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## Letter from the Editor

**KRISTIN LANG HANSEN**

BRIGHAM YOUNG UNIVERSITY

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In this issue, you will find a thoughtful paper by Gantt and Thayne exploring what constitutes a safe space for believing psychotherapists and their clients. They delineate how a Rogerian therapy approach leaves a false promise of creating safety, and they provide a solution—“love unfeigned.” Williams connects with Gantt and Thayne, taking their insights further. He emphasizes the falsity of validating others or the self and the safety that comes in the “giving over” of our agency to God. Jackson points out the unavoidability of value conflicts in therapy and the need to learn how to love well. Fischer praises Gantt and Thayne for being trilingual in philosophy, psychology, and gospel knowledge and encourages us to be so as well. Richardson asks that we don’t abandon Rogers completely, recognizing the good aspects of his theory. Furthermore, Richardson emphasizes that we, as gospel-centered psychotherapists, could be better at finding common ground with scholars who maintain differing views from our own.

Also, in this issue are interesting and insightful papers on the parents of missionaries who return early from the mission field written by Doty-Yells, Packer, Drake-Brooks, Warne, and John; the role of grace in working with a perfectionistic client by Draper, McGraw, Sturtevant, and Draper; understanding perfectionism and religion in more depth by Peer and McGraw; and, finally, a special tribute to our much-loved colleague and friend, Dr. Robert Gleave. Robert Gleave, a gifted therapist and a deep thinker, has been involved for a long time with AMCAP and will not be with us much longer due to a terminal illness. Many of his students and colleagues share some of the life and professional lessons that they have learned from Robert Gleave. Robert Gleave, in turn, has written his testimony for us, a testimony filled with wisdom and deep understanding.

I hope that you will be as enriched as I have been by these contributing authors’ papers.

**Kristin Lang Hansen, PhD**

Editor, IRP



# Humanistic Psychology, Same-Sex Attraction, and Safe Spaces: A Latter-day Saint Inquiry into the Meaning of Love

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**ABSTRACT**

*In this paper, we explore the concept of a genuinely “safe space,” what it might mean, and how such a concept is usually understood in both the discipline of psychology and the larger culture. Further, we explore some of the potential pitfalls that must be avoided in seeking to establish a “safe space” for members of the LDS Church who experience same-sex attraction (SSA) that is in harmony with the restored gospel. We will argue that one of the most serious potential threats to any effort to create a genuinely safe space for Church members who experience SSA is to understand the nature of tolerance and safety in the conceptual terms offered in humanistic psychology and psychotherapy, particularly as articulated in the foundational work of Carl Rogers. We argue that because it is founded on a number of problematic assumptions antithetical to the central tenets of the restored gospel as we understand them, Rogerian psychology actually encourages us to adopt certain assumptions that lead away from revealed truth and the richer, deeper relationship with one another and Christ that such truth provides.*

Modern secular society often marginalizes religious thought and practice, consigning them to the sidelines of public and intellectual discourse. As G. K. Chesterton (2006) noted over seventy years ago, “Religious liberty might be supposed to mean that everybody is free to discuss religion. In practice, it means that hardly anybody is allowed to mention it” (p. 230). This state of affairs has, in many ways, created an intellectual vacuum in modern Western culture that has for the most part come to be filled by the social sciences, psychology and psychotherapy in particular. As Richard N. Williams (1998a) has observed:

We indeed live in a secularized world. . . . We live in the “era of psychology.” In our present age, the social sciences are competing for that meaningful space in the lives of our brothers and sisters that used to be occupied by family, church, and other social institutions. In the past, we derived our values, goals, aspirations, and inspiration in large measure from family, and from a foundation of religious belief, but in the contemporary age, increasingly our culture turns to psychology, to therapy, to institutions dominated by natural and social scientists. (p. 7)

It should come as no surprise, then, that when our public discourse *does* turn to religion, we find ourselves looking at our religion through the lens of psychological thought and talking about it using the terminology and conceptual vocabulary of psychological theory. A full range of human questions, some as monumental and important to daily experience as how to be a

faithful Latter-day Saint, as well as some much more particular and personal, such as the origins and nature of the experience of same-sex attraction, are all often addressed within the available vernacular of secular psychology and natural science. The result is that our culture has developed a type of *lingua franca* for making sense of human experience. Given that the evolved language of science—natural and social—is much younger than human experience itself, this reduction of the whole range of human experience to a single conceptual vocabulary is problematic, if not dangerous. The risk of making category mistakes—in forcing deeply divergent human experiences into a single relatively modern set of meaning categories—is extremely high. Further, the set of available categories for understanding and expressing experience quickly levels off the experiences themselves as the universal explanatory language functions as a lens to bring everything into a single focus. All of this has led to psychological theory—though often in a fairly non-technical and loose conversational sense—becoming the *measuring stick* by which many Latter-day Saints evaluate Church doctrines, standards, and practices, as well as their own experience.

However, a number of Latter-day Saint psychologists have raised serious questions about the appropriateness of this “intrusion of social science into the moral fiber of our lives” (Williams, 1998a, p. 7). A variety of deep concerns have been voiced by such scholars. For example, Williams (1998a) has noted:

It seems that, in the minds of many, it is not the gospel of Jesus Christ that heals; the gospel of Jesus Christ merely supplies us with a support system while the principles and practices of therapy derived from the secular social sciences really make the change. 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)

Voicing a related concern, Gleave (2012) draws attention to the fact that often it is not so much the outright repudiation of the gospel in favor of secular psychological theories and practices that is most concerning but rather the careless or sloppy merging of “a few gospel principles sprinkled onto a basically intact psychological system with tenets and interventions that are consistent with [secular] therapy generally” (p. 2). Such an approach, Gantt (2012) has argued, ends up being “far too congenial to the basic assumptions and values of naturalistic or secular worldviews that are ultimately toxic to the truth-claims of the restored gospel” (p. 12). This applies to the truth-claims of Christianity generally and to the claims of the restored gospel particularly.

Whatever the case, it is clear that there are significant issues needing to be addressed regarding what sort of relationship there might be between contemporary secular psychological theories and practices and the revealed truths of the restored gospel of Jesus Christ. While some very helpful forays have been made in this area (see, e.g., Gantt, Wages, & Thayne, 2015; Gleave, 2012; Jackson, Fischer, & Dant, 2005; Richards, 2006; Swedin, 2003; Williams, 1998a, 1998b), it is clear that there remains a great deal more work to be done.<sup>1</sup>

Thus, it is in this spirit that we will explore what the concept of a genuinely “safe space” might mean and how such a concept is usually understood in both the discipline of psychology and the larger culture. Further, we will address some of the potential pitfalls that must be avoided in any discussion aimed at establishing a “safe space” in the Church for those who may experience a range of issues. Because it has some currency in contemporary culture, and because it is not infrequently a clinically relevant phenomenon, we will discuss this larger issue in the context of same-sex attraction (SSA). We will concentrate particularly on how the concept of “safe space” has been derived from intellectual sources that are in important ways inimical to the revealed truth of the restored gospel. We will argue that in any sincere effort to think through the meaning of “safe space”—especially as we seek ways to love and comfort those in the Church who experience a range of challenges, including SSA—it is vital to understand how that concept is rooted in the theoretical categories and philosophical assumptions of Rogerian humanistic psychology, especially given that those categories and assumptions are, we will contend, so often antithetical to the central tenets of the restored gospel. We will also argue that the only truly “safe space” is the gospel of Jesus Christ; His atonement, which is its centerpiece; and His church. Entry into that safe space is to be found in giving ourselves over to Christ in full and genuine discipleship. Indeed, it is only in submitting ourselves and our desires entirely to Christ on the altar of faith and sacrifice that we can come to discover our true nature and eternal identity and obtain the safety and security that such knowledge provides. Ultimately, we believe the gospel of Jesus Christ provides the only genuinely safe space for any of us, whether we happen to struggle with the experience of SSA or not.

#### CARL ROGERS’S HUMANISTIC THERAPY

Carl Rogers, one of the most influential psychological thinkers of the twentieth century, argued that to facilitate genuine psychological and emotional healing therapists must establish a particular kind of empathic relationship with their clients, one based on the therapist’s unconditional acceptance of the client, regardless of what the client says or does or feels. This unconditional acceptance is vital to therapeutic success, Rogers

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<sup>1</sup> It is important to note here, however, that our purpose in this paper is *not* to address the preeminent role that secular psychology has increasingly come to play in our conceptualization of spiritual well-being or the many possible ways in which this development might be problematic. Rather, it is only to address how a very specific strand of psychological thought has problematically informed the way in which many LDS Church members have come to (mis)understand what having a “safe space” in the Church might mean, especially for those experiencing SSA.

believed, because individuals spend most of their lives desperately trying to be someone they are not, acting in ways contrary to their own basic sense of themselves in order to please and satisfy others whose acceptance and esteem they wish to obtain, thus, losing a solid sense of personal identity and purpose. This relational strategy leads people to continually project an image of themselves that, while frequently at odds with their real self (i.e., their own deepest feelings and desires), is nonetheless an image that others are likely to find acceptable. In this process, people become fundamentally divided beings. From this view, people are seen to possess, on the one hand, a true self that is rooted firmly in the organismic reality of their emotional life and, on the other hand, a false image of who they are and how they feel, which they create for public consumption in the hope that this image will be endorsed and accepted by family and friends. The real self is kept hidden and safe behind a protective façade—kept safe from negative evaluation or painful rejection by others, particularly those whose approbation and acceptance is most deeply desired.

On the Rogerian account, one's true self is constantly threatened by evaluations from others. Rogers (1961) notes:

In almost every phase of our lives—at home, at school, at work—we find ourselves under the rewards and punishments of external judgments. “That’s good”; “that’s naughty.” “That’s worth an A”; “that’s a failure.” “That’s good counseling”; “that’s poor counseling.” Such judgments are a part of our lives from infancy to old age. (p. 54)

It is not, however, just *negative* evaluations that threaten the individual. As Rogers goes on to argue, “Curiously enough a positive evaluation is as threatening in the long run as a negative one, since to inform someone that he is good implies that you also have the right to tell him he is bad” (p. 55). Thus, fearing scrutiny, evaluation, or criticism, the client hides his or her true self from the world. By so doing, the projected (false) image can be criticized, evaluated, and scrutinized, and with much less psychological consequence because deep down the individual knows that it is not his or her *real* self that is being judged by others. In this way, the individual's façade acts as a shield from the threat of evaluation by deflecting the brunt of the pressure of others' “conditions of worth” (p. 283) on behalf of the real self.

In order to unearth the real self the therapist must help the client to feel completely safe from evaluation, judgment, or critical scrutiny. The therapeutic question that is of central concerns to the therapist is, “Can I free [the client] from the threat of external evaluation?” (Rogers, 1961, p. 54). Only by providing a safe and accepting environment within which the client can freely explore and learn to accept his or her *real* self, an environment free of any threat of external evaluation or judgment, Rogers argues, can the therapist facilitate genuine and lasting therapeutic change and real healing. He elaborates:

When a person comes to me, troubled by his unique combination of difficulties, I have found it most worthwhile to try to create a relationship in which he is safe and free. It is my purpose to understand the way he feels in his own inner world, to accept him as he is, to create an atmosphere of freedom in which he can move in his thinking and feeling and being, in any direction he desires. (p. 106)

In this safe environment, the client's *real* self is more likely to emerge from behind the façade and stand revealed. Successful therapy, in Rogers's view, is therapy in which the client's public self and real self are rendered more congruent. “A helping relationship,” he explains, “might be defined as one in which one of the participants intends that there should come about, in one or both parties, more appreciation of, more expression of, more functional use of the latent inner resources of the individual” (1961, p. 40). This process can begin best in the microcosm of the therapy room as the therapist offers the client a completely safe environment. Thus, Rogers asserts that:

[crucial to] creating a climate for change is acceptance, or caring, or prizing [is] what I have called “unconditional positive regard.” When the therapist is experiencing a positive, acceptant attitude toward whatever the client is at that moment, therapeutic movement or change is more likely to occur. . . . [The therapist] prizes the client in a total rather than a conditional way. (p. 62)

However, Rogers also argued that although the process of healing is best undertaken in the therapy room, helping relationships need not be confined to the therapeutic context. He included in his scope the relationship between doctors and patients, parents and children, teachers and students, and, presumably, the

relationship between ecclesiastical leaders and their parishioners (see, e.g., Barrett-Lennard, 2005; Field, 1997; Holifield, 1983; Rogers, Lyon, & Tausch, 2014). While the safe environment of the therapy room could initiate monumental changes in the client's life, Rogers felt that such change could also be facilitated and nourished if similar safe environments were cultivated elsewhere in life (see, e.g., Barrett-Lennard, 2005).

Rogers maintained that as a therapist builds healthy therapeutic relationships with his or her clients, those clients are then more likely to experience an array of important psychological and emotional transformations. These transformations commence as the client comes to accept his or her *real self* with the same unconditional regard that the therapist manifests. Genuine psychological healing begins, for Rogers, as the client gives him- or herself permission to experience and embrace the full range of his or her own deepest, most authentic desires and emotional responses. He based this claim on observations drawn from his own extensive work as a therapist, stating, "As I have worked for many years with troubled and maladjusted individuals I believe that I can discern a pattern, a trend, a commonality, an orderliness, in the tentative answers to these questions which they have found for themselves" (1961, p. 164). Rogers maintained that it was through self-acceptance that the client would begin to be "open to the wide range of his own needs" and become a full "participant in the rationality of his organism" (pp. 194–195). The end result is that the previously anxiety-ridden and unhappy client would become a creative, sensitive, and thoughtful being whose feelings and reactions could "be trusted to be positive, forward-moving, and constructive" (p. 194).

### MOVING AWAY FROM FAÇADES, OUGHTS, EXPECTATIONS, AND PLEASING OTHERS

Describing the process of person-centered therapy, Rogers (1961) writes, "I observe first that characteristically the client shows a tendency to move away, hesitantly and fearfully, from a self that he is *not*" (p. 167). In other words, as therapy begins to make real progress, the first bit of key evidence for such progress is found in clients' beginning to move away from the façades, or "false fronts," they have built up to protect their innermost self from exposure or criticism. The

individual "learns how much of his behavior, even how much of the feeling he experiences, is not real, is not something which flows from the genuine reactions of his organism, but is a façade, a front behind which he has been hiding" (p. 110). As clients come to understand that the therapist will not judge them for how they feel and think—but rather is willing to engage them with openness and unconditional acceptance—a vital psychological and emotional transition begins to take place, one in which individuals start (perhaps tentatively at first) to reveal and explore their deepest desires and feelings without fear of rejection or shame. Elaborating on the significance of this transition, Rogers states, "It is my experience that the [client] uses [the safe environment] to become more and more himself. He begins to drop the false fronts, or the masks, or the roles, with which he has faced life" (p. 109).

During successful therapy, Rogers argues, clients will inevitably begin "moving away from the compelling image of what he 'ought to be'" (1961, p. 168), away from the "oughts" that have accumulated over the years and that have given rise to the self-destructive desire to project false images to the world in the first place. This happens as the client comes to discover just "how much of his life is guided by what he thinks he *should* be, not by what he is" (p. 110). By moving away from these "oughts," the client is able to unburden him- or herself of the oppressive demands of both other people and his or her own false consciousness. As clients achieve fuller congruence between their actions and the desires of their real or true self, they no longer experience the "wish to be what they 'ought' to be, whether that imperative is set by parents, or by the culture" (p. 170). Rather, perhaps for the first time, they find themselves at the helm of their own lives, beholden only to themselves and their own, innermost, and most authentic desires and feelings.

As an example of this process, Rogers (1961) describes the reaction of one of his clients who reported that she was constantly trying to meet the expectations of her father and discovered that in doing so she had become compliant and submissive, all the while "really not wanting to be that kind of person" (p. 168). She said, "I find it's not a good way to be, but yet I think I've had a sort of belief that that's the way you have to be if you intend to be thought a lot of and loved" (p. 168). The process, however,

is not an easy one for many clients to undergo. According to Rogers, "Some individuals have absorbed so deeply from their parents the concept 'I ought to be good' or 'I have to be good' that it is only with the greatest of inward struggle that they find themselves moving away from this goal" (p. 168). He asserts that in a healthy therapeutic context, clients will almost inevitably (though, perhaps at times, reluctantly and cautiously) take a journey away from the moral impositions they have experienced thus far in their lives and move toward a more open, self-affirming, and self-accepting mode of being. As evidence of such psychological and emotional evolutions, Rogers cites an example of a client who, toward the end of therapy, reported, "I finally felt that I simply *had* to begin doing what *I wanted* to do, not what I thought I *should* do, and regardless of what other people feel I *should* do" (p. 170).

Similarly, says Rogers (1961), "Many individuals have formed themselves by trying to please others, but again, when they are free, they move away from being this person" (p. 170) because they realize that the social and moral expectations of others have only served to keep them from being true to themselves and their own innermost desires. Societal organizations such as school, church, and family, according to Rogers, structure expectations of how individuals are to believe and feel and behave in necessarily oppressive ways. "Over against these pressures for conformity," he writes, "I find that when clients are free to be any way they wish, they tend to resent and to question the tendency of the organization, the college or the culture to mold them to any given form" (p. 169).

According to Rogers, then, clients who form a healthy therapeutic relationship (defined as a relationship based on unconditional positive regard) will find themselves abandoning façades, liberated from external expectations and oppressive "oughts," and, thereby, steadily becoming more willing to live in ways that are true to their inner—and more authentic—wishes and desires. The direction in which clients move once such a welcoming, open, tolerant, and accepting environment is facilitated almost inevitably leads them away from the pressures and demands that have presumably been imposed upon them by society, family, church, and (false) conscience.

### MOVING TOWARD AUTONOMY, ACCEPTANCE, OPENNESS, AND TRUST

According to Rogers (1961), in addition to moving away from societal expectations, clients in a warm and nonjudgmental therapeutic context will find themselves moving toward greater autonomy and moral self-determination. By this Rogers meant that the client would gradually choose the goals toward which *he or she* wants to move based on his or her own desires and feelings, rather than relying on those based in some set of external expectations or standards. In this way, the client "becomes responsible for himself" (p. 171). "He decides," Rogers writes, "what activities and ways of behaving have meaning for him, and what do not" (p. 171). In essence, then, in moving toward greater self-realization and self-direction, clients begin to decide for themselves what they will do, based on what they feel is right for themselves rather than allowing others, institutions, or externally located philosophies or moral systems interpret for them the correct course of action in given situations, or dictate how they ought to feel or what they ought to desire. In the end, Rogers explains, "Less and less [do they] look to others for approval or disapproval; for standards to live by; for decisions and choices" (p. 119).

