Clients can spend more time *in* the problem, not rushing to push it away but rather reflecting upon it and thus distilling learning and deeper emotional resilience. Therapists can ask questions that direct clients back to the concern, even when the questions may intensify the client's feelings. Clients can come to appreciate the benefits inherent in challenges,

or they may need to modulate an overly sensitive sense of crisis. Therapist who celebrate clients' personal achievements while encountering pain can reinforce the skills necessary to adapt to life's circumstances without reinforcing unrealistic anticipation of a future without troubles.

PARADIGMS OF OBEDIENCE, JUSTIFICATION, AND SANCTIFICATION

Human growth and development proceeds incrementally. Our perspective, initially limited, becomes broader and deeper through our experiences and through our application of God's teachings. Dr. Gleave (2013) interprets a scriptural passage to reflect a spiritual progression: "For by the water ye keep the commandments; by the Spirit ye are justified, and by the blood ye are sanctified" (Moses 6:60). A colleague explains:

One particular insight that Robert shared with me concerned three *paradigms*: water, spirit, and blood. The *water paradigm* [reflective of laws and ordinances, such as baptism] allows us to consider choices between right and wrong, things we should do and should not do. But there are times when commandments appear to conflict, when our usual way of engaging our world in this black-and-white/right-or-wrong manner becomes inadequate for dealing with the *grays* all around us. Hence the need for the *spirit paradigm*, as exemplified by the story of Nephi killing Laban. The commandment was in place that dictated, "thou shalt not kill," but Nephi was commanded (by the Spirit) to slay one man that nations might be saved. There are times and situations in our lives that require us to listen to the Spirit (and we are justified in doing so) when there is not a clear answer of what we should or should not do. Finally, there are circumstances in which we will feel at a loss for how to make sense of what we are experiencing or what we see others suffer. We will also fall short and choose badly. We will hurt others and feel the pain of that knowledge. And this is why we need the *blood paradigm*, the Atonement [suffering for others] which can and does provide hope, peace, comfort, and the ultimate healing and succor for our individual pains and questions. All three paradigms are necessary and important. "For by the water ye keep the commandments; by the Spirit ye are justified, and by the blood ye are sanctified."

Therapists can recognize the paradigm from which a client perceives a particular challenge and help him or her become aware of the other paradigms. They can seek the guidance of the Spirit. They can plead for and receive God's power when their own is completely insufficient.

**SEEK TRUTH, SHARE TRUTH, PROMOTE TRUTH:
TRUTH AT ALL COSTS**

All humans, clients and therapists, often act as if their own beliefs are accurate and their own actions are sufficient. We can fail repeatedly yet cling to false beliefs and unhelpful actions. Therapy, in a deep sense, replaces inaccurate understandings with clearer perspectives, optimally with true principles that can effectively guide action.

Dr. Gleave exhibits an "uncompromising attitude toward discovering truth." In faculty meetings and social settings, his tendency is to purposefully disagree with the prevailing tenor of the discussion, with the aim of cutting through social convention to find the underlying issue or divergence that enables genuine understanding. In short, he values truth over convention. Fearless of discussions that others may find inconvenient, he seeks integrity at any cost. Students learned his motto: "Be purposeful, be thoughtful, be unafraid." They made comments such as, "He taught me to never stop asking questions. Asking questions is what leads to progress and growth."

A focus on truth has implications for how we conduct ourselves as therapists. A therapist sensitive to client feelings may withhold factual information or even their own reasoned opinions for fear of causing hurt, but a therapist committed to truthfulness will teach truth gently, not withholding it, as in the following instance:

Robert Gleave once asked students the question, "What is the worst thing you can do to another human being?" After a few minutes of our discussion, he resumed, "I think that the worst thing you can do to another human being is sit by and watch them commit the same errors or mistakes, see how it effects them, and not tell them what you see."

**LEARNING FROM OTHERS: THE POWER OF ONGOING
DIALOGUE**

Individuals learn new skills and behaviors in many ways. Meaningful internalization of new learning often occurs through interpersonal interactions, human connections like those that occur in therapy. Interpersonal dialogue enables perspective taking and reconceptualization, a shift in perspective requisite for substantive personal change.