Ultimately, this movement toward greater autonomy entails clients coming to live out an essentially Protagorean ethos (i.e., "man is the measure of all things"), that is, a worldview in which clients' own sense of things become the sole standard against which matters of right and wrong, proper and improper, just and unjust are to be judged. In this perspective, genuine autonomy is achieved as clients fully embrace the notion that they are the source of their own values, desires, and goals and that there is no divinely appointed or transcendent system of values available to provide any absolute moral compass or rational certitude to which they must conform. Indeed, in Rogers's view, clients must come to create for themselves their *own* values, desires, and goals by attending carefully to their own organismic valuing process and thereby learn to eschew the attempts of others to define such goals and values for them. In order to become a "fully-functioning person[s]," (pg. 191) according to Rogers, individuals must learn for themselves that they are the measure of all things in their own life-space, the

source of all real truth, value, and understanding. This state of understanding and self-acceptance is cultivated primarily by the *unconditional positive regard* that the humanistic therapist offers to his or her clients.

Speaking of the role unconditional positive regard plays in facilitating a genuinely healthy therapeutic relationship, Rogers (1961) notes:

I have come to feel that the more I can keep a relationship free of judgment and evaluation, the more this will permit the other person to reach the point where he recognizes that the locus of evaluation, the center of responsibility, lies within himself. The meaning and value of his experience is in the last analysis something which is up to him, and no amount of external judgment can alter this. So I should like to work toward a relationship in which I am not, even in my own feelings, evaluating him. This I believe can set him free to be a self-responsible person. (p. 55)

Furthermore, according to Rogers, because fully functioning persons no longer measure their conduct, their attitudes, or their beliefs against some arbitrary set of external standards imposed on them by others, such persons are freed to “move forward more openly, being a process, a fluidity, a changing. They are not disturbed to find that they are not the same from day to day, that they do not always hold the same feelings toward a given experience or person, that they are not always consistent” (p. 171). The fully functioning person, then, is one who is willing to embrace changes in perspective, opinion, and attitude as he or she feels to do so and as he or she prefers. Such individuals come to discover that their personal identity is a moving target, but nonetheless something with which they are able to come to terms.

In addition, clients begin to feel as if they can openly embrace *all* of their experiences—even those experiences that are frowned upon by the social, religious, or cultural context in which they happen to find themselves. For Rogers (1961), only as the client “experiences such a hitherto denied aspect of himself in an acceptant climate can he tentatively accept it as a part of himself” (p. 173). Through this process, clients learn, for example, that urges and desires that they’ve been trained to ignore, control, or hide are in fact deeply important parts of their personal identity. The client finds him- or herself, Rogers claims, “increasingly listening to the deepest recesses of his

physiological and emotional being, and finds himself increasingly willing to be, with greater accuracy and depth, that self which he most truly is” (pp. 175–176).

Finally, the client learns to openly accept those around him or her—that is, he or she begins to engage in the same kind of empathic relationships with others that the therapist has engaged in with him or her. “As a client moves toward being able to accept his own experience,” Rogers (1961) writes, “he also moves toward the acceptance of the experience of others. He values and appreciates both his own experience and that of others for what it is” (p. 174). The fully functioning person, then, is one who ceases to *evaluate* the choices, actions, attitudes, and experiences of others and instead begins to embrace others in the same kind of warm, empathic, and accepting manner demonstrated by the Rogerian therapist in the first place. In the end, then, the fully functioning person is, Rogers asserts, someone who is “able to experience all of his feelings, and is less afraid of any of his feelings; he is his own sifter of evidence, and is more open to evidence from all sources; he is completely engaged in the process of being and becoming himself, and thus discovers that he is soundly and realistically social; he lives more completely in this moment, but learns that this is the soundest living for all time” (p. 192).

#### SAFE ENVIRONMENTS AND THE FREEDOM TO BE ONE’S TRUE SELF

Ultimately, then, Rogers (1961) argues that providing a safe and accepting atmosphere of unconditional acceptance and unreserved tolerance is vital to freeing individuals from the debilitating fear of scrutiny and evaluation that motivates them to create false fronts, thereby allowing their *true* self to emerge. This is what Rogers referred to as a *safe environment* and what has more recently come to be known as a “safe space.” In such an environment, “individuals and groups know that they will not face criticisms that would challenge their expressions of identity. In a ‘safe space,’ people are encouraged to speak their minds freely and to share their experiences openly, and they are guaranteed that their expressions of self will be as well regarded as anyone else’s” (Rom, 1998, p. 407). Individuals are empowered in this way to transform themselves in ways that are often quite contrary to whatever public image

they may have adopted and portrayed to others thus far in their lives. Rogers (1961) writes:

Let me see if I can state more concisely what is involved in this pattern of movement which I see in clients, the elements of which I have been trying to describe. It seems to mean that the individual moves toward being, knowingly and acceptingly, the process which he inwardly and actually is. He moves away from being what he is not, from being a façade. (p. 175)

In addition, Rogers argues that such welcoming, safe environments need not be available only in the therapy room but could and should be cultivated in schools, the workplace, in church and family settings, and among friends—indeed, in whatever life-space the individual occupies. One of the consequences of experiencing such a safe environment, Rogers holds, is that individuals will be more likely to extend to others the same kind of unconditional acceptance they have experienced and, thus, cultivate the same kind of healthy therapeutic relationships with others. For example, Rogers (1961) suggests, “As I am more willing to be myself, I find I am more ready to permit you to be yourself, with all that that implies.” (p. 327). Indeed, Rogers (1989) indicates that the (proper person-centered) “therapeutic relationship [is] simply one instance of interpersonal relationship” (p. 251) and that genuine friendships and healthy, accepting relationships with others naturally occur as “the dropping of some defensiveness by one party leads to further dropping of defensiveness by the other party” (Rogers, 1961, p. 336). Ultimately, Rogers believed that “the insincerities, the defensive exaggerations, the lies, the ‘false fronts’”—what he characterized as “defensive distortions”—that typify all inauthentic relationships “drop away with astonishing speed as people find that their only intent is to understand, not judge” (p. 336).

#### MOVING BEYOND THE CONFINES OF THE THERAPY ROOM

Rogers’s person-centered therapy paradigm was quickly extended beyond the confines of the therapy room with the application of its insights and procedures to issues in parenting and education. In the person-centered approach, children are taught that certain acts of affection (e.g., soft touches, gentle voices,

embraces, etc.) are genuine expressions of love. According to Rogers, when acts of affection and expressions of acceptance are withdrawn as a consequence of misbehavior (e.g., when a parent scolds a child, or consigns a child to his room, or raises his or her voice, etc.), the child learns that the love the parent offers is in fact *conditional* love, provided only upon condition of acceptable behavior. This situation inevitably leads, according to Rogers, to feelings of insecurity within the child and ultimately stifles expressions of the child’s true self as he or she grows older. For Rogers, and like-minded humanistic thinkers (see, e.g., Gordon, 2000 and Luvmour, 2006), “the parent’s job is to accept the child as he or she is, trust in the child’s abilities to solve problems, and provide an environment of acceptance” (Powell & Cassidy, 2007, p. 228).

Humanistic psychologists have long taught that “if it weren’t for the acceptance/rejection threat bound up in the expectations parents make on behavior as a precondition for certain expressions of acceptance and love” children would not grow up with the problems that they do (McKee, 1986, p. 39). Indeed, Rogers argues that when the “*self-experiences* of the individual are discriminated by significant others as being more or less worthy of positive regard, then *self-regard* becomes similarly selective” (Rogers, 1961, p. 246; italics in the original). “Conditions of worth” was the term Rogers used to describe that process whereby the child engages in self-discrimination and self-rejection, as well as in the creation of a false self-image or façade in order to please his or her parents whose approval he or she desires. Ultimately, Rogers claimed that the development of conditions of worth (primarily in childhood) is the principle source of almost all of our persistent anxieties and depressions, pervasive feelings of inadequacy, propensities to violence, susceptibilities to delusion and self-doubt, and other such forms of psychopathology.

The humanistic solution to such debilitating and dispiriting problems is simply to cease imposing judgments regarding the child’s value or worthiness of acceptance (i.e., unconditional positive regard). “If an individual,” Rogers (1961) suggests, “should experience only *unconditional positive regard*, then no *conditions of worth* would develop . . . and the individual would continue to be *psychologically adjusted*, and would be fully functioning” (p. 246, italics in the

original). As McKee (1986) has noted, in the humanistic vision, for children to be truly creative and joyful they must be “freed from a nagging conscience, open to and having a sense of awareness of their own feelings, independent from institutions, free from binding rules and preconditions that stifle growth, etc.” (p. 42).

In education, A. S. Neill enthusiastically applied Rogers’s ideas in a school setting (see, DeCarvalho, 1991, for a more detailed account of the ways in which the humanistic thinking of Rogers and Maslow, in particular, impacted educational theory and practice). His private school held as one of its founding philosophies that:

parents are spoiling their children’s lives by forcing on them outdated beliefs, outdated manners, outdated morals. They are sacrificing the child to the past. This is particularly true of those parents who impose authoritative religion on their children just as it was once imposed on them. (Neill, 1960, p. 118)

Again, as was the case with parenting, the imposition of moral values and expectations from *outside* the individual is seen as inescapably *stifling* to children. Neill maintained that “the eternal imposition on children of adult conceptions and values is a great sin against childhood” (p. 113). Furthermore, he argued that “children do not need teaching as much as they need love and understanding. They need approval and freedom to be naturally good” (p. 118). Parents and educators, on this model, should always be vigilant to “not disapprove of their children’s misbehavior, because to children ‘disapproval means hate’” (McKee, 1986, p. 40).

This extension of Rogerian theory beyond the confines of psychotherapy and into education and parenting represents a significant social and historical development. According to Neill, “disapproval means hate”—at least, as he says, to children, though we strongly suspect that the notion has been carried into explanations of feelings and the need for unconditional positive regard in the adult world as well. The obvious, contrary implication of such a claim is that *approval* means *love*. Thus, it comes as no surprise that, true to this implication, “the cumbersome term positive regard was eventually replaced and popularized with the simpler and commonly understood term ‘love.’ The meanings of unconditional love and unconditional positive regard are essentially the same” (McKee, 1986, p. 41). Ultimately, as McKee has argued, “The bandwagon

response unconditional love received has even found its way to the pulpit and Sunday School classes. This acceptance has added to its popular appeal a kind of religious zeal and consequently an informal theological sanction” (p. 39).

#### AND SO WHAT?: CONSIDERING SOME IMPLICATIONS OF ROGERIAN HUMANISM

It must be admitted that not all of Rogers’s assertions are controversial. For example, helping an individual to feel safe in expressing his or her hidden thoughts and feelings is a valuable and important endeavor, especially in a therapeutic setting where genuine empathy and openness are vital. Nonetheless, for those who wish to orient their psychological and moral understanding within the context of the restored gospel there are a number of deeply problematic (and often unexamined) practical and conceptual implications of the Rogerian perspective.

One implication of Rogers’s humanistic theory, for example, is that societal, cultural, familial, and even religious expectations almost always act as a cage on the individual and his or her desires, keeping him or her from being the self he or she *truly* is. That is, the expectations of others not only inevitably stifle the growth and healthy expression of the individual’s true self but also cause the individual to deny or reject what is most real about him- or herself. This explanatory narrative pits the individual’s core identity against the moral guidelines and standards being taught to him or her by family, church, and community. One significant and unfortunate consequence of this situation is that moral standards (such as the law of chastity) may come to be conceptualized as inherently animus-driven, oppressive constraints on the individual’s freedom and need for self-expression—even when adherence to such standards is only gently encouraged through persuasion and admonition. This is because in the Rogerian view even gentle instruction such as “God has asked us to remain chaste” can be considered a form of *evaluation* and, as such, is the very sort of thing that Rogerian thought condemns.

In contrast, genuine liberation (i.e., self-liberation, or, to use Abraham Maslow’s term, “self-actualization”) is fundamentally understood as one’s being relieved from the inherently oppressive constraints of the



moral or social expectations and evaluations of others. True individual freedom and self-realization exists, it is presumed, only in an atmosphere of “safety,” that is, an atmosphere of unconditional acceptance and empathic understanding entirely devoid of any expectations, “oughts,” or moral judgments about the rightness or wrongness of one’s desires, feelings, thoughts, or actions. A number of scholars have noted how this sort of thinking both reflects and nurtures our modern culture of “expressive individualism” (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985; see also, Browning & Cooper, 2004, Milton, 2002, Westen, 1985, and Wilkens & Sanford, 2009). “Expressive individualism,” as Wilkens and Sanford (2009) note, “worships the freedom to express our uniqueness against constraints and conventions,” and “because rules and social conventions encourage conformity, they are viewed as a threat to personal expression and individuality” (p. 28).

Insofar as expressive individualism has come to be a defining feature of contemporary society, we increasingly see a culture in which the fullest and most satisfying life is thought to be available only in opening oneself up to the fullest range of “stimulating experiences, relationships, material goods, and bodily pleasures” (Smith, 2014, p. 17; see also, Wilkens & Sanford, 2009). In such a culture, Smith notes, it is taken for granted that “each individual should be free to do so in a way that satisfies her or his own self-determined desires and will,” and, consequently, “people should be free to engage in any relationship they should so choose” (p. 17). Furthermore:

Since different people find different kinds of experiences to be pleasurable, nobody has the right to define what pleasures or relationships other people should pursue and enjoy. A good life and society throws off the restrictive, repressive constraints placed on the gratification of individual pleasures and frees everyone to satisfy any pleasure that she or he so desires—provided, again, that doing so does not interfere with someone else being able to do the same. . . . And if any people go public with the particular forms of pleasure or relationships that most please them, everyone else ought to accept them and ideally morally affirm their personal preferences and choices. (Smith, 2014, p. 17)

Conversely, in such a perspective, an individual who feels expected by others to live a particular moral lifestyle, and who then holds him- or herself to those

expectations, is not only not genuinely free but is not even fully a person (in the sense that he or she does not enjoy a full, authentic actualization of his or her personhood). According to Rogers (1986), only in an unconditionally tolerant and accepting context can an individual abandon façades and become the “self which one truly is” (p. 167). Rebukes, chastenings, reprimands, commandments, instructions, parental advice, and attempts at persuasion are all fundamentally and inescapably at odds with the notion of a “safe space”—a notion that our culture of expressive individualism, abetted and nurtured by Rogerian thinking, assumes is considered crucial to personal development and freedom.

One inference we might draw from such an approach is that therapeutic success for clients who experience SSA—particularly when those clients are participants in a broader religious community that treats same-sex sexual activity as sinful—is identified with the progression outlined by Rogers above. That is, therapeutic success is seen to occur as clients move away from (and ultimately reject) the expectations of their faith community and move more toward an authentic embrace of their same-sex desires. This, in turn, creates an expected “template” for those who experience inner turmoil due to a conflict between their same-sex attraction and their religious upbringing and convictions. Ultimately, of the two, the religious upbringing and convictions are what must be rejected in order for the client to progress toward genuine “personhood” as defined by Rogers (i.e., a fully autonomous, authentic human being). Despite Rogers’s rejection of external evaluation of a client’s choices and values, therapists who embrace the Rogerian perspective might implicitly view a client’s decisions to embrace his or her religious upbringing and to not live out or act upon his or her same-sex attraction as a failure of the therapeutic process.

The problem many Latter-day Saints have with this perspective, however, is that it seems to be quite at odds with revealed truth and prophetic counsel. As Elder D. Todd Christofferson (2011) has stated, “Our Heavenly Father is a God of high expectations” (p. 1). God, as Latter-day Saints understand Him, is not a permissive parent of the Rogerian sort. He has firm expectations for His children and attaches consequences to their misbehavior. We are consistently

warned by God and His servants that we must repent and live better—to, for example, “stand a little taller” (Hinckley, 1995).

Addressing the impact of expressive individualism on contemporary religious thought, Elder Christofferson (2011) has said, “Sadly, much of modern Christianity does not acknowledge that God makes any real demands on those who believe in Him, seeing Him rather as a butler ‘who meets their needs when summoned’ or a therapist whose role is to help people ‘feel good about themselves’” (p. 1). Here Elder Christofferson is directly drawing on the analyses of the sociologist Christian Smith, who has shown that much of contemporary religious belief (at least in the United States) is reflective of what he has termed “Moralistic Therapeutic Deism” (Smith, 2005), something he claims is “the de facto dominant religion among contemporary U.S. teenagers” and many of their parents (p. 162). This new religion is, according to Smith, fundamentally

about providing therapeutic benefits to its adherents. This is not a religion of repentance from sin, of keeping the Sabbath, of living as a servant of a sovereign divine, of steadfastly saying one’s prayers, of faithfully observing high holy days, of building character through suffering, of basking in God’s love and grace, of spending oneself in gratitude and love for the cause of social justice, etcetera. Rather, [it is] centrally about feeling good, happy, secure, at peace. It is about attaining subjective well-being, being able to resolve problems, and getting along amiably with other people. (pp. 163–164)

The God of this religion is a kind of (Rogerian) “Cosmic Therapist,” a God who is “always on call, takes care of any problems that arise, professionally helps his people to feel better about themselves, and does not become too personally involved in the process” (Smith, 2005, p. 165). Such a God is by no means a demanding or commanding God. “He actually can’t be,” Smith says, “because his job is to solve our problems and make people feel good” (p. 165).

In contrast to the God of Moralistic Therapeutic Deism, Elder Christofferson (2011) notes (citing the work of Kendra Creasy Dean), “the God portrayed in both the Hebrew and Christian Scriptures asks, not just for commitment, but for our very lives. The God of the Bible traffics in life and death, not niceness, and calls for sacrificial love, not benign whatever-ism” (p. 1). In similar spirit, Givens (2012) has suggested that

the commandment to “love one another” can certainly be interpreted to mean “that we treat fellow humans as beings of infinite worth, and to whom unqualified acceptance would be cheap and easy, unlike Christ’s invested and loving devotion. Indeed, the scriptures are saturated with invitations to repent and live according to God’s will, as well as warnings of the consequences of our failure to do so.

The consequences of failing to live up to our covenants or strictly observe divine commandments are not imposed on us by God as manipulative, resentful, or uncaring “conditions of worth” in the way that Rogerian thought would construe such things. Rather, as the apostle Paul taught, “For whom the Lord loveth he chasteneth” (Heb. 12:6), and as the Lord further stated in the Book of Revelation, “As many as I love, I rebuke and chasten: be zealous therefore, and repent” (Rev. 3:19). Similarly, President Brigham Young declared:

Every blessing the Lord proffers to his people is on conditions. These conditions are: Obey my law, keep my commandments, walk in my ordinances, observe my statutes, love mercy, preserve the law that I have given to you inviolate, keep yourselves pure in the law, and then you are entitled to these blessings, and not until then. (p. 162)

Indeed, in this same spirit, Elder Hugh B. Brown (1973) once famously expressed his deep and abiding gratitude to God for “loving me enough to hurt me” (p. 1) by not giving him what he happened to deeply desire at a particular moment in his life and instead guiding him through the painful process of accepting what he even more deeply needed to reach his fullest divine potential and calling.

In light of such doctrines and pronouncements, then, it is possible that one of the many purposes of mortal life is to experience the process of being humbled, chastened, and rebuked. Indeed, it could be argued that some commandments—particularly commandments that are all but impossible to obey with exactness—are in some ways meant to make us feel the weight of our own weakness and mortality, and in humility enable us to turn fully to Christ for our redemption. If such analysis is correct, then it may well be that one purpose of the strict moral standards we have been given is to teach us about the true nature of our own inadequacies. Indeed, as

the Lord teaches through the writings of his ancient prophet Moroni:

And if men come unto me I will show unto them their weakness. I give unto men weakness that they may be humble; and my grace is sufficient for all men that humble themselves before me; for if they humble themselves before me, and have faith in me, then will I make weak things become strong unto them.” (Ether 12:27)

If such teachings are true, it would clearly indicate that the doctrine of unconditional positive regard is in important ways deeply antithetical to the gospel of repentance and the reality of a God with high expectations for His children—if only because Rogerian thought would deny the humbling (and saving) power of God’s commandments and moral injunctions. In so doing, then, Rogerian thought, and all similar relativistic and radically permissive forms of thought, ultimately strives to keep us from acknowledging or even feeling the need to turn to the enabling power of Christ for personal transformation and redemption.

Now, of course, Latter-day Saints do not believe in a God who is constantly punishing humankind for its depravity, as do some Calvinist Protestant sects. To “chasten” does not always imply simple scolding—in fact, the word literally means *to make chaste or pure*. That is, because God loves us, He constantly seeks to purify us, to make our paths straight, and make us into chaste individuals. Indeed, in Proverbs we read that “whom the Lord loveth he correcteth; even as a father the son in whom he delighteth” (Prov. 3:12; see also Heb. 12:6). The correcting, straightening, guiding, and instructing implied in the many scriptural passages that speak of such things (see, e.g., 3 Ne. 19:28; D&C 50:28; Isa. 42:16; 2 Ne. 4:33; D&C 101:5) is clearly and significantly at odds with a Rogerian psychology that condemns evaluations and moral impositions or expectations of any kind. For Latter-day Saints, God is continually inviting His children into deeper, more meaningful loving relationships, not only by being infinitely patient and mercifully forgiving, but also by being invested in our eternal welfare enough to “call us out” and “ask more of us”—often in starkly direct ways—when we are choosing unwisely and opting not to live up to our covenants.

There is, however, a much subtler and potentially more insidious consequence of the sort of Rogerian humanism we have been discussing here given the way

it has helped to frame the issue of SSA in our larger culture, especially insofar as it both reflects and nurtures the ethos of expressive individualism. In many ways in our modern world, authentic love has come to be seen as incompatible with expectations, evaluations, “oughts,” and personal moral accountability. Indeed, the Rogerian conception of unconditional positive regard—most commonly encountered and expressed in terms of “unconditional love” or “true acceptance”—has become a sort of standard paradigm through which many people (whether they experience SSA or not) have come to frame their experiences. For example, because experience is filtered by perception, it is possible that individuals who have adopted an essentially Rogerian perspective—even if it has only been tacitly and innocently absorbed from the larger culture in the course of everyday living—may come to experience themselves as being “unconditionally loved” only when they are in an environment (“safe space”) in which there is no hint of moral expectation or evaluation of their desires, actions, and attitudes. They may experience themselves as truly loved and accepted by others only when they are freely allowed to express and act on their desires without fear of scrutiny or moral judgment from others.

Conversely, such individuals (again, whether they experience SSA or not) may experience themselves as “hated” when they are told that God does not approve of them acting on their desires. They may experience themselves as hated and rejected when they see their deepest desires and inclinations—their true selves—being evaluated or questioned by priesthood leaders, family and friends, or fellow Church members. They may experience themselves as hated when they are expected to abide by moral standards external to themselves, *particularly* when those moral standards are at odds with what they have been taught to conceptualize as a crucial part of their self-identity. For example, the law of chastity explicitly forbids the expression of one’s sexual desires in sexual intimacy except under very specific circumstances and after very specific conditions have been met. However, from the standpoint of the expressive individualism entailed in Rogerian humanism, because sexual desires are held to be central to one’s identity, any external conditions or restrictions placed on the expression of one’s sexual desires (whether homosexual or heterosexual) constitutes an

assault on the Self. And, as an assault from an external source, it can only be understood as the product of intolerance, rejection, and animus.

Ultimately, adopting the vocabulary of Rogerian humanism, and the expressive individualism that grounds it, with its conceptual and practical redefinition of the nature of love and hate, renders meaningful discussion of SSA difficult for those wishing to take the language and concepts of the restored gospel seriously. This difficulty results from the way in which Rogerian humanism biases conversation against those who would seek to uphold the universality and truth of doctrines such as the law of chastity and who would claim that such doctrines are founded in love and genuine concern. After all, Rogerian humanism maintains that any moral imposition in the form of conditions, expectations, or commandments—particularly ones that forbid acting on sexual attractions that are experienced as central to our identity—are inimical to the meaning of genuine (i.e., unconditional) love and compassion.

In the end, the Church and its practices come to be evaluated against the measuring stick of expressive individualism. And, once the perspective of expressive individualism is embraced, individuals begin to seek out “safe spaces” where they can feel free to express, and perhaps even act on, desires and attractions that might otherwise be forbidden or discouraged. The promise of a “safe space” is that in it the individual will be insulated from having his or her desires or actions evaluated or scrutinized by others. Once securely located in a “safe space,” the individual can ignore the moral impositions or expectations taught to him or her by others and begin freely formulating his or her own personal morality and life goals, the adequacy and validity of which are to be judged only against the measuring stick of the individual’s desires. In addition, the tenets of expressive individualism encourage the individual, in order to be truly authentic and unconditionally loving, to cease holding others to the external standards or moral expectations imposed upon them by societal, familial, and religious organizations.

One important implication of all of this is that to the extent that individuals *do not* move in the direction prescribed by expressive individualism, they cannot and will not truly feel safe or free. This, in turn,

serves to foster a social and moral context in which the Church is perceived as failing to cultivate a genuine safe space for individuals so long as those individuals do not feel free to fully embrace their true self and sexual identity by acting on their desires without experiencing disapproval from ecclesiastical leaders, family members, and peers. Ultimately, since the Church is under divine obligation to teach the law of chastity, and to hold individuals accountable for obedience to it, the Church will always be seen—in light of the conceptual formulations of Rogerian humanism and expressive individualism—to fall short of truly helping individuals with SSA feel safe (particularly if they consider acting on their attractions).

Clearly, all of this presents a significant challenge for anyone wishing to extend the hand of fellowship to those who experience SSA and engage in serious dialogue with them about what it might mean to love in a Church that makes many demands and has many expectations of its members. Because our modern world has been inundated by the precepts and values of expressive individualism and Rogerian humanism, it is hard to define and conceptualize a “safe space” in any way *other* than that articulated by the defenders of such individualism. Ultimately, this can make it difficult to show why exactly it is that the Church is itself the only genuinely safe space available to the children of God—inasmuch as it is the “only true and living church upon the face of the whole earth” (D&C 1:30) and precisely because it maintains the importance of high moral standards and expectations of sacrificial discipleship. Because expressive individualism rejects putting any brakes on the expression of individual desire, all talk of adhering to absolute moral standards, invitations to restrain from acting on one’s desires, or encouragement to change one’s lifestyle are *a priori* clear-cut obstacles to the creation of any real safe space. The tension inherent in this situation can readily be seen in the deep frustration expressed by some Latter-day Saints with SSA who feel threatened, accused, and alienated by the doctrine of chastity and the expectation to remain abstinent (see, e.g., accounts in Kerby, 2011, Mansfield, 2011, and Pearson, 2007, as well as those accessible via websites such as [www.affirmation.org](http://www.affirmation.org), [www.ldsvoicesofhope.org](http://www.ldsvoicesofhope.org), and [www.northstarlds.org](http://www.northstarlds.org)).

### AN ALTERNATIVE TO SELF-REGARD: DISCIPLESHIP IN CHRIST

In contrast to the vision of Rogerian humanism, and the ethic of expressive individualism it reflects and nurtures, we believe that central to the restored gospel of Jesus Christ is the call to *sacrificial discipleship*, a call that requires each of us to relinquish many of the desires of the self in the service of a higher, more meaningful cause. We believe that the gospel invites us to live for something beyond ourselves, to find ourselves and secure our identity in covenantal commitment to a mission and purpose greater than anything we could create or discover on our own. In the space remaining, we wish to briefly explore what we think such discipleship in Christ might mean; how it differs from the central, individualistic aims of Rogerian humanism; and how it might contribute to a richer, fuller, more compassionate and truthful understanding of "safe space."

This alternative we wish to propose is one in which eternal identity and genuine safety are found when we place our very selves on the altar of covenant and become true disciples of *Christ*. Put simply, whereas Rogerian humanism admonishes us to "*follow your heart*" and "*be true to yourself*," Christ calls us into discipleship, to follow Him, and to become one with the truth He is (John 14:6). The call to discipleship is the call to find peace, comfort, and hope in Christ through obedience to divine commands as we submit our will to that of our Father in Heaven. "*Follow thou me*," Christ says, and, in so doing, leave behind the self you desire so that you may become like me, become at one with me, desire as I desire, understand as I understand, and love as I love. Christ promises that in submitting to His will and following in His footsteps we can finally become who we were in fact always intended to be (i.e., joint heirs with Him in our Father's kingdom). Christ offers an eternal perspective that frees us from the narrow and limiting confines of individualistic self-actualization and self-concern by inviting us to accept *Him* as our Master, as the only real source of truth about ourselves and our identity and the ever-living fount out of which all righteous desires flow. We like to imagine Him saying, "Follow thou me, and I will give you a new heart and a new self, and, thereby, a safe and more reliable path to follow." In the battle to know who we really are and what we must be about in

this life, the victory the true disciple seeks is the victory of Christ over self.

As we turn our lives and our hearts over to Christ and accept His invitation to discipleship, He offers to remake us into "new creatures" (Mosiah 27:26). We turn ourselves over to Christ by exercising faith on His name, repenting of our sins, and making covenants with Him by participating in the ordinances of baptism, confirmation, the sacrament, and the temple. King Benjamin taught, "Because of the covenant which ye have made ye shall be called the children of Christ, his sons, and his daughters; for behold, this day he hath spiritually begotten you; for ye say that your hearts are changed through faith on his name" (Mosiah 5:7). Christ offers us a *changed heart*, one in which our desires become His desires, our purposes become His purposes, and our will is swallowed up in that of the Father. Those who heard King Benjamin's sermon acknowledged the effects of this promise in their own lives. They declared that, because of their participation in the covenant, the Spirit of Christ "has wrought a mighty change in us, or in our hearts, that we have no more disposition to do evil, but to do good continually" (Mosiah 5:2).

In this process of conversion and submission, we literally give up our old identities and take upon ourselves the new one offered by Christ.<sup>2</sup> As we read in Paul's letter to the Corinthians, "If any man be in Christ, he is a new creature: old things are passed away; behold, all things are become new" (2 Cor. 5:17). Thus, while accepting the call to full discipleship in Christ certainly involves giving up a false self, the reality of the thing is only very superficially similar to what is advocated in Rogerian humanism. By placing our will obediently and unreservedly on the altar as an offering to God we are indeed released from the bondage of a false and falsifying self, but not in order to embrace the rootlessness and communal alienation of the atomistic, autonomous self of expressive individualism. Rather, in turning ourselves, our deepest desires and

<sup>2</sup> The reality of this change, this being made new in discipleship, is reflected in our taking upon ourselves the name of Christ at baptism and renewing that sacred moment each week when we partake of the sacrament, as well as in the gift of receiving a new name in the temple endowment ceremony.

motivations, over to Christ and accepting His will without preconditions or reservations, we not only receive in return new desires and new motivations but also the recognition that the identity we are lovingly being given is really who we were and were meant to be all along.

In the end, whether we choose to accept the call to full discipleship by laying aside our own will (desires) to do the will of the Father and live as He desires, it is Christ who has *always* possessed the moral high ground to begin with. It is Christ who always owns us and who has the deepest and most profound claim on our lives. As Paul taught anciently, we are not our own; “For ye are bought with a price” (1 Cor. 6:20). Fortunately, when the desires of the self are in conflict with the teachings of Christ, we have been assured by Christ that those desires can be rooted out.<sup>3</sup>

Speaking of those who have made themselves disciples of Christ, C. S. Lewis (1986) famously wrote:

These people have got rid of the tiresome business of adjusting the rival claims of Self and God by the simple expedient of rejecting the claims of Self altogether. The

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<sup>3</sup> It must be noted here that in speaking of the possibility that our faith in Christ can allow certain desires of our hearts to be rooted out, we are not suggesting that individuals experiencing same-sex attraction do so simply because they lack sufficient faith in Christ, or that such attractions can simply be “prayed away” if one is diligent and faithful enough. Such a view of the nature of sexual desires (of whatever sort) is much too simplistic and conceptually tangled. We are, rather, seeking to address the desires to act on same-sex attraction in defiance of divine decree, the secret fantasies of the heart that long for a social and spiritual world in which acting on such attractions is acceptable before the Lord despite His commandments otherwise. It is those desires that must change, desires that seek to put our own desires, our own will before the Lord’s desires and will. Thus, while an individual may be sexually attracted to members of the same sex, by allowing Christ to change his or her heart that person can come to no longer experience the desire to act on those attractions in same-sex sexual relationships. The need to have Christ change such desires in us is, of course, not unique to those experiencing same-sex attractions. For example, a man can be sexually attracted to women other than his wife but through having his heart changed through Christ’s love experience no desire to commit adultery with them.

old egoistic will has been turned round, reconditioned, and made into a new thing. The will of Christ no longer limits theirs; it *is* theirs. All their time, in belonging to Him, belongs also to them, for they are His. (p. 21)

The problem, C. S. Lewis observes here, is not that we are weighed down by unnecessary guilt or by burdensome expectations and commandments but that we have not sufficiently given the self, and the desires of the self, over to Christ. In short, Rogers’s description of the unhappy individual hiding his “true” desires for the sake of appeasing societal or religious expectations is a person who is following convention but without wholly giving him- or herself to God. Such a person is still holding back what is required in order to experience the comfort and wholeness discipleship promises; he or she is still wishing and wanting to be his or her own master, rather than fully and unreservedly accepting Christ as Lord and Savior.

In contrast, “To become new men means losing what we now call ‘ourselves,’” Lewis (1996) explains. “Out of ourselves, into Christ, we must go. His will is to become ours and we are to think His thoughts, to ‘have the mind of Christ’” (p. 189). This is not, however, a betrayal of our true selves. Rather, “the more we get what we now call ‘ourselves’ out of the way and let Him take us over, the more truly ourselves we become” (p. 189). Lewis further states:

Our real selves are all waiting for us in Him. The more I resist Him and try to live on my own, the more I become dominated by my own heredity and upbringing and natural desires. . . . It is when I turn to Christ, when I give myself up to His Personality, that I first begin to have a real personality of my own. (p. 190)

This sort of thing is a dramatic departure from Rogers’s assumption that the true self is hidden under some façade created to appease the arbitrary moral expectations of others. In contrast, from Lewis’s perspective, the true self is found in giving up our own will and turning ourselves over to Christ. Lewis (1996) continues:

Give up your self, and you will find your real self. Lose your life and you will save it. Submit to death, death of your ambitions and favorite wishes every day and death of your whole body in the end: submit with every fiber of your being, and you will find eternal life.” (p. 191)

To give up the self, Lewis (1996) notes, is nothing less than to “hand over the whole natural self, all the desires which you think innocent as well as the ones you think wicked—the whole outfit” (p. 169). In so doing, Christ promises all: “I will give you a new self instead. In fact, I will give you Myself: my own will shall become yours” (Lewis, 1996, p. 169). In submitting to Christ in genuine discipleship, Lewis (1970) explains, Christ will give us a new self to replace the old. “Self-renunciation is thought to be, and indeed is near the core of Christian ethics” (p. 193). Indeed, the Savior taught, “If any man will come after me, let him deny himself, and take up his cross daily, and follow me. For whosoever will save his life shall lose it: but whosoever will lose his life for my sake, the same shall save it” (Luke 9:23–24).

There are, of course, an array of consequences of becoming a disciple of Christ. First, when Christ’s commandments have been institutionalized into tradition, the disciple follows those rules and strives to adhere to those expectations. This is not done because one wishes to serve tradition or social convention but rather because one seeks to serve Christ. When that happens, tradition and convention cease to be *self-stifling* and instead becomes *self-transforming*. Tradition can assist us in our discipleship. However, this is by no means always a very quick or painless process. Rather, it is often a long and sometimes painful process of self-transformation. It is a journey, a pilgrimage of sorts, and one that sometimes takes a lifetime. In earlier parts of that journey—while we are still new in our sojourn with Christ—we might still be feeling the competing demands of self and tradition. However, the ordinances of the gospel of Jesus Christ that we often associate with “enduring to the end,” such as the sacrament and the temple ordinances, are designed to scaffold this self-transformative journey. In addition, when traditions are at odds with or different from Christ’s commandments, the true disciple experiences less hesitation in disregarding them and feels less shame or guilt when he or she does. Because the disciple’s identity and purposes lie in Christ, he or she is not as beholden to the arbitrary standards that human beings tend to construct for themselves.