Dr. Gleave insists on the power of dialogue, learning from ongoing exchange. That perspective informs his approach to therapy, teaching, and supervision. A client who talks and talks in therapy without encountering opposition will remain entrenched in problematic conceptualizations. A student who simply reads a book or passively attends a class will not experience skill development. Skill development among clients, students, and therapists entails interactions purposefully outside their zone of comfort. Comfort delays progression. And the pace of our progression accelerates when we demonstrate genuine humility, seeking correction. A former student of Dr. Gleave summarized this point as "liking it when others believe I am wrong."

Dr. Gleave teaches that "to care is to have difficult conversations with people that will make their lives better," and "If we are brave enough to put everything out on the table, no matter how ugly, we can work through it with time." Even raw emotions need not be an obstacle when we trust in the power of dialogue to tend toward mutual enrichment: "The dialectic of anger promotes connection in relationships when the dialogue continues." Whatever may be occurring now can be better understood following whatever occurs next.

**LOVE AND AGENCY: FUNDAMENTAL TO LIFE AND TO
THERAPY**

If love is the primary principle of the gospel of Jesus Christ, then the context for that love is embedded in the notion of agency. Without agency, an ability to affirm our own will, irrespective of the constraints of ability and circumstance, love makes no sense. Love necessarily allows for expression of will. Hence, God's loving plan of salvation safeguards agency.

As therapists, we speak openly of empathy, positive regard, client empowerment, and other concepts

less powerful than genuine love. We also speak of concepts like client self-determination, respect for client autonomy, and other concepts less powerful than agency. Dr. Gleave believes that we do our best therapy when we keep the more powerful concepts of love and agency as the foundation of our work.

Regarding agency, Dr. Gleave seeks to help clients affirm their will. Rather than play into roles that pacify client desire, he encourages them to push aside the superficial and dubious impositions of learned social helplessness to create, to impose their will on the external world, to act rather than be acted upon.

Dr. Gleave believes that an accurate understanding of agency frees us to act, setting aside victimhood, defensiveness, and blame. A colleague observed that Dr. Gleave practices this tenet: "Robert mentioned that one thing he learned over the years is that he's the only one responsible for his own happiness. This realization made things easier for him."

An explicit emphasis on agency has many implications for therapy. For example, in couples' therapy: "Marriage only works when two people can each take care of themselves and sometimes give each other 'gifts.' Marriage is not a solution to personal problems, and it doesn't work when two people rely on each other to be happy."

Clients who understand and act as agents can become more than they have allowed themselves to become when fettered by false beliefs and social inhibitions. They also become more effective in helping their fellowmen. When a person owns up to the pain he or she creates for others, he or she increases in trust for others and is more willing to extend forgiveness to others. In short, a person who embodies the principle of agency becomes an interactive positive force, healing self and others.

GROUP PSYCHOTHERAPY: A MESSY AND THEREFORE EFFECTIVE METHOD

Dr. Gleave served as the president-elect of the Society of Group Psychology and Group Psychotherapy (APA Division 49). His most influential research publications are "Measuring Group Processes," "The Effects of a Feedback Intervention on Group Process and Outcome," and "Clinical Prediction in Group

Psychotherapy." Across his career, he strongly advocated for group psychotherapy: "I became a believer in group psychotherapy with my first exposure to the dynamics and power of interpersonal interactions early in my graduate studies. I found something resonating within me that still continues as a central part of my professional identity."

Counter to novice therapists' expectations that group therapy should follow social conventions, Robert teaches that interpersonal honesty requires spontaneity in groups. Interrupting group members is not only acceptable but helpful when a message needs to be communicated. He advocates *process* as primary, learning together from whatever happens in session, no matter how chaotic—thus restraining any impulse by the therapist to attempt to control and predict the unpredictable. According to a former student, Robert taught:

Group therapy is messy and complicated and doesn't always go perfectly because group therapy is a microcosm of life, and life is messy and complicated and never goes the way we would expect. This sounds discouraging, but actually I like knowing that important and profound changes and growth can still occur for people even when things are not smooth and perfectly clear.