And, finally, as we give ourselves fully over to Christ, we begin to live less hypocritically in our lives. Interestingly, in this way, the goal of Rogerian psychology and

the process of spiritual conversion converge. Our *public* selves will, indeed, begin to reflect more completely our *private* selves.<sup>4</sup> When we are publicly following the instructions of Christ (and, in so doing, perhaps adhering to traditions and customs that reflect those instructions) but inwardly wishing and wanting to do otherwise, we *are* engaging in a form of hypocrisy. It is true that we often put on a “pretense” of sorts when we are around others—particularly if we want to behave in ways they would disapprove of when they are not around. In many cases, we really are doing what Rogers claims we are doing: we are seeking the approbation of others at the expense of the self, and this is, indeed, a very unhealthy way of living. In the process of our conversion to Christ, however, we find the desires of our hearts changing, and we discover the gap between our public behavior and our inward desires shrinking—not because we are rebelling against the expectations of others but because we are becoming new creatures in Christ by adhering to His teachings and participating in His ordinances.

#### LOVE UNFEIGNED

As we turn ourselves over to Christ, we will not discover ourselves freed from “oughts,” “shoulds,” and “shouldn’ts.” In fact, we will find that quite the *opposite* is true. We learn from prophetic counsel and teachings that judgment, scrutiny, and evaluation are *not inherently* at odds with the kind of love God offers us, the purest form of love that we can know. In fact, the scriptures relentlessly teach us to anticipate a day in which we will be judged and evaluated by Him. As Elder Dallin H. Oaks (2000) explains, “The Final Judgment is not just an evaluation of a sum total of good and evil acts—what we have *done*. It is an acknowledgment of the final effect of our acts and thoughts—what we have *become*” (p. 1, italics added). This implies a level

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4 We employ this distinction advisedly, being deeply suspicious of all subjective-objective dualisms and their ontological divisions of the world into inner realms and outer ones. Our intention here is not to lend weight to any form of Cartesianism or psychologism but rather simply to deploy a hopefully helpful descriptive metaphor without reading into it any dualistic metaphysics.

of scrutiny and evaluation unmatched by any mortal experience, and from a God who loves us more purely than it is possible for mortals to love—a notion that is utter heresy from within the humanistic worldview of Rogerian psychology and expressive individualism.

Because the term *unconditional love* has been hijacked by Rogerian concepts, we propose that as Latter-day Saints we make a more concerted effort to replace it with the term *unfeigned love*. In doing so, we will be employing a vocabulary whose origins are scriptural—something that Rogerian humanism cannot (and would not wish to) claim. Indeed, as Elder Russell M. Nelson (2003) has noted:

While divine love can be called perfect, infinite, enduring, and universal, it cannot correctly be characterized as *unconditional*. The word does not appear in the scriptures. On the other hand, many verses affirm that the higher levels of love the Father and the Son feel for each of us—and certain divine blessings stemming from that love—are *conditional*. (p. 20, emphases in the original)

McKee (1986) further elaborates, “While there are references and parables and stories of unfeigned love, there is not one single mention of the word or idea of unconditional love in holy writ” (p. 46). By more explicitly employing the term *unfeigned love*, we can perhaps avoid some of the more nefarious Rogerian connotations of the term *unconditional love*.

The key difference between the genuine, unfeigned love that God has for us (and that we should have for each other) and the “unconditional positive regard” that Rogerian humanism venerates as the cure for the struggle for sexual self-identity is that unfeigned love is *not* indifferent to the behavior and desires of those we love. When we genuinely love others, we are not indifferent to them or their sins—rather, we care about the sins of others *because* we love them. Someone who experiences unfeigned love toward others does not hold all life-paths as equal and does not react to all the choices of others in the same way. He or she might express joy when others make good choices and sorrow and perhaps disappointment when others make bad choices. These expressions of joy, happiness, sorrow, and disappointment in another person’s behavior are not variations in the degree of love but are themselves expressions of love—a love that is not indifferent to the eternal welfare of others.

Consider, for example, the experience of the sons of Mosiah, who after their conversion to Christ wished to preach the gospel of repentance to the Lamanites. Mormon describes their desires: “Now they were desirous that salvation should be declared to every creature, for they could not bear that any human soul should perish; yea, even the very thought that any soul should endure endless torment did cause them to quake and tremble” (Mosiah 28:3). As we draw closer to Christ, we grow in our desire to invite others to come unto Christ. We love the eloquent way Joseph Smith (1993) expressed the concept of love unfeigned:

Our heavenly Father is more liberal in His views, and boundless in His mercies and blessings, than we are ready to believe or receive. . . . God does not look on sin with [the least degree of] allowance, but . . . the nearer we get to our heavenly Father, the more we are disposed to look with compassion on perishing souls; we feel that we want to take them upon our shoulders, and cast their sins behind our backs. (p. 270)

In this teaching, we learn that compassion for those mired in sin or doubt or emotional and moral struggle does not require us to *overlook* their struggles or dismiss the reality of sin. Rather, it requires us to discern all the more accurately what the source of struggle and pain and sin is and how best to weed it out of our lives and the lives of those around us—all the while engaging others with meekness, gentleness, and hearts filled with a genuine, Christ-like love.

C. S. Lewis (1996) once wrote of God, “The great thing to remember is that, though our feelings come and go, His love for us does not. It is not wearied by our sins, or our indifference; and, therefore, it is quite relentless in its determination that we shall be cured of those sins, at whatever cost to us, at whatever cost to Him” (118). For this reason, unfeigned love is not incompatible with moral judgment. For example, in the Book of Mormon we read, “For behold, my brethren, it is given unto you to judge, that ye may know good from evil; and the way to judge is as plain . . . as the daylight is from the dark night. For behold, the Spirit of Christ is given to every man, that he may know good from evil” (Moroni 7:15–16). While we are instructed by Christ to forbear unrighteous judgment of others, we are *also* instructed to engage *righteous* judgment, which involves discerning what kinds of behaviors are right and wrong. Elder Dallin H. Oaks



(1999) explains, “The key is to understand that there are two kinds of judging: final judgments, which we are forbidden to make, and intermediate judgments, which we are directed to make, but upon righteous principles. . . . [A] righteous judgment will be guided by the Spirit of the Lord, not by anger, revenge, jealousy, or self-interest.” It is crucial, however, that we avoid pride, self-righteousness, and hypocrisy, because each of these is antithetical to unfeigned love and warps our ability to discern. As we humbly repent of our pride and relent in our self-interest, thereby allowing the Savior to more fully direct our steps and soften our hearts, we will find that the gospel of Christ is in fact the very loving “safe space” we have been seeking, one in which we are all the more able to “mourn with those that mourn; yea, and comfort those who stand in need of comfort” (Mosiah 18:9).

### CONCLUSION

In conclusion, this paper is a call to redouble our efforts as Latter-day Saints—both professional psychologists and lay members—to reframe an important dialogue about the nature and meaning of “safe spaces,” especially as we seek to extend the hand of fellowship and love to those individuals experiencing SSA. Nothing in this paper should be construed to suggest that there are not many things we can do better and differently as we pursue this goal. We hope only to extend a call for greater intellectual caution in our efforts at furthering this dialogue so that certain hidden and problematic cultural assumptions do not unnecessarily derail or misdirect the dialogue before it has a chance to bear important, and quite possibly soul-saving, fruit. We should ensure that our efforts to understand the meaning and possibility of a “safe space” do not neuter revealed truth of some of the potency that comes with a religion that makes demands of its adherents and lovingly invites them to make sacrifices as they strive to worship God and become one with Him and each other. We are convinced that LDS professionals and lay members should be wary of adopting the tenets of Rogerian humanism and expressive individualism as a measuring stick for determining whether the Church is or can provide a loving, compassionate space for all the children of God. We are likewise convinced that using Rogerian

terminology—particularly the way Rogerian thought conceptualizes love and hate—as the defining vocabulary of our discourse can only obscure and confuse it. Ultimately, the safe space the gospel offers each of us is discipleship. It is in genuine discipleship in Christ, in community with Christ and other disciples, that we find safety, comfort, real acceptance, and the abiding truth of our eternal identity.

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## “The way of man is not in himself”: Reflections on Humanistic Psychology, Same-Sex Attraction, and Safe Spaces

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In their paper *Reflections on Humanistic Psychology*, Ed Gantt and Jeffrey Thayne have accomplished a number of important things. Various aspects of the piece, and the arguments Gantt and Thayne make, have real potential for positive influence on our understanding of contemporary culture and the self-understanding it affords us—nearly always without our awareness or assent. It certainly stands as an example of thoughtful and civil discourse in an area saturated with polarization and politicization. This in itself is a genuine contribution. I found nothing in it to give offense, although I would not be shocked to learn that some will have found fuel for some fire of offense. It could hardly be otherwise if the very analysis that Gantt and Thayne make regarding the Rogerian

humanistic perspective is true. For contemporary adherents to the perspective that Gantt and Thayne critique, all scholarship, like all other human endeavors, has become a zero-sum game—complete validation or complete repudiation of the “insatiable self” (Williams, 1992) and, therefore, of persons who understand themselves in ways consistent with being insatiable selves.

I have described elsewhere (Williams, 2015) the modern self-concept that Gantt and Thayne describe:

the term “insatiable self” . . . describe[s] the self-concept and self-understanding that have emerged and taken root in a fairly short span of time, within a generation [or so]. Such a self-concept arises when one’s own personal and individual needs, desires, and

claims become the core of one's self. The pursuit of all things essential to the self then takes on a species of primal legitimacy.

The analysis of Rogerian theory that Gantt and Thayne provide illustrates well how small a step it really is from the proposition that every person has within a unique nature that strives toward actualization to the assurance that such actualization, and thus the development of that inner nature, is a positive thing and necessary for health and happiness. The next step is also a small one, to the realization that such unique actualization and the happiness it provides constitute an entitlement for each individual, and the standard by which the facticity of the world is judged as fair and adequate on one hand or lacking and unfair on the other. And finally, that inner happiness and fulfillment become the standard by which one's life, one's actions, and even other people are to be judged as morally acceptable or not. This summary is too fast, but it is adequate for the purposes of this essay, and the fuller analysis is available from Gantt and Thayne. What is, perhaps, clearest in all of this is that Rogers's work is a cultural biography of the last half of the 20th century—from a broadly psychological perspective.

It might be debated whether Rogers's work should be seen more as creating or merely as reflecting the spirit of that age. Certainly, a cultural historian could track the influence of this Rogerian humanism, or, more accurately, the cultural forces and attitudes reflected in it, on the generation of baby boomers, affecting the way they (or, perhaps, many of their cohort) were reared, parented, and educated, and thus, how parenting and education have been perceived and pursued across successive generations. The end of this extended cultural biography is still being written, and much social commentary has already been written on the topic, the body of which cannot be fully catalogued here. The "attitude" (for want of a better term) informing our contemporary experience and understanding of ourselves, our purposes, our sense of morality, our sense of mortality, and even our aesthetics, which Gantt and Thayne so well describe, is part of a much larger set of cultural and psychological realities and an accompanying largely wariness concerning them, although the wariness is largely inchoate in the general population. The philosopher Charles Taylor (1991)

coined the term "malaises of modernity" to refer to this body of understandings of self, culture, and ethics that have emerged in tandem with, and as context for, the more specifically psychological self-understanding inherent in Carl Rogers's work. As a sample of the cultural scope of the problem I am referring to here, I can cite only a few expressions of it. The literature in this area is very large and rich in both description and implications. The works dealt with here are some of the better-known expressions. Charles Taylor himself cites Allan Bloom's 1987 book, *The Closing of the American Mind*, as a good analysis of the rise of individualism and moral relativism grounded in the consummate importance given to every individual's own values, in the then rising generation.

In his own influential work on the issue of human agency, Taylor (1985) described our innate capacity as human beings to exercise our powers of rationality in evaluating the elements, or expressions, of our lived world. He distinguished (see Taylor, 1985, chapter 1), however, between "weak" and "strong" evaluations. By "weak evaluation," Taylor meant that we do have a capacity by our very rational nature to assess, that is, to attach value and importance to things, actions, and states of affairs. "Strong evaluation," on the other hand is the capacity by which we not only attach meaning and value to the things of our lives, but by which we judge some things to be worthy of making, adopting, or pursuing. This process requires that we have not only evaluations, but also *grounds* for those evaluations and reasons for privileging some over others as more worthy, or better. Part of the modern predicament is that, for a host of reasons having to do with the complex of meanings and understandings that constitute modern life, including a focus on individualism, a focus on fulfillment as a good in itself, and a reluctance to make moral judgments. For these reasons, among others, we find ourselves with a significantly diminished ability to make strong evaluations. This means that we have, in a sense, lost our way in regard to knowing and choosing what is true and good, what is to be affirmed and cherished—thus there is a leveling off of value and moral worth, and all can easily seem morally relative and morally indistinct. This same point is at the heart of a slightly earlier analysis by the sociologist Philip Rieff (1966/2006). Rieff concentrates on the work of

Sigmund Freud as the basis of his critique of modern psychology and its analysis of the psyche; however, his analysis is apropos to the Rogerian psyche as well. He (p. 79) summarizes the predicament brought about by the self-understanding offered in all species of modernism as "[the] absurdity of being free to choose and then having no choice worth making."

This malaise, identified by Rieff and by Taylor maps rather neatly onto the Rogerian view of life and world in which there are few objective standards for judging value and worth,<sup>1</sup> so that one is free to pursue one's own sense of value and worth. However, a moment's thought is sufficient to notice that if one cannot make strong evaluations about value and worth in the external world, one will also lack any grounds for making strong evaluations about one's own personal values—the internal world. Thus a Rogerian psyche both requires and cannot (with confidence) produce unconditional positive regard for oneself, nor can one trust what one might receive from another because there is no reason to suppose that any other person has any greater capacity for making strong evaluations than the person him or herself. There is no rest for the Rogerian psyche because in the modern world there is no *grounded* or *sure* positive regard. The very term "unconditional positive regard" requires that there are no grounding conditions or reasons on which the positive regard is based (except the mere existence of the person). It is thus always an evanescent phenomenon. So, there can be no trustworthy positive regard at all. This is indeed a haunting proposition.

This metaphor of "haunting" seems to be particularly apt in any critical analysis of modernity. Life conceived, understood, and lived under auspices of the modernity we are discussing here is going to be haunted in some ways. The price one pays for the kind of strict and powerful individualism that characterizes modernity is to be haunted by the void of meaning, value, and

grounding in all aspects of life. This problem has been noted by thinkers in both the 19th and 20th centuries. I cite here the work of the Spanish philosopher, Miguel de Unamuno (1864–1936). In his work, *The Tragic Sense of Life*, (de Unamuno, 1913/1954) he raises the issue of what, in translation, we would refer to as the "wherefore," meaning essentially "the purpose" or "end" of something, including life itself. For him, the most important question about life is the "wherefore" question—for what reason or purpose, and toward what end. A life devoid of a "wherefore" is, for him, and ultimately for all of us, a frightening proposition. A Rogerian psyche, as a psyche conceived and lived in modernity, will be, it seems to me, haunted by the fact that if there is a "wherefore" to life, it is within the self, and therefore able to supply only fulfillment of an otherwise empty self. To apply another metaphor, this must be like throwing open the blinds to look out the window in order to see what one anticipates to be a lovely vista, only to find out that one is looking into a mirror, every window to the world having been replaced by a mirror that reflects back only the self.

The fundamental relevance of the question of the "wherefore" is addressed in a more modern voice by the contemporary French phenomenologist, Jean-Luc Marion (2008). It is no coincidence that Marion is a very good Descartes scholar. It was, after all, the work of Rene Descartes that began the modern period and exalted the private mind by making it the instrument of certainty, and the guarantor, by virtue of its rational activity, of individual identity and existence. While Descartes could not have anticipated, much less intended to produce, the modern individualism, alienation, and moral relativism that are at the heart of the malaise of modernism, he nonetheless is rightly considered to be the father of modernism. The modern individual ego, with all its powers and problems, is the finished product of the enlightenment that Cartesian philosophy made possible. The contemporary connection between the power of the individual mind and one's very being is strong—much stronger for moderns than Descartes's simple observation that it was in thinking that he was assured of his own being. Marion, in his phenomenological analysis, however, concludes that the fundamental question at the foundation of human concern is not the question of being, but of what we might refer to as "mattering."

1. There is an irony here in Rogers's, and the broader culture's, position on objective standards of value and conduct. Certainly, Rogers valued certain things, the worth of individual persons, autonomy, and freedom for individual persons to self-actualize etc., and he valued them "objectively," that is across persons, time, and circumstances. But those very values, for the most part require the devaluing or at least suspension of most "objective" values that are taken to be true and valuable across persons, time and circumstances.

The assurance we most ardently seek is not captured by the Cartesian conclusion, *cogito ergo sum*, but by the question, *a qua bon?* This is usually translated as “what’s the point?” or “what’s the use?,” “What’s the good?,” or even, closer to de Unamuno’s terminology, “what for?” This is the question of the modern age, urgent and persistent even amid all the certainty provided by the conspicuous achievements of enlightenment rationality as manifested in its science and technology.

The question of mattering is an inherently evaluative concern: it demands judgment that shades into moral concern. As Marion makes clear, the assurance of mattering—that I matter—cannot come from myself, i.e., from the inside. It must come from outside myself, from another. He reframes the central question, *a qua bon?* as “does anyone out there love me?” And assurance of love cannot come from myself: self-esteem is ultimately impotent. Marion’s analysis builds on and extends the work of another French phenomenologist from the prior generation, Emanuel Levinas (see 1969), capturing the absolutely ethical foundation of human life as lived and the essential and surpassing importance of otherness, of both the absolute and the concrete, individual kind. Thus, the malaise of modernism that takes the form of individualism and alienation from the other is significant indeed. It lies at the heart of our individual and collective identity and existence.

The 20th-century sociologist, Robert Nisbet (1913–1996) wrote an important and insightful analysis of the malaise of alienation. In his introduction to the 1970 edition of his book (Nisbet, 1953/2014), Nisbet clarifies what he meant by alienation:

the state of mind that can find a social order remote, incomprehensible, or fraudulent; beyond real hope or desire; inviting apathy, boredom, or even hostility. The individual not only does not feel a part of the social order; he has lost interest in being a part of it. (p. xxiii)

We should note here that the claim is not that the alienated individual does not want to be part of the body of persons that make up his or her culture; sociality is extremely important for reasons that should be clear—others are needed to provide validation for the autonomous self. It is that the “social order,” including institutions, mores, roles, and obligations, among other things, no longer holds the person’s

allegiance, nor holds sway over his or her aspirations or actions.

Nisbet (2014, pp. xxiv–xxv), in this same preface, lays out four species of alienation that characterize modernism, i.e., our contemporary 20th-century culture: (a) alienation from the past, which cuts off “spiritual roots . . . leaving no viable prospect of the future” (p. xxiv), (b) alienation from physical place and nature, through mobility and rapidly developing information technology (pp. xxiv–xxv), (c) alienation from things, particularly “hard property,” and a shift to “soft property—shares and equity in something distant, personally unmanaged, and impersonal” (p. xxv), and, most importantly, (d) alienation from community, or the “social bonds which themselves reach from past to future” (p. xxv). The alienation described by Nisbet may well be the sickness of our age and both grounds for, and manifestation of, the individualism, epistemological relativism, and anti-foundationalism of our contemporary culture. Nisbet puts this all in the context of psychology in a way that makes contact with the work of Carl Rogers as Gantt and Thayne have explicated it (Nisbet, 1953/2014, p. 55):

Personal crises, underlying emotional dissatisfactions, individual deviations from strict rectitude—these have presumably been constant in all ages of history. Only our own age tends to blow up these tensions into reasons for a clinical approach to happiness. Such tensions appear more critical and painful, more intolerable to contemporary man, simply because the containing social structures of such tensions have become less vital to his existence.

Nisbet argues that the of the emaciation of the structures, functions, and authority of community is understood in the contemporary mind as the price that must be paid for freedom—understood, of course, as a radical sort of individual libertarianism. There is, however, an interesting paradox to freedom as conceived by the modern mind. The Italian philosopher Augusto Del Noce (1910–1989) studied what we are calling here “modernity” with an eye especially to the progress of secularism and the decline of religion in modern Europe with a particular interest in Marxism as one of the major forces in this phenomenon. He contends that Marxism has been the most successful philosophical movement in

the late 19th through the mid to late 20th centuries. This success is not to be measured by the success of its political manifestations in the communist nations of Eastern Europe. Rather its success is found in its effect on the broader culture and the modern mind set of our day. (Del Noce, 2014) Del Noce points out that "Marx's philosophical position can only be defined as an effort to think *man's liberation from every dependence*, first of all from God" and that this effort was "linked completely with a complete negation of the transcendent and the supernatural" (Del Noce, 2014, pp. 272–273). There is irony in linking Marxism with liberation—though that theme has been prominent in Marxist liberation movements for over a century. The liberation is not of the political sort, but rather of the cultural, epistemological, and spiritual sort. Once liberated from all of the trappings of culture and tradition, and the "false consciousness" that they create, people will be more amenable to and more easily absorbed in the certain and inevitable march of history that Marxism proclaims to be both true and real. Meanwhile, however, we are trapped in our own being, now liberated from religion, transcendence, and social institutions including the family. We must thus then rely on our individual selves as the source of all the stability and meaning from which we have just been liberated—and thus, the culture of individualism, relativism, and alienation is reinforced. Charles Taylor (2007), two decades after his early work on agency and strong vs. weak evaluations, produced his *magnum opus* on the larger topic that I have outlined here—the "malaises of modernity" (Taylor, 1991). James K. A. Smith (2014) provides a very insightful and readable treatment of this phenomenon, and finally, the French sociologist and anthropologist, Bruno Latour (2013) offers a compelling analysis of the predicament of modernity in relation to the issues we have dealt with from a distinctly postmodern perspective. His section on "The unerring ways of a generation" (pp. 63–69) is particularly relevant to the discussion.

The purpose of the preceding was to provide a broader perspective for Gantt and Thayne's excellent, careful, and critical explication of Carl Rogers's work and its continuing influence in various forms. They are correct to conclude that Rogers captured the spirit of his own age—and ours—and perhaps more than any other author, popularized an understanding of

ourselves in terms of our modern predicament. He, of course, was less critical of that understanding and its origins and consequences than the authors I have cited here. But he did make an accurate diagnosis of a central problem of psychological life and function in our age. It is worth making a historical connection that puts Rogers's work and Gantt and Thayne's analysis into an even broader historical perspective—the romanticism of the Renaissance. Much of the tone and thrust of Rogers's work can be found in an often-cited passage from the 15th century philosopher Giovanni Pico della Mirandola (1463–1494); however, while the latter is, in this passage, presuming to quote God, Rogers would likely be disinclined ever to do so.

Thou, constrained by no limits, in accordance with thine own free will . . . shalt ordain for thyself the limits of thy nature. We have set thee at the world's center that thou mayest from thence more easily observe whatever is in the world. . . . so that with freedom of choice and with honor, as though the maker and molder of thyself, thou mayest fashion thyself in whatever shape thou shalt prefer.

This classical romantic mindset both influenced and, ultimately, gave way to the enlightenment project of bringing everything under the auspices of the individual rational mind. The question remains, however: How does this become clinically relevant? The answer is that culture itself, and the understanding of self, others, relationships, need, capacity, and possibility that it affords to us, is clinically relevant. In other words, Rogers—and a host of scholars and practitioners since—did not discover the essence of human ontology, including pathology and wellness. Rather, he captured the spirit of the times and told a story of pathology and wellness deeply imbedded in the cultural affordances of our time—the late 20th and early 21st centuries. It is the modern romantic story created against the backdrop of the triumph of enlightenment thinking and the "emancipation" it has provided. Philosopher Louis Dupre (2004) summarized the two-fold triumph of the enlightenment as, first, complete confidence in the human mind (even the individual mind) to recognize and establish truth, and second, the "emancipation" from needing to believe in anything except what could be found through the exercise of the mind.



The cultural elite, and, sadly, many in the mainstream of our culture, are now living out the fruits of this emancipation. Rogers's writing reflects the spirit and essence of this emancipation very well.

However, a stubborn fact of modernity seems to be that emancipation from all transcendence, structures, institutions, orders, and truths beyond the contents and capture of the individual rational mind, along with the behavioral, emotional, epistemological, and moral freedom it offers is more attractive and more fulfilling in the abstract than it is when lived out in one's daily life and concrete relationships. Indeed many thinkers in the 19th and 20th centuries have written of the predicament of contemporary humankind as being, in some sense, *condemned* to freedom. It is a fearsome thing to be responsible for creating and maintaining one's own meanings, morality, and fulfillment, especially in a world where other such beings are engaged in the identical project for themselves. Other people and some stubborn things in the world seem obstinately disinclined to validate our personal projects of meaning and satisfaction. Thus the personal malaise of modernity. On the face of it, and this essay cannot do other than just describe that face, it is not clear whether Rogerian-inspired therapy or the contemporary family of rational/emotive/cognitive/behavioral therapies (because they embody and reinforce the malaise of modernism) can actually alleviate personal manifestations of that same malaise. The research is apparently clear that such modernist therapies can be rather successful at reducing distress and its various manifestations. It makes good sense to believe that if we are condemned to freedom it is helpful to be taught how to ameliorate some of the symptoms of the inevitable existential angst—particularly the part that may be most obviously irrational. However, it seems important to ask whether therapeutic approaches grounded in the assumptions and excesses of modernity can be expected to address psychological issues that are grounded in and draw their content and urgency from, those very assumptions and excesses. Only if one grants that the malaises of modernity are inevitable—and “just the way things are”—should one be inclined to settle for such an approach that allows one to live more meaningfully in a meaningless world, or more peacefully in a pointless culture. It has been my experience that sometimes

students being trained in the psychological helping professions genuinely wonder just what use to make of much of their intellectual training and coursework. The question seems to be, “what is the intellectual obligation of clinical/counseling professionals, or clinical/counseling programs?” May I suggest this: If, as we clearly see from the analysis of Rogerian theory in the paper by Gantt and Thayne, there is within the intellectual tradition of our training, an imbedded malaise of modernity, then we have an obligation to recognize, identify, and address that malaise. It is an intellectual problem that is at the root of both pathology and treatment. It is in our culture. This seems like a noble intellectual obligation—to address it, and seek to heal the culture as we help our fellow beings heal *from* the culture. If we can help free each other from the intellectual commitments that have produced the malaise we will have done, perhaps, some lasting good.

#### MODERNITY, SEXUALITY AND SAFE SPACES

Gantt and Thayne choose a powerful, not to mention controversial, example of an important and innately meaningful aspect of our humanity as the topic area within which to illustrate the landscape of that humanity from a Rogerian and from a Christian (particularly a Latter-day Saint) perspective. Sexuality, although controversial, is crucial to the modernist project. Modernist understandings must locate all aspects of our humanity within the auspices, range, and control of the personal ego. The rationality attributed to the personal ego goes far beyond mere logic and reason: it extends to evaluations of all sorts, including moral sensibility, moral judgment, as well as feelings and passions of all sorts. Sexuality is in a sense the crown jewel of our modernist humanity, partly because of its universality—almost everyone admits it is a very important aspect of his or her life as a human being. Sexuality also stands out in the extent to which it engages at once thought, feelings, emotions, the body, and the mind, as well as other people. This makes it of great interest to modernist thinkers seeking to exalt and empower the ego. More than this, however, sexuality has traditionally been taken to have a significant biological component. If the powerful modernist ego, the modernist project seems to suggest, can wrest sexuality away even from biology

(the body), then the power of the ego is complete. So, much is at stake in the seemingly benign project of bestowing on the personal ego (the powerful modern self) the power over sexual identity, orientation, motivation, and so on. We have known this since the sexual revolution; although its cultural and intellectual import was not salient in the minds and hearts of most who participated in it. It has become salient, however, as our contemporary culture lives out the effects of the sexual revolution in the context of the malaise of modernity.

Gantt and Thayne rightly take up the important issue of what have come to be called in our culture "safe spaces." To a great extent, safety of some sort is at the heart of the Rogerian, modernist project. A safe space, whatever else it might do, provides the ego a place to operate, to create life, meaning, and morality for itself without interference from others or even otherness—that is, without stifling opposition that would short circuit the ego's creative and expressive acts. Gantt and Thayne rightly acknowledge that the gospel of Jesus Christ is the ultimate, and perhaps the only, truly safe space. Latter-day Saints should believe that a genuinely safe space is available in the restored church as guided by prophetic authority and the gifts of the spirit. However, there is also a sense in which the gospel or church of Jesus Christ is not the sort of safe space many may be looking for.<sup>2</sup>

On the one hand, Christianity, by virtue of its essential message, is everyone's ultimate "safe space," although I prefer the term "safe haven." Matthew 11:28 invites *all* to come and promises to give them rest. Alma 34:16 teaches that the atoning act of Jesus

2. Of course, the calling of every Christian is to love all and do all we can to express that love in words and deeds. All Christians should hope and strive to provide a spirit-filled place for everyone to rest, feel loved, and unburden. This is certainly in keeping with what Rogers, and anyone in the helping professions, would recommend. And we should acknowledge that sometimes Christians, including Latter-day Saints, fall short, failing to provide sufficient love, warmth, and compassion. However, even when genuine warmth and love are offered and available, there is as a strong strain of the malaise of modernity that makes a modern self, defined and enformed by it, resistant even to genuine love. For a self afflicted by the malaise of modernity, love, without unconditional validation is not really love. Again, it is the self that judges and insists for itself what is love and what is not.

Christ "can satisfy the demands of justice and encircle [all who believe] in the arms of safety." Jesus reminded the Nephites: "I have commanded that none of you should go away, but rather have commanded that ye should come unto me" (3 Nephi 18:25). And finally, the Savior's call is to everyone: "has he withheld the power of the Holy Ghost . . . Or will he, so long as time shall last, or the earth stand, or there shall be one man upon the face thereof to be saved?" (Moroni 7:36).

On the other hand, every convicted Christian knows that salvation is free but it is not cheap. According to Alma 34:9, "all are fallen and are lost, and must perish except it be through the atonement." In Matthew, Christ teaches, "He that findeth his life shall lose it; and he that loseth his life for [Christ's] sake shall find it." And "strait is the gate and narrow is the way, which leadeth unto life," while "broad is the way that leadeth to destruction." (Matthew 7:14, 13) This must surely seem like the supreme sacrifice to the modern ego—after all those years of self-creation—to lose the life and the self one has built. In fact, in the Book of Mormon we find what seems to be an unqualified promise to everyone who seeks Jesus Christ. "If men come unto [Him He] will show unto them their weakness . . . [His] grace is sufficient for all men that humble themselves . . . [and He can] make weak things become strong unto them" (Ether 12:27). It would be hard to think of a more direct refutation of the powerful modern ego and the malaise of modernity that takes the form of self-creation.

Because the project of modern self-construction and self-maintenance is so compelling, and so complete as to include and envelope every aspect of the self—from thought to emotion, to relationships and identity—and because it is, even in its comprehensiveness, haunted by specters of nothingness and alienation, modern egos require not only love and fellowship, they require validation. Without validation, the ego's entire creation is insecure. As I read scriptures, as most Christians do, Christ validates very few—at least as we are now, where He finds us or we find Him. The scriptures are full of accounts, stories, and parables of people finding Christ, only to have to leave something of themselves aside or give up something of themselves in order to really find Him and find themselves in Him. So, the ultimate safe space is not a place of validation but of unburdening and rest for

the soul, or renovation, and giving ourselves over to be remade. The contrast with modernity could hardly be more stark. It is so stark in large part because the giving over and the remaking go as deep as the very foundation of our self-constructed modern self. It penetrates even to what we love. In the same sermon in which He invites us to lose ourselves, Jesus also tells those who seek Him, “He that loveth father or mother more than me is not worthy of me: and he that loveth son or daughter more than me is not worthy of me. And he that taketh not his cross and followeth after me, is not worthy of me.” (Matthew 10:37–38) It does not take a careful reading to understand that this is not a statement of Jesus’ callous disregard for family ties. It is, rather a metaphor, for the depth and power of the gospel of Jesus Christ to make and remake a soul. Its power can remake even what we love. We are called to lay on the alter even what we have come to love, and to find new love, find Him, and find ourselves in return. The Lord, we are told, requires the heart and a willing mind (D&C 64:34) Ironically, and paradoxically, the ego of modernity both claims absolute control over what it loves and how it loves, and yet, at the same time, can make itself helpless in the face of “love” which “just happens,” or overcomes us. Either way, the Christian message seems clear: we can change what we love if we first change whom we love, because He first loved us (1 John 4:19). It may be here that we find a foundation for Christian psychotherapy. It may be here that we find the ultimate safe space.

#### THE NEGLECTED ELEMENT

Running through the fine essay by Gantt and Thayne, as well as this brief response, is an ontological argument—a declaration of what it means to be a human being, at the most basic and fundamental level. At the foundation of the malaise of modernism is an understanding of ourselves uncritically reflecting intellectual allegiance to a peculiar mixture of materialist naturalism which brings with it the clear and present psychic impetus of the brute matter of which our bodies are composed, combined with a strong rationality capable of creating for ourselves an identity, and a version of self and reality which we take to be true and moral. If this all seems contradictory to the reader it is because it is contradictory. It seems as if the fundamental mind-body dualism, descended from

the 17th century and never resolved, has come down to us intact, and is now asserted, even with its innate contradictions, as being essential to our understanding of ourselves. There is, running through what is this contemporary makeshift ontology, a particular view of agency, one understood in strong libertarian terms. It holds that we have a mind free to choose for itself (and thus for us) all those aspects of ourselves we may want to choose; but we also live in a strongly deterministic world composed of matter and its various causal structures that are also operating in us and on us, often without our awareness, chiefly through things called “variables” and “structures,” that seem to have power to cause things within us either with our cooperation or without it. This is the world as described by modern scientism (see Hayek, 1952/1979). The fundamental manifestation of human agency in this intellectual *mélange* is autonomous unencumbered free choice – oddly enough, operating in a being who is both free to make meanings and choose actions, and at the same time ultimately powerless to resist or alter brute physical facticity.

The recommendations for an alternative to a Rogerian theory of humanity and therapy made by Gantt and Thayne, and the ideas I have expressed here are informed by another understanding of human ontology and human agency. On this view, human agency is not a mere capacity or a property of our innate rational powers. It is, rather, incumbent in the being of humans. To be human is to be a moral agent. The monumental manifestation of agency thus conceived is not self-creation and choosing, but the giving over of oneself—hopefully to truth and good. Truth and good are not of our own making by the individual mind; rather, they have their origin in the world of which we are a part, appropriated in and by our own actions, as our actions make contact with and embody what is true. I have elsewhere offered the beginnings of a formulation of such an understanding of agency (Williams, 1992, 2002, 2005, in press), and this essay extends an invitation for further scholarly investigation. Agency is the key to human ontology and to human happiness and thriving. This view of agency requires as a grounding assumption a source of truth accessible to us. That same source of truth, for every Christian, invites us into the safe space.

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## Thanks for Nothin', Timothy Leary: Reflections on Gantt and Thayne's *Safe Places*

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Gantt and Thayne's "Humanistic Psychology, Same-Sex Attraction, and Safe Spaces: A Latter-day Saint Inquiry into the Meaning of Love" (pp. 3–21) is a prime example of what Latter-day Saint counselors and psychotherapists should do. I have more reactions to their process than to their conclusions in this case. I will speak more to their process and recommend it for us to emulate.

Gantt and Thayne articulated a predominant model of psychotherapy and how it has been generalized to other domains. They critiqued the misapplication of the model. Then, rather than simply critique the model, they proposed a gentle alternative to the misapplied concept of safe spaces. Their concept of love unfeigned is a richly layered and gentle alternative that, when executed sensitively, is consistent with the gospel of Jesus Christ. Love unfeigned would have us support our brothers and sisters in a challenging process. It invites us to uphold the Lord's standard and compassionate-

ly invite others to do so as well. If we truly love our brothers and sisters, we invite them to walk the path of exaltation. And we walk beside them. That is what the Savior does.

I have seen love unfeigned function in the life of my own family. My youngest brother walked a dangerous path that ultimately led to his death. Although he had a rich testimony of the gospel, after his LDS mission and while living in my parents' home, his behaviors in their home escalated to the point that, with most heavy and fearful hearts, they had to set a boundary. They told him that if he wanted to continue certain behaviors, he would need to move out. But my father embraced him and emphasized, "My son, my son, you can always come home." Of course, this was a layered message referencing both our earthly and eternal homes.

My brother moved to another city far away. After several years, my brother reflected on his relation-

ships, peace, and happiness. He reflected that he had been happy and at peace in his fathers' homes. This was a layered recollection. He decided to come home and start home. He was lovingly received. He met with his bishop who gently guided him through a sweet but difficult process. The ward members, who surely could read the situation, lovingly received him and welcomed him back. He set boundaries on his behavior and eventually, miraculously, was blessed with a beautiful wife and daughter. In the course of time he was able to have his daughter sealed to him in the temple. A few months later, he died from consequences of his former life. He died at peace, having had all the required ordinances of the gospel completed and restored in his life. I am convinced that love unfeigned, which others showed when they simultaneously pleaded for obedience to God's guidance and invited him to walk the path of exaltation and gently extended respect and compassion, was a key to my brother's eventual peace.

As I reflect on Gantt and Thayne's work, I am grateful and hopeful. They are disciples of Jesus Christ, not Carl Rogers. Gantt, Thayne, and others of their ilk (e.g., Richard Williams, Aaron Jackson, Jeff Rieber) are brilliant treasures. They are trilingual. They deeply understand the gospel of Jesus Christ as well as philosophy and psychology. They ponder and critique the interface of the three to clarify and refine our understanding. This is hard work, but it has to be done. Failure to do so is fraught with danger.

As an example, consider the terrible influence that one actor on the academic stage had on generations of people. Consider Timothy Leary. Leary proposed that higher consciousness can be obtained by the use of psychedelic drugs. Whatever controlled research he proposed on the setting for safe use of LSD in psychotherapy was ingested uncritically by a generation of young people who were rejecting the materialism of their parents' generation. Socially popular catch phrases such as "Turn on, tune in, drop out" justified broad-based use of myriad psychoactive substances. While Leary might have started his work with a careful exploration of safe-setting use of LSD, by the time he was a celebrity, all caution seemed to have been thrown to the wind, and he seemed intoxicated with leading a hungry audience to turn on. Safe setting indeed! The damage done to lives across multiple generations by drug use is astronomical. The hedonism of

their parents' materialism was simply replaced by the hedonism of pleasurable drug-induced experiences under the guise of pursuing higher consciousness. In neither case was the underlying hedonic ethic questioned. And Leary's proposed consciousness model was not critiqued. But who was there to articulate, critique, and propose the alternative?

Gantt and others do the hard work of examining the misapplication of concepts and the flaws in the underlying philosophy and proposing a gentle alternative based on the gospel of Jesus Christ. In his chapter entitled "Hedonism, Suffering, and Redemption" in *Turning Freud Upside Down* (2005), Gantt shows how hedonism underlies much of modern psychology and psychotherapy, but he does not leave us without an alternative solution. He articulates a Christian perspective on the meaning of suffering. He states, "We need to re-envision psychotherapy as first and foremost a way of responding to the call to suffer with our clients in their sufferings rather than think of therapy as only an educational vehicle for the identification and satisfaction of individual desires" (p. 71). Gantt and Stan Knapp again did the hard work in their chapter entitled "Contracts, Covenants, and the Meaning of Marriage" in *Turning Freud Upside Down 2* (2017). They articulate the flaws in the prevailing view of marriage, which is based on instrumental egoism, and then offer a cogent alternative based on the concept of covenant. They say, "In contrast to the egoistic and contractual understandings of marriage, we argue that the nature and meaning of marriage can be more fruitfully understood in terms of covenant, an approach that acknowledges the spiritual foundations and moral obligations of the marriage relationship" (p. 103).

I am grateful for scholars like Gantt and Thayne. And I am concerned for those of us who are not as trilingual as they are. We do face real challenges, and we hear a cacophony of voices proposing solutions. What are we to do when faced with real issues and flawed but socially popular models and solutions? What should a young person in the 1960s have done when confronted with Leary's pronouncements from Harvard's pulpit or any of the other high places from which he pontificated after he was fired by Harvard?

True, Americans' materialism was a problem. But was exchanging one hedonic solution for another hedonic solution a real solution? Where might a better

solution have been found? Isaiah saw the same problem of materialism in his time. He even articulated the problem and consequences of materialism that have been evident in our modern world. Isaiah wrote as if he lived in our time. He saw the leaders of the people leading them astray and destroying their peace. He connected materialism with war and the death of young men and grief and desolation:

O my people, they which lead thee cause thee to err,  
and destroy the way of thy paths.

The Lord standeth up to plead, and standeth to judge the people. The Lord will enter into judgment with the ancients of his people, and the princes thereof: for ye have eaten up the vineyard; the spoil of the poor is in your houses. What mean ye that ye beat my people to pieces, and grind the faces of the poor? saith the Lord God of hosts.

Thy men shall fall by the sword, and thy mighty in the war. And her gates shall lament and mourn; and she being desolate shall sit upon the ground (Isaiah 3:12–15, 25–26).

If someone were to be only monolingual, it would seem that fluency in the gospel of Jesus Christ is the language that would best lead forward through problems. Even without a robust breadth of trilingual scholarship, a faithful reader of the scriptures can sort through the myriad interpretations and solutions that are presented to us. Call (2017) articulates the need for faithful reading of the scriptures to navigate the conflicting interpretations of problems. As one example, he recounts the experience of Abish, who was the lone bystander that was not overcome when King Lamoni, King Lamoni's wife, Ammon, and others fell to the ground and seemed to be dead. Abish brought others to see the king, supposing that they would understand the overpowering spirit. Those she brought offered three explanations of what they saw, none of which was correct. When one of the interpreters attempted to kill Ammon and suddenly fell dead, four additional interpretations were proffered, none of which was correct. In sum, seven faulty explanations of the manifest reality were proposed. Because of her faith, Abish knew the true explanation and solution. She took the hand of the queen and raised her up. When Lamoni was revived, he gave the correct explanation. Even then, some believed and some did not (Alma 19).

Call gives numerous examples of faulty interpretations and solutions based on the failure to faithfully read the scriptures. In the end, he quotes Moroni's plea to read the scriptures, remember how merciful the Lord has been, ask God for guidance, and follow in faith. Even without Gantt and Thayne's trilingual abilities, a faithful reader of the scriptures can navigate the perplexities of life. But without a faithful understanding of the scriptures, we are frequently left with multiple erroneous explanations and proposed solutions.

Ponder Isaiah's description of the Lord's process, which is shorthand for Gantt and Thayne's entire argument: "The Lord standeth up to plead, and standeth to judge the people" (Isaiah 3:13).

Jesus Christ is our advocate with the Father. He pleads for us. He pleads with us. And he judges us. He loves us enough to plead with us to pursue the path of virtue. He knows that path leads to exaltation. He knows the suffering involved in staying the course. He knows the purpose of our sexuality. He knows. He pleads, and he is the loving judge. He offers love unfeigned.

I think that Gantt and Thayne have found the right words: love unfeigned. Some people would have us say "safe spaces" without really understanding the philosophical underpinnings and spiritual implications thereof. Gantt and Thayne's trilingualism has led us to the words and behaviors that are consistent with the gospel of Jesus Christ. Rather than create safe spaces, we practice love unfeigned. We hold up the standard of the Lord. We are compassionate with the struggle to meet the standard of the Lord. We love deeply enough to invite others to follow the path that leads to exaltation. And we are tolerant of those we love when they do not accept our invitation (see Hansen, 2013).

In the end, however, I think it behooves all faithful therapists to become more multilingual and to seriously ask themselves, Whose disciple am I? Where do these ideas come from? What are the philosophical tenets behind them? How do the scriptures inform us about this issue? Gantt and Thayne (and others) are exemplary in this regard, and we should emulate their work.



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# No Safety in Solipsism

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At the outset let's acknowledge that the *need* for safe spaces for our LGBTQ siblings comes from Latter-day Saints' failing to be good Christians in the first place. At least, we have failed to be good enough Christians. If Latter-day Saints were ideal Christians, being with them would already be a safe space—regardless of Rogers's (1961) co-opting or corrupting the constructs that comprise it. I will return to this issue at the end of my comments.

A key question for Gantt and Thayne (pp. 3–21) is whether Rogers's theory somehow corrupts our attempts to create genuinely safe spaces. I appreciate and generally agree with their concerns about notions like unconditional positive regard and their critique of how Rogers's ideas have even distorted what we mean by love and hate. In addition to those issues, I would like to address the question of what we mean by *safe*. To me, a primary problem with Rogers's approach is that he imagines a value-free human interaction and establishes this view as a primary criterion for safety. He supposes that counselors and other empathic helpers can engage their clients and others without bringing any notions of what is good or bad to the experience. This proposal is both impossible and contradicted by the fact that Rogers proposes that value-

free interactions are better than other interactions—a clear moral value.

Despite Tjeltveit's (1999) comprehensive critique of value-free therapy and nearly two decades of supporting philosophical and empirical research, professional psychology continues to cling to the notion that psychotherapy can and should be a value-free or value-neutral enterprise. Clinging to this notion keeps us from attending to the more important question, which is, "Given that all human interactions are to some degree clashes of values and moralities, how do we engage each other in love across those differences in a way that provides community and safety?" Psychology has been so consumed with the notion that it should not make moral judgments that it has been unwilling and unable to acknowledge the unavoidability of its own values and moralities. Rogers provides a striking example of this. He clearly believes it is better (i.e., morally superior and more valuable) to act on one's independent individualistic intuition than to follow the prescriptions of other individuals, societies, or gods. He believes it is better to be "self-responsible" (1961, p. 55) than to be responsible to others and that being self-responsible and responsible to others are mutually exclusive. Ironically, this is Rogers's moral imperative,

the basis on which he, albeit kindly, is judging and influencing his clients—despite his claims to the contrary. Again, the question for all of us is not whether to judge and influence one another but rather how to do so in an honest and loving way.

I see two problems within Rogers's ideas. First, he proposes that we provide unconditional positive regard for people even though we clearly do not have positive regard for their inauthentic way of being. However, this is not radically different from the Christian's dilemma. The mandate to love all people regardless of background, beliefs, and identities is clear. The means by which we do so is much less clear. I agree that Rogers muddies the waters by supplanting love with positive regard. However, the fundamental dilemma, regardless of terminology, is how to love (or regard) across our inherently different values and moralities. The challenge of Christianity is learning to love "strangers," to "[take] them in" (Matthew 25:31–46). This certainly seems synonymous with a safe space. Rogers assumes a safe space can be created simply by adopting a non-judgmental stance. However, such a stance (if possible) precludes any genuine love. One cannot love from such a privileged and distant position. In LDS parlance, we might call this "love feigned" (cf. D&C 121:41). I cannot love you unless I know you, and I cannot know you except in terms of how we might agree and differ. Interestingly, in describing those who achieve a celestial glory, Joseph Smith said, "they see as they are seen, and know as they are known, having received of his fulness and of his grace" (D&C 76:94). It may be that our capacity to know and love across our differences comes by "grace."

Second, Rogers seems to place the sole authority for one's authenticity within oneself. He does this without much discussion of how one becomes the ultimate authority on oneself. He says,

The client finds that it is his [*sic*] own organism which supplies the evidence upon which value judgments may be made. He [*sic*] discovers that his own senses, his own physiological equipment, can provide the data for making value judgments and for continually revising them (Rogers, 1951, p. 501).

To me, it is this radical individualism that creates the greatest philosophical and moral issues for Rogers's theory. His model is essentially solipsistic and seems to raise the question of why someone would

come to psychotherapy in the first place. From Rogers's perspective, the purpose of psychotherapy seems to be to help the client see that they cannot, and should not, depend on or be influenced by anyone else in their quest to be authentic. I suppose the ultimate goal is for the client to disallow the therapist's values as they paradoxically adopt them. Rogers's ideal seems to end in a solipsistic nightmare of isolation. Ironically, Rogers, whom so many have seen as the father of empathic listening and understanding, has a philosophy that undermines even the possibility of real empathy—let alone the gospel notions of "mourning with those that mourn" and "bearing one another's burdens" (Mosiah 18:8–9). He says,

Every individual exists in a continually changing world of experience of which he [*sic*] is the center. . . . An important truth in regard to this private world of the individual is that it can only be known, in any genuine or complete sense, to the individual himself [*sic*]. . . . I can never know with vividness or completeness how a pinprick or a failure on an examination is experienced by you (Rogers, 1951, pp. 483–484).

Again, in what seems a profound irony, Rogers's philosophy puts severe limits on one's ability to relate to and empathize with another. This inherent distance only allows for people to *tolerate* one another, not really understand and connect with one another (cf. Williams & Jackson, 2015). The implications of the individualistic philosophy espoused by Rogers and most mainstream theorists have recently been explicated by both philosophers (e.g., Oliver, 2001) and psychologists (e.g., Gergen, 2009). Latter-day Saints, with their understanding of a literal atonement and the understanding that Christ became better able to "succor his people" (Alma 7:12) by vicariously suffering with and for us, might be able to extend our understanding of the true nature of empathy and our capacity to suffer with each other.

I have one caution regarding Gantt and Thayne's analysis. The casual reader might interpret their description of God's expectations, contingencies, and chastenings as an excuse for humans to do the same. I think this is the crux of what has kept Latter-day Saints from being the safe havens that our LGBTQ siblings might have expected us to be. We have followed the world's example in discriminating against them and persecuting them. The scriptures teach us

that such “persecution of the saints” (D&C 121:38) comes as a result of our own tendency to “cover our sins, or to gratify our pride, our vain ambition, or to exercise control or dominion” (D&C 121:37). I think it has been easy for Latter-day Saints and other Christians to imagine that they are the ones who have the responsibility to “humble, chasten, and rebuke” (Gantt & Thayne, p. 13) others. To me, it seems that such acts are almost exclusively God’s purview. For us to go beyond Rogerian tolerance and quasi-empathy, we will need to take Moroni’s advice to become more charitable and, “pray unto the Father with all the energy of heart, that [we] may be filled with this love” (Moroni 7:48).

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# All Things Denote There Is a God: A Response to Gantt and Thayne

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## ABSTRACT

*Gantt and Thayne's (pp. 3–21) cautions about Rogerian psychotherapy are warranted. Certainly, the theory has been interpreted in ways that lead to the very dangers they highlight. However, there may be more to the theory than first meets the eye, and the very dangers invoked by the theory might also represent opportunities. Neglecting some of the truths in the theory might alienate its proponents rather than persuade them of a better way. In this response, possible compatibilities between the theory and the gospel are explored, along with ways in which these might provide inroads for LDS psychologists to influence a secular discipline.*

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I appreciate this opportunity to respond to Gantt and Thayne (pp. 3–21). I have a great deal of respect for both of these authors and have deeply appreciated the opportunities I have had to associate with them both in person and through reading and responding to their work. I agree that psychological theories have in some ways weakened religious understandings through offering materialistic explanations for spiritual phenomena (such as unfeigned love). I have also

argued that religious psychologists might reverse this secularizing trend and bring religious views into the broader psychological discourse (Richardson, 2013). I think that accomplishing this might require not only describing incompatibilities between some secular and religious understandings—which is important—but also attending more carefully to compatibilities.

Gantt and Thayne's concern about situating such conversations primarily in secular psychological

language is warranted. Certainly, some of this language, perhaps by design, excludes spiritual understandings. However, religious psychologists also need to be able to communicate with their secular colleagues and at times might be required to justify their practices to the broader discipline. Being clearer about the compatibilities between religious beliefs and a secular theory, as well as being up front about the incompatibilities, might help avoid unnecessary alienation of religious psychologists from others in the discipline, and vice versa. It might also open pathways for religious influence in an otherwise secular discipline.

Proponents of Rogers's theory (whether religious or secular) might object to (a) Gantt and Thayne's emphasis on Rogers's unconditional positive regard without grounding it in the context of his other important therapeutic elements, accurate empathy (or understanding) and genuineness (or honesty), and (b) Gantt and Thayne's emphasis on individualism and relativism in Rogers's theory over relational and non-relativistic aspects of the theory. In what follows, I address each of these possible objections while exploring ways in which communication between religious and secular psychologists might be facilitated without sacrificing important religious understandings.

Before continuing, let me first clarify where I think Gantt and Thayne's analysis is fair. I agree that Rogers's theory has been interpreted in ways that emphasize the same philosophical individualism and materialism inherent in most secular counseling theories. Like many secular psychologists prior to and contemporary with him, Rogers abandoned religious belief in favor of materialistic science, thereby cutting himself off (at least consciously) from the source of truth. Of course, since God is in and through all things (D&C 63:59) and "all things denote there is a God" (Alma 30:44), no theorist can escape God or truth altogether. So, there is still much truth in Rogers's theory from which we might benefit as religious psychologists and that might provide a path for religious psychologists to influence the secular community. That path should no longer represent only a one-way secularizing path, as it often has in the past, but instead of potentially reducing our influence by closing it off altogether, we might see if we can open a few lanes in the other direction.

### UNCONDITIONAL POSITIVE REGARD

I believe that Gantt and Thayne's concerns about unconditional positive regard are warranted. It seems that Rogers's description of this therapeutic element, and its associated radical acceptance (of self and others), has been interpreted in precisely the ways these authors describe. Indeed, Rogers himself appears to have taken liberties with this element near the end of his life in sometimes putting his own perceived needs ahead of those of his ailing wife. To his credit, he also recognized the pain this caused his wife and seemed to feel that subsequent efforts to improve this relationship were successful. After his wife's death, Rogers appeared to allow himself even more liberties that might cause alarm from an LDS perspective, including sexual experiences. However, the permission Rogers gave himself to explore his own desires later in life also seems to have led him to question his former doubts about spiritual realities (Rogers, 1980).

So there is certainly room for concern when considering Rogers's permissiveness. However, his claim that this openness to experience also helped bring him (not without suffering) closer to his family, more joy in life (as well as more sorrow), and ultimately room to exercise a "particle of faith" (Alma 32:27) in spiritual possibilities might also give us encouragement to consider ways in which his theory might open possibilities for allowing religious psychologists to influence a secular discipline. In some ways, Rogers's theory might be uniquely situated for this endeavor since it appears to have evoked in him a humility and openness to possibilities that have been largely ignored by other secular theorists.

It is certainly true that unconditional positive regard alone could be problematic, even in the ways that Rogers experienced for himself. However, I argue that unconditional positive regard did not mean, for Rogers, that evil does not exist or that there should be no consequences for bad behavior. Nor did Rogers forbid therapists from expressing their own feelings about something a client expressed with which they disagreed. He primarily encouraged therapists to express their feelings as their own, and to allow clients to do the same, without labeling these expressions as right or wrong, good or evil. In describing what he *did* mean by unconditional positive regard, Rogers

(1961) wrote, “By acceptance I mean a warm regard for him as a person of unconditional self-worth—of value no matter what his condition, his behavior, or his feelings (p. 34).

It should be fairly uncontroversial in an LDS context that the worth of a soul does not diminish when that person sins and that we are commanded to love even our enemies so that we may be like our Father in Heaven (Matt. 5: 44–45). However, it is also true, as Gantt and Thayne have observed, that this unconditional valuing of a person has come to be interpreted as requiring acceptance of false ideas and harmful attitudes or behaviors. Rogers bears some responsibility for this interpretation by expecting that in therapeutic contexts, at least, a client’s attitudes and behaviors not be given evaluative labels such as good or bad, right or wrong.

However, this danger might be mitigated somewhat if proponents of Rogerian ideas learned that Rogers (1961) did not demand that there be no judgment in *any* context but indicated that non-judgment is important primarily in the *therapeutic* context. Although he doubted that judgments would help in the growth of individuals in any context, and even felt that they might interfere, he wrote, “I believe [judgments] have a certain social usefulness to institutions and organizations such as schools and professions” (p. 54). That is, judgment is useful to the well-being of society at large if not to the individual. I do think separation of individual and social good might represent an inconsistency in Rogers’s theory. Still, as Charles Taylor (2007) describes, it is true that religion, along with other institutions (e.g., educational and professional), has contributed to the development of the sort of cultural contexts that value and protect personal liberty. It is in these contexts in particular that Rogers’s corresponding value flourishes. Without some claim to judgment, such institutions might not exist and with them might vanish our modern way of life, along with Rogers’s theory.

So Rogers was astute in recognizing the need for judgment in certain institutional contexts. This important distinction might be useful for religious therapists in helping clients and colleagues understand why religious leaders are justified in teaching about righteousness and sin, while therapists might also be justified in leaving the judgment to

others. Still, religious therapists cannot be limited only to individualistic and secular expressions in the therapeutic context. Another possible avenue for religious expression, even within a therapeutic context, arises in Rogers’s emphasis on genuineness.

### GENUINENESS

Genuineness, or honesty, might have been for Rogers an even more important value than unconditional positive regard. He writes (Rogers, 1961):

Being genuine . . . involves the willingness to be and to express, in my words and my behavior, the various feelings and attitudes which exist in me. It is only in this way that the relationship can have *reality*, and reality seems deeply important as a first condition. (p. 33)

Rogers appeared to suggest here that reality, honesty, or genuineness is a “*first condition*” for therapy and so might be even more fundamental than unconditional positive regard.

Rogers continues, “It is only by providing the genuine reality which is in me, that the other person can successfully seek for the reality in him” (p. 33). Here Rogers describes a quite powerful (and often neglected) form of moral persuasion. Rather than telling the client that he or she *must* be honest, Rogers shows the client *how* to be honest by his own actions. Similarly, rather than telling the client that he or she *must* love, Rogers makes a powerful argument by his own actions for the moral importance of loving others. These two values combined, genuineness and love, seem very like what Gantt and Thayne (p. 19) describe as “unfeigned love.”

Rogers (1961) *requires* then, as a first condition of effective therapy, that the therapist (even, perhaps, if he or she is religious) be honest and upfront about his or her own beliefs and feelings:

The most basic learning for anyone who hopes to establish any kind of helping relationship is that it is safe to be transparently real. If in a given relationship I am reasonably congruent, if no feelings relevant to the relationship are hidden either to me or to the other person, then I can be almost sure that the relationship will be a helpful one. (p. 51)

For the LDS therapist, this genuineness might include lovingly sharing personal testimony of the truthfulness



of the gospel and the wisdom of the commandments while allowing the client similar expression of his or her own beliefs. Expressing one's own beliefs and feelings, for Rogers (1961), is a more honest form of expression than trying to point out where the other person might be wrong:

It seems that part of the reason this works out constructively is that in therapy the individual learns to recognize and express his feelings *as* his own feelings and not as a fact about another person. Thus, to say to one's spouse "What you are doing is all wrong," is likely to lead only to debate. But to say "I feel very much annoyed by what you're doing" is to state one fact about the speaker's feelings, a fact which no one can deny." (pp. 318–319)

Similarly, a testimony borne about one's own beliefs and feelings cannot reasonably be denied. And when borne without condemnation of the other, it is less likely that the other will feel a desire to counter it. In this sense, honest expression of one's own feelings without judgment of the other person might indeed be a more powerful way to lead another person to change than evaluating or criticizing him or her.

#### ACCURATE EMPATHY

For Rogers, it would be more genuine or honest to say that one believes the gospel to be true than to pretend that one has no beliefs that might influence one's approach to therapy. However, to insist that the gospel is obviously true, and that therefore it should be obvious to a doubting client, might display a lack of accurate empathy. The truth of the gospel might be obvious to the therapist, but it might not be obvious to the client. Rogers (1961) writes:

It is only as I *understand* the feelings and thoughts which seem so horrible to you, or so weak, or so sentimental, or so bizarre—it is only as I see them as you see them, and accept them and you, that you feel really free to explore all the hidden nooks and frightening cran- nies of your inner and often buried experience. (p. 34)

I am reminded in this context of some advice I once heard for bishops. If a young person approaches the bishop to make a confession, he or she might nervously start with the elements of the sin that he

or she sees as less horrible—in order to test the water. A young man who got drunk and had sex might start by admitting that he had tried alcohol. If the bishop indignantly erupts with, "How *could* you? You *know* better!" he might never hear the extent to which the youth indulged in alcohol and will almost certainly hear nothing about the sex.

It might be that only after the bishop empathetically understands the young man's fear and shame, as well as his sin, that the youth might fully admit the sin. Removing the need for defensiveness might also allow the young man to explore some of his other, more positive, and perhaps more powerful, desires that compete with a desire for sin. For example, before reminding a person about the seriousness of his or her sin, a bishop might ask how the person thinks or feels about his or her action now that the moment of temptation has passed. After all, some thought or feeling brought the person to the bishop's office to confess. What were the spiritual and emotional consequences of the behavior from the person's perspective? What does the person feel he or she should have done differently, or what does he or she hope to do differently in the future? Accurate empathy requires that the bishop, or therapist, also seeks for and understands these competing righteous desires. Otherwise, if the person's attention is directed by perceived criticism toward defense or justification of a hurtful behavior, these righteous impulses might be forgotten.

It might be important for religious psychologists to remind their Rogerian colleagues that Rogers did not only advocate for recognition of the hurtful impulse but also for recognition of the helpful impulse. This is too often neglected, I believe, in both religious and nonreligious helping contexts. With such persistent emphasis on "disorder" or sin, the therapist and client both might miss the "order" and goodness within the client. Missing something so important in the client's experience would not represent accurate empathy.

With these two additional Rogerian anchors together (genuineness and accurate empathy), we seem to have something even closer to what Gantt and Thayne (p. 19) describe as "unfeigned love":

The key difference between the genuine, unfeigned love that God has for us (and which we should have

for each other) and the “unconditional positive regard” that Rogerian humanism venerates as the cure for the struggle for sexual self-identity is that unfeigned love is *not* indifferent to the behavior and desires of those we love. (p. 37)

I do accept that the rendition of “unconditional positive regard” described by Gantt and Thayne may have come to be dangerously venerated in humanistic psychology, but it seems that this might not be what Rogers intended. Rather, it seems he intended something much more like Gantt and Thayne describe. When we consider his three essential therapeutic elements together, indifference seems far from Rogers’s intent.

Similarly, although Russell M. Nelson (2003) and other Church leaders have cautioned against the word *unconditional* when applied to divine love—likely because of the very baggage Gantt and Thayne describe—they also invariably acknowledge that God’s love is infinite and enduring. It is clear that these leaders understand that there is a difference between enduring, infinite love (which, if described as recognizing the worth of a soul in spite of his or her sins, seems very like Rogers’s unconditional positive regard) and unconditional positive *consequences*. Yet, Rogers acknowledged this difference as well. Although he wanted unconditional valuing of the person, and even acceptance of however he or she might use his or her agency, he also recognized that actions have consequences that no therapist can mitigate. Accurate empathy and genuineness require a recognition of these consequences, positive and negative, as they are experienced by a client. Contrary to how his theory might now be viewed, Rogers’s views on this included elements that were decidedly relational and nonrelativistic.

#### INDIVIDUALISM AND RELATIVISM

Gantt and Thayne have rightly pointed out that individualism and relativism have been associated with Rogers’s approach. However, Rogers did not consider himself a moral relativist, and his theory—although emphasizing individual value and agency—also acknowledged our inevitably relational nature and even hinted at the need for self-transcendence.

#### ROGERS’S MORALITY

Rogers’s nonrelativistic morality was highlighted in a conversation between Rogers and Gregory Bateson (Kirschenbaum & Henderson, 1989). Bateson, who initially took a more relativistic position in his conversation with Rogers, mused that while he himself was a theorist (working primarily in the realm of theory rather than application), Rogers actually “believes that what you do matters”:

[Rogers] starts, you see, in the first two minutes, by saying there’s good and evil in the world and he knows which is which, and five years later he will produce data to prove that he’s right. I’m not so sure about the good and evil. I believe there is good and evil in the world. As to which they are, that’s difficult. (p. 182)

Rogers does not contradict this characterization but in response notes some of Bateson’s criticisms of behaviorism (with which Rogers agreed) and says:

I noticed in your remarks about behavior modification that you, too, have your values. You may not call them good and evil, but no one would have to guess very hard as to the value you’ve placed on that. (Bateson laughs.) I want you to respond to that, because I feel that one of the things that I’ve come to value is not hiding our values. (p. 186)

Bateson responds, “Yes, well I plead guilty” (p. 186) but protests that he is situating his values not only in *feelings* but also in intellectual analysis—to which Rogers responds:

Then I think that perhaps one real difference between us is that, if I’ve got it correctly, you justify the feelings that you have about it on the basis of your analysis of whether it is true or not. Well, I happen to agree with your analysis. But I think that the feelings exist whether or not the analysis is true. And I feel it is just as valuable to be aware of feelings as it is to be aware of our intellectual processes. And that often even scholars get screwed up, if I may use a technical term, by not paying attention to their feelings, but only to the ideas that they have generated. (p. 187)

So it becomes clearer in this conversation that Rogers does not advocate awareness and acceptance of personal desires for relativistic or hedonistic purposes but for accessing one’s feelings about what is right,

true, or good. This, without neglecting intellectual processes.

This calls to my mind God's emphasis on revealing the truth to our minds *and* to our hearts (D&C 8:2), which provides two "witnesses," reducing the likelihood that either intellect alone or heart alone might lead us astray (or cause us to "get screwed up," in Rogers's terms). A third witness might be found in the consequences that follow thoughts, feelings, and behaviors, both within and beyond ourselves. These Rogers also acknowledged in nonrelativistic terms:

To me, the person who offers the most hope in our crazy world today, which could be wiping itself out, is the individual who is most fully aware—most fully aware of what is going on within himself: physiologically, feeling-wise, his thoughts; also aware of the external world that is impinging on him. The more fully he is aware of the whole system . . . the more hope there is that he would live a balanced human life without the violence, the craziness, the deceit, the horrible things we tend to do to each other in the modern world. (pp. 188–189)

So Rogers acknowledges the very real possibility of evil but emphasizes his belief that this evil is more likely to emerge from social influences (e.g. coercive authority figures) than from within the individual. Bateson then asks how students in Rogers's educational system would have their erroneous ideas corrected, if not by the sort of authoritative pressure applied by teachers. Rogers responds:

Well, I think that you have more confidence for yourself than I have for myself . . . that you know some of the things that students must and should know. I don't have that degree of confidence. I don't think I do know what they should know. And I am perfectly sure that they will pick up erroneous ideas in courses they might take with me as well as in courses they might have with others. But if they are directing their own learning, it will be corrected in the same way that my learning and yours is corrected. We no longer go to teachers, we get corrected by our life experiences. (pp. 194–195)

I believe this begins to get at the core of Rogers's thinking. He believed in right and wrong, good and evil, but he did not have confidence in the accepted authoritative sources of truth (and perhaps with good reason, from his own experience with sectarian religion and secular government). He believed that

given agency—learning the good from the evil by their own experience—people would more likely discover the truth than by being coercively instructed by a fallible authority figure. Without inspired leaders, this is certainly the situation in which many find themselves in the world, but even in gospel contexts we are encouraged to seek our own witness of authoritative teaching—in our minds and hearts and in reflecting on the consequences of thoughts, feelings, and behaviors.

Rogers's concern about authority is also reminiscent of Mosiah's reasons for wanting to turn the government over to the voice of the people rather than letting it remain in the hands of one potentially flawed authority figure. After describing the destruction that could result by placing their trust in a single powerful authority (a king), Mosiah explained:

Now it is not common that the voice of the people desireth anything contrary to that which is right; but it is common for the lesser part of the people to desire that which is not right; therefore this shall ye observe and make it your law—to do your business by the voice of the people. (Mosiah 29:26)

Rogers might have been extreme in his beliefs about how to actualize the good—primarily through unfettered self-direction, or a more libertarian form of democracy than has been typical historically—but he was certainly not a moral relativist. As Bateson hinted, Rogers might be more accurately accused of moral naiveté than of moral relativism. Rollo May, another rationalist contemporary, hints at this possibility in a letter to Rogers (Kirschenbaum & Henderson, 1989):

A colleague tells me that when you [Rogers] had the discussion with Martin Buber in Michigan you said, "Man is basically good," and Buber answered, "Man is basically good—and evil." I am arguing that we must include a view of the evil in our world and in ourselves no matter how much that evil offends our narcissism. (p. 248)

Rogers provides a two-fold response to this insightful criticism:

You [Rollo May] have never seemed to care whether the evil impulses in man are genetic and inherent or whether they are acquired after birth. For you they are just there. For me their origin makes a great deal of difference philosophically. (p. 253)

So Rogers did not deny that evil impulses exist but questioned the idea that they are inherent. Rogers then affirmed that he believed goodness (an actualizing tendency) is inherent but that in his experience he saw no inherent evil tendency in human beings. He then explains:

So how do I account for the evil behavior that is so obviously present in our world? In my experience, every person has the capacity for evil behavior. I, and others, have had murderous and cruel impulses, desires to hurt, feelings of anger and rage, desires to impose our wills on others. It is well to bear in mind that I also have a capacity to vomit, for example. Whether I, or anyone, will translate these impulses into behavior depends, it seems to me, on two elements: social conditioning and voluntary choice. (pp. 253–254)

Rogers's optimistic view of human nature, tempered by acknowledgement of social influence and personal agency, seems remarkably similar to a scriptural description (D&C 93:30–31, 38–39):

30. All truth is independent in that sphere in which God has placed it, to act for itself, as all intelligence also; otherwise there is no existence.

31. Behold, here is the agency of man, and here is the condemnation of man; because that which was from the beginning is plainly manifest unto them, and they receive not the light.

38. Every spirit of man was innocent in the beginning; and God having redeemed man from the fall, men became again, in their infant state, innocent before God.

39. And that wicked one cometh and taketh away light and truth, through disobedience, from the children of men, and because of the tradition of their fathers.

In these verses, it appears that humanity's basic nature is indeed good (or innocent), as Rogers supposed and perhaps contrary to the apparent assumptions of Buber and May (and much of traditional religion). The Lord then explains a three-fold source for evil: traditions of their fathers (vs. 39), misuse of personal agency (vs. 30–31, 39), and the "wicked one" (vs. 39). Of these, Rogers names two explicitly (tradition, or "social conditioning"; and agency, or "voluntary choice") and only hints at the possibility of a third.

It is clear from verse 39 that the "wicked one" is able to take away the inherent goodness (light and truth) of humankind only after they misuse their agency "through disobedience," which comes "because of the tradition of their fathers."

Rogers hints at the possibility of a self-existent evil (a "wicked one"), or that voice that entices us to evil (2 Nephi 2:16), by acknowledging the existence of "murderous and cruel impulses" that can be actualized through "social conditioning and voluntary choice" (Kirschenbaum & Henderson, 1989, p. 254). He describes these impulses as if they also arise from the person, but in a non-normative fashion, by comparing them to the impulse to vomit, which usually comes only when we have taken something into our system that is unnatural or unhealthy for it. That Rogers does not recognize the source of such evil impulses as a "wicked one" can be understood by his rejection of traditional religion. This is a serious flaw in Rogers's theory, though perhaps an understandable one, and corresponds to his failure to situate good impulses in God and our relationship to Him as children.

#### ROGERS'S RELATIONALITY

So perhaps Rogers's theory is not relativistic, but is it still individualistic? After all, it is the individual's organismic valuing process that leads the individual to self-actualization. It should be clear now that Rogers does not deny social realities, but are these, for Rogers, only a source of evil? Rollo May hints at this danger of humanistic psychology in the same letter to Rogers (Kirschenbaum & Henderson, 1989):

Thus Yankelovich . . . can say . . . that humanistic psychology is the narcissism of our culture. I believe he is right. The narcissists are persons who are turned inward rather than outward, who are so lost in self-love that they cannot see and relate to the reality outside themselves, including other human beings. (p. 249)

This assessment clearly troubled Rogers, who responds:

When you speak of the narcissism that has been fostered by humanistic psychology and how many individuals are "lost in self-love," I feel like speaking up and saying, "That's not true!" Then I realize that what I am saying is that it is not true in my experience, but my

experience is limited to clients and groups dealt with by my particular brand of humanistic psychology and philosophy. . . . If these characteristics have emerged in other facets of the humanistic movement, I have not been in contact with them. I realize this is quite possible because I am not closely in touch with other aspects of the humanistic movement.

In the groups with which I have had contact, the truth is quite the contrary. Such groups lead to social action of a realistic nature. Individuals who come in as social fanatics become much more socially realistic, but they still want to take action. People who have not been very aware of social issues become more aware, and, again, opt for realistic action on those issues. (pp. 251–252)

So Rogers seemed to acknowledge the possibility that excessive self-focus—which Gantt and Thayne suggest followed Rogers’s humanism—might emerge from other interpretations of humanistic psychology. However, he suggested that his approach (rightly understood) should have the opposite effect. Elsewhere, Rogers (1961) describes more explicitly how even a therapy that emphasizes self-awareness, self-expression, and personal agency might lead to better relational awareness as a client seeks to genuinely express her or his feelings and a therapist seeks to genuinely understand them.

In these moments there is, to borrow Buber’s phrase, a real “I-Thou” relationship, a timeless living in the experience which is between the client and me. It is at the opposite pole from seeing the client, or myself, as an object. (p. 202)

Part of this genuine understanding of self and others is recognition of personal agency and the corresponding influence we might have on others. Rogers continues:

Involved in this process of becoming himself is a profound experience of personal choice. He realizes that he can choose to continue to hide behind a façade, or that he can take the risks involved in being himself; that he is a free agent who has it within his power to destroy another, or himself, and also the power to enhance himself and others. (p. 203)

In Rogers’s experience, increased awareness of personal agency and accountability, although not itself the solution to a person’s problems, has important relational implications:

But being himself doesn’t “solve problems.” It simply opens up a new way of living in which there is more depth and more height in the experience of his feelings; more breadth and more range. He feels more unique and hence more alone, but he is so much more real that his relationships with others lose their artificial quality, become deeper, more satisfying, and draw more of the realness of the other person into the relationship. (p. 203)

Rogers (1961) finally contrasts his vision of the behavioral sciences with the prevailing (at the time) behavioristic view, which emphasized prediction and control. Here it becomes clear again that—whether correct or incorrect in his theorizing about human nature—Rogers did not fundamentally assume or primarily value individualism, nor did he see the individual as isolated from the social context. Rather, he saw individual freedom as inextricable from the social context and necessary, not only for self-actualization but also for self-transcendence:

We can, if we wish, choose to make men submissive, conforming, docile. Or at the other end of the spectrum of choice we can choose to use the behavioral sciences in ways which will free, not control; which will bring about constructive variability, not conformity; which will develop creativity, not contentment; which will facilitate each person in his self-directed process of becoming; which will aid individuals, groups, and even the concept of science, to become self-transcending in freshly adaptive ways of meeting life and its problems. The choice is up to us, and the human race being what it is, we are likely to stumble about, making at times some nearly disastrous value choices, and at other times highly constructive ones. (p. 400)

This sounds almost like an argument that might have been made in the war in heaven. Agency might at times result in evil (“disastrous value choices”), Rogers acknowledged, but it will ultimately enable a far greater good, including self-transcendence. Although at this time Rogers could be described as a materialistic empiricist, perhaps unlike many of his like-minded contemporaries, he seemed to be tapping into something that transcended even his own vision of science. He continues:

In conclusion then, it is my contention that science cannot come into being without a personal choice of the values we wish to achieve. And these values

we choose to implement will forever lie outside the science which implements them; the goals we select, the purposes we wish to follow, must always be outside of the science which achieves them. To me this has the encouraging meaning that the human person, with his capacity of subjective choice, can and will always exist, separate from and prior to any of his scientific undertakings. Unless as individuals and groups we choose to relinquish our capacity of subjective choice, we will always remain free persons, not simply pawns of a self-created behavioral science. (pp. 400–401)

### A TWO-WAY STREET

The above quotes, I think, highlight both a key criticism of Rogers's work and an important potential inroad for religious views into a secular science. Rogers hints at realities that his materialistic understanding of human nature cannot fully explain—such as a transcendent moral agency and a mysterious organismic valuing process that tends toward the good. He asserts the existence of inherent good but cannot explain why it exists inherently (although he does a better job articulating the source of evil). He also seems to underestimate Bateson's concern about not being able to tell the difference between good and evil. He implies that Bateson's criticism of behavior modification suggests that Bateson does know the difference, but Rogers seems to miss the deeper point that philosophical materialism can provide no reason why anyone *should* know the difference. It was in part this otherwise inexplicable, apparently inescapable, moral awareness that drew C. S. Lewis (2001) back to theism.

These materialistic limitations might be the source of common interpretations of Rogers, which Gantt and Thayne rightly identify as dangerous from a gospel perspective. If we do not know why one thing ought to be valued over another, then why not accept all values equally (something Rogers clearly did not do himself)? If we do not know why individuals have the ability to choose what they value, then why assume they have any choice at all (as Rogers assumed they did)? Why not just accept them for what they are, without assuming that they can, will, or should grow toward a better way of being (as Rogers assumed they would)? Or, if we cannot explain why the choice

of one way of being should be more valuable than another, why label one choice as more self-actualizing than another (as Rogers did with choices to be loving, honest, and understanding)? Further, if we cannot explain why the individual should value relationship after experiencing radical personal agency, then why not simply value individualistic freedom for its own sake? Or in other words, why not assume that humanistic psychology will as likely lead to narcissistic self-love (which Rogers resisted) as to deeper relationships (which Rogers valued)? These were clearly not outcomes Rogers intended, but I believe his failure to situate value and truth in their divine source inevitably led to his theory being interpreted as radically individualistic and relativistic. It might also have led to his own late-life self-permissiveness.

This difficulty has relevance for Gantt and Thayne's emphasis on self-denial, or the submission of self to Christ. This is indeed central in the gospel. There is a possibility for confusion if we are unsure of what self we are denying or to what manner of Being we are submitting. We want to shed, of course, the false self from Rogers's viewpoint, or the natural man from an LDS viewpoint. This is an important distinction. It might be difficult to extract from Rogers's theory which personal desires are consistent with our true selves (other than those that are loving, honest, and understanding) or what to do about false desires when we find them out. The gospel provides better direction. In short, to know our true selves, we must come to know our divine source, our Heavenly Parents.

So Gantt and Thayne rightly warn us of the dangers, but these very dangers might also represent opportunities. Where Rogers is vague, and he seems to be often vague, pathways might open for religious influence in an otherwise secular discipline. Ammon used the language of the Lamanites ("the Great Spirit") to scaffold Lamoni's understanding of the true God (Alma 18). Similarly, Paul used the language of the Greeks ("the Unknown God") to scaffold Greek understanding of the true God (Acts 17). Paul goes on to speak of becoming "as a Jew," and "as without law," and "as weak" in order to persuade people of different backgrounds and experiences to believe in Christ (1 Cor. 9). "I am made all things to all men," he writes, "that I might by all means save some" (vs. 22).

It appears—if Gantt and Thayne’s article is needed—that many psychotherapists and clients still value a Rogerian approach. For these people, pointing primarily to incompatibilities might not suffice to get them to abandon their psychology in favor of religion. Indeed, it might as soon do the reverse. However, in explaining why religion better accounts for the very real goods Rogers observed (such as love, honesty, and understanding), and provides a surer guide to actualizing them, we might have a better chance of reversing the secularizing influence of psychology on our religion and begin to appropriately infuse our psychology with the proper spirit.

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# The Experience of Parents of Early-Returned Missionaries

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## **ABSTRACT**

*This paper shares the results of a mixed methods study designed to understand the lived experiences of parents of early-returned LDS missionaries. Researchers conducted two focus groups of parents ( $n = 7$ ) and developed and administered a survey ( $n = 199$ ). The study considered the phenomenon through the theoretical lenses of Kübler-Ross's model of grief and Boss's model of ambiguous loss. The results suggested that parents struggle with the early-return process, the lack of communication with mission presidents, a perceived lack of support from some church leaders and ward members, and personal adjustment to their child's early return. Clinical implications include suggestions for improved parental adjustment and seven assumptions regarding ambiguous loss.*



The Church of Jesus Christ of Latter-day Saints declares four purposes for helping their members achieve exaltation. These stated purposes are “helping members live the gospel of Jesus Christ, gathering Israel through missionary work, caring for the poor and needy, and enabling the salvation of the dead by building temples and performing vicarious ordinances” (The Church of Jesus Christ of Latter-day Saints [LDS Church], 2010). Just as children in the LDS Church are socialized to prepare for missionary service from an early age, parents are also taught to prepare their children to serve. In 1998, at the dedication of the new Peru Missionary Training Center, Elder Russell M. Nelson of the Quorum of the Twelve Apostles remarked, “This great building that we will dedicate tonight is a supplement to the home. Every one of our homes is a missionary training center. We will put on the finishing touches here” (The Church of Jesus Christ of Latter-day Saints, 1998). By the time parents send their child on a mission at age 18 or 19, they are often deeply invested, both emotionally and financially, in their child’s missionary experience. When a child returns home early from a mission, his or her parents may experience a sense of grief and loss. The purpose of our study was to examine the experiences of parents of early-returned missionaries (ERMs).

#### LITERATURE REVIEW

##### GRIEF AND LOSS

Although there are many theoretical conceptions of grief and loss, we will consider the experiences of parents of ERMs in terms of only two, Kübler-Ross’s five stages of grief (1969) and Boss’s theory of ambiguous loss (2004). In her seminal work *On Death and Dying* (1969), Elisabeth Kübler-Ross proposed five stages of grief: denial, anger, bargaining, depression, and acceptance. The denial stage is characterized by shock, disbelief, and denial of the reality of the loss. In the anger stage, people may feel and express anger or frustration at the unfairness of their loss. The target of their anger may be others, themselves, or God. In the third stage of grief, they attempt to bargain for a restoration of the loss or a return to “normal.” In the depression stage, the reality of the loss has set in, and

sadness, uncertainty, fear, and regret prevail. The acceptance stage is not resignation toward the loss, nor happiness about it, but rather a sense of peace and a readiness to move on. Persons who experience death or any other significant loss may go through each of the five stages, but the stages are not necessarily linear. Because the grief process varies with each individual, a grieving person may bounce back and forth between the stages, experience some stages simultaneously, or skip one or more stages altogether. We anticipated that parents of ERMs experience emotions associated with these stages in relation to their missionary’s early return.

##### AMBIGUOUS LOSS

Boss’s theory of ambiguous loss (2004) refers to losses that have no clear resolution. Ambiguous loss is defined as a situation where a loved one is physically present but psychologically absent, as in the case of cognitive disability, dementia, or mental illness. Or, alternately, the loved one is psychologically present but physically absent, as in the case of military deployment, incarceration, missing persons, or presumed death without a body. These are “loss[es] combine[d] with ambiguity” (Boss, 2007, p. 108). Unlike death, they typically have no defined end point and no established rituals to provide closure. The ambiguity of the loss is a major stressor for families that can halt the process of grief and make both functioning and closure difficult or impossible (Boss, 2004; Wahlig, 2015). The effects of ambiguous loss include depression, anxiety, conflict, confusion, ambivalence, guilt, and repression or silence around the loss (Boss, 2004).

We propose that parents of missionaries also experience a form of ambiguous loss. When missionaries leave home to enter the mission field, they are physically absent but likely still psychologically present to their parents, similar to the relationship between deployed soldiers and their families (Boss, 2004; Boss, 2007; Huebner, Mancini, Wilcox, Grass, & Grass, 2007). Missionaries who return home early are suddenly and unexpectedly present in the family again but may also be psychologically distant or absent for a variety of reasons, such as if the return was against their wishes, if their hearts are still in the mission field, if they feel out of place at home, or if they are experiencing mental illness. If there is any question about

whether the ERM will or should return to the mission field, the ERM and his or her parents may experience greater ambiguity and uncertainty until that issue is resolved and the future becomes more clear.

#### FAMILY BOUNDARY AMBIGUITY

Ambiguous loss is closely tied to family boundary ambiguity, defined as “a state in which family members are uncertain in their perception about who is in or out of the family, and who is performing what roles and tasks within the family system” (Boss, Pearce-McCall, & Greenberg 1987, p. 437; Carroll, Olson, & Buckmiller, 2007). Boss (2007, p. 106) explained that the perception of ambiguous loss affects the degree of boundary ambiguity in the family and that “the higher the degree of boundary ambiguity, the more negative the outcomes.” In many examples of ambiguous loss, the loss is sudden and unexpected. Boss, Pearce-McCall, and Greenberg (1987) also applied the concepts of ambiguous loss and family boundary ambiguity to the normative and expected loss of an adolescent leaving home. They explained that “since the adolescent leaving home does not represent a clear-cut and final exit from the family, the potential for boundary ambiguity is high” (Boss et al., 1987, p. 437). LDS parents, however, do send adolescent missionaries out into the mission field expecting a clear-cut, although temporary, exit from the family. They anticipate that their children will return 18 months or two years later as more mature and independent adults, ready to begin the tasks of higher education, deciding on occupations, and establishing families of their own. When instead they return home early under unexpected and less-than-ideal circumstances, and in many cases become dependent upon their parents again for a time, the uncertainty and dysfunction of boundary ambiguity is likely to be present.

#### GRIEF AND LOSS WITHOUT DEATH

To the authors’ knowledge, there is no previous research on parents of LDS missionaries. Existing literature addressing parents of missionaries consists mostly of LDS Church–produced articles about how to help prepare children for missionary service and how to best support them while they are serving (e.g., Ballard, 2005; Doty, 2007; Scharman, 2004; Wagstaff, 2011). However, research on other parents who expe-

rience grief and loss unrelated to death may inform our study. Parents who experience a sense of grief and loss in relation to their living children include parents of children who are born disabled or who develop a disability, parents of children who develop a mental illness, parents of children who experience a change in gender identity, and parents of adult children whom they perceive are not succeeding (Cichy, Lefkowitz, Davis, & Fingerman, 2013; Fernández-Alcántara et al., 2015; O’Brien, 2007; Osborne & Coyle, 2002; Richardson, Cobham, McDermott, & Murray, 2011, 2013; Wahlig, 2015). Each of these examples also contains elements of ambiguous loss and family boundary ambiguity.

Parents in these circumstances described a range of emotions, such as feelings of shock and denial, confusion and uncertainty, resentment and anger, guilt and blame, sadness and depression, fear and worry, shame and alienation, and frustration and helplessness (Cichy et al., 2013; Fernández-Alcántara et al., 2015; O’Brien, 2007; Osborne & Coyle, 2002; Richardson et al., 2011; Wahlig, 2015). Some parents reported coming to terms with or accepting their child’s situation after a period of time (Fernández-Alcántara et al., 2015; Osborne & Coyle, 2002). However, they mourned the loss of their ideal child, or the child they thought they had, and had to adjust their expectations and their dreams for their child accordingly (Fernández-Alcántara et al., 2015; O’Brien, 2007; Osborne & Coyle, 2002; Richardson et al., 2011, 2013; Wahlig, 2015). In the case of those parents whose child was ill or disabled, they found it difficult to balance their hopes for the child’s improvement with the reality of the child’s condition (Fernández-Alcántara et al., 2015). Some parents also mourned losses in family and social relationships (Richardson et al., 2011, 2013; Wahlig, 2015), perceived parental success and confidence (Cichy et al., 2013; Richardson et al., 2011), and loss of self in blurred boundaries and care for the child (Richardson et al., 2013). The grief of parents in these circumstances was described as profound, complex, and protracted (Richardson et al., 2011, 2013). We expect parents of ERMs may experience related emotions and challenges.

As we study the experiences of parents of early-returned missionaries, we believe we will find evidence of Kübler-Ross’s five stages of grief (1969) and

Boss's conceptions of ambiguous loss (2004, 2007) and boundary ambiguity (Boss, Pearce-McCall, & Greenberg, 1987; Carroll, Olson, & Buckmiller, 2007).

## METHODS

To evaluate the experiences of parents of early-returned missionaries, we employed a mixed methods study, with qualitative and quantitative data collected sequentially. The study was conducted in two phases. The first phase was an exploratory qualitative phenomenological study designed to understand the experiences of parents of children who had returned home early from an LDS mission. Seven parents participated in one of two focus groups. The quantitative phase consisted of a survey instrument developed from key variables identified in the qualitative data. This survey was then administered to a larger sample of ERM parents ( $n = 199$ ).

### PHASE 1: QUALITATIVE—FOCUS GROUPS

Each focus group participant had to be a parent of an ERM, willing to be recorded, and willing to be a part of a focus group held on a university campus in the Intermountain West. The purposive sample was collected via snowball sampling through word of mouth and social media, particularly through ERM and ERM-parent online support groups monitored by the principal investigator (PI). The purpose of the focus groups, as shared with the participants, was to understand their experiences, identify variables, and develop an instrument to study a larger sample.

Focus group members were asked a series of open-ended questions in a semi-structured format. The PI and one or two student researchers were present in each focus group, one to ask the questions and the others to take field notes. One focus group lasted two hours and 15 minutes, and the other lasted one hour and 20 minutes.

The researchers digitally recorded each focus group, and a separate student researcher transcribed the proceedings. One student researcher listened to the recording and checked the transcript for accuracy. Each transcript was then assigned to two student researchers and the PI. Both student researchers and

the PI coded each transcript using the open coding method (Creswell, 2014) to find broad themes. The research team then met together to perform axial coding (Strauss & Corbin, 2001) on the transcripts and to formulate the questions for the quantitative survey.

The seven members of the two focus groups were all Caucasian mothers. Five parents had a son come home early. Two parents had a daughter come home early. Four parents had a child return home for mental health reasons, one for physical health reasons, and two for reasons related to personal conduct.

### PHASE 2: QUANTITATIVE—SURVEY

Five themes emerged from the focus groups: (a) reasons for the early return and whether missionaries' needs were met, (b) communication issues, (c) the process of the early return and parental reactions, (d) parents' adjustment and healing, and (e) reactions from others. From these themes, the research team created a 42-item survey and administered it through Qualtrics online survey software. A purposive convenience sample was again recruited via word of mouth and social media, especially from ERM and ERM-parent online support groups. Data were collected for one month, from September 8, 2015, to October 8, 2015. The sample consisted of self-identified parents of ERMs. It was not limited by geographic location, church activity, ethnicity, or any other variables. The data were exported from the Qualtrics survey software and analyzed using SPSS statistical software.

The survey sample ( $n = 199$ ) was 84% female and 16% male. Ninety-seven percent were Caucasian, 1.5% were Hispanic/Latino, 0.5% were Pacific Islander, and 1% were "Other." Nearly all (98.5%) of the ERM parents reported attending church often or almost always. Eighty percent were parents of male ERMs, and 20% were parents of female ERMs. Over half of the parents reported that their missionary returned home within six months of his or her departure, and over 75% reported that their missionary returned home within one year. Survey responses came from all over the United States and from some foreign countries, including Ireland, Estonia, and Australia. Utah and other western states were heavily represented.

## RESULTS

The themes that emerged from the qualitative phase were clarified in the quantitative phase. The results reported here are from the quantitative survey.

### MAIN REASON FOR EARLY RETURN AND PERCEPTION OF NEEDS MET

More than 70% of ERMs returned home early for health reasons, as reported by their parents, with mental health issues being more than twice as frequent as physical health problems or injuries (48.8%–23.4%). Almost 18% of parents reported that their missionary had a history of mental illness or emotional health problems prior to entering the field, and just under 13% reported that their missionary had a history of physical health problems or injury prior to entering the field. The popular perception that ERMs “did something wrong” to get sent home is belied by the fact that only 20% of ERMs came home for reasons related to personal conduct. Unresolved transgression accounted for 14%, breaking mission rules for 5%, and loss of testimony/faith for 1.5%. Almost 6% of parents reported “other” as the main reason, and 2% indicated they did not know why their missionary returned home early. These statistics are fairly consistent with Doty and colleagues’ (2015) findings in their previous study of ERMs, although mental health reasons accounted for only 36% of