Group therapy enables continuation of dialogue and ongoing exploration. Themes from earlier sessions can be revisited from new perspectives. As Dr. Gleave emphasizes, "The only (dangerous) bad conversations are the ones that end," with the therapist facilitating difficult conversations by channeling attention back to unfinished topics, countering the common tendency to avoid that which is awkward, nonconforming, or potentially painful.

In group therapy, the therapist is a group member. Dr. Gleave teaches that the two common mistakes therapists make are to speak up when they do not have passion or to fail to speak up when they do feel passion. Communication occurs most effectively when our core speaks rather than mere intellect or social convention.

CLINICAL SUPERVISION: DEMONSTRATE CONFIDENCE IN TRAINEES AND THEIR FUTURE

For nearly 30 years, Dr. Gleave supervised students in clinical and counseling psychology doctoral programs

at BYU. Students reported his exuberant confidence in them and in their capacity to persist in the face of difficulties. His confidence furthered their growth and development. Demonstrated confidence in students is an intervention. Thus, any clinical supervisor should be aware that their nonverbal signals can be powerful. One student shared:

In practicum he helped us gain confidence even though some of us were feeling the imposter syndrome. [He said]: "I'm not sure on the exact details of how you're going to navigate this. I don't have a crystal ball, and at the same time I'm not worried about you. I know you'll figure out the way to proceed that's best for you. So I'm not worried but *curious* about how it will all turn out. Do keep me posted!" I use that phrasing a lot to this day.

Another supervisee shared:

He has taught me that my mistakes are okay. I am not attempting to defend myself or explain my actions. Instead I open my mind and heart to his feedback and I understand, "This isn't about me; it's about the clients."

Once when a student therapist experienced frustration, Robert directly challenged the student's reaction by stating, "You know this stuff. You can go toe to toe with them. Trust that and respond accordingly." Another former student confirmed, "His tendency to push when needed and confide when appropriate was pivotal in helping me trust in my abilities and feel confident in my new profession."

CONCLUDING WITNESS: THERAPY FACILITATES GOD'S WORK, BLESSING HIS CHILDREN

People interacting with Robert Gleave do not wait long before his commitment to the gospel of Jesus Christ becomes apparent. A discussion of more than a few minutes inevitably integrates religious doctrines. In that sense, Dr. Gleave exemplifies *disciple scholarship* (Maxwell, 1995) and is a role model for AMCAP members and theistic therapists everywhere. The following concluding quotations exemplify this principle and require no further elaboration.

He showed me by example what it could mean to engage and interface the secular and spiritual in meaningful, thoughtful, rigorous dialogue. And perhaps most importantly, *he taught me the sacred, holy ground that is psychotherapy*. He impressed upon me

as he supervised my therapy that I was working with children of a Father in Heaven. He expressed a hope that I would take away from our time together a deep and profound reverence for human beings.

He taught us to become very well grounded in both the gospel and our professions. He absolutely modeled the kind of deep and rigorous engagement for which he advocated and in so doing inspired me to be thoughtful and seek relevant answers to important questions while at the same time maintaining a humility and the realization that we are often going to miss the mark and that at best our attempts will be incomplete.

Dr. Gleave's description of therapy remains among the most apt I have yet come across: "Our job is to wrestle in the mud of the trenches, delivering critical albeit inadequate first-aid, until the ultimate healing can be offered by the Savior." Critical but inadequate. It rings as true to me today as it did then.

When we make choices in our use of time and energy, other things we care about will suffer, and that doesn't mean we are failing in God's eyes.

[He taught] that if you are on the Lord's team, everything will work out eventually.

He shared how the Atonement takes away our burden of having to see justice occur on Earth. Christ will judge and atone for any wrongdoing of others.

Robert lives his beliefs. I will remember forever Robert's testimony that he shared at the end of his retirement gathering that we had in the office. He trusts us to move forward with God's work. We may pretend that it is our work, but it is God's work. And we must not stand in God's way with our own ideologies—but rather help clients and others to experience and renew their relationship with God. One day we will follow Robert in leaving this place for a new assignment beyond the veil. We seek to accomplish God's work, here and there.

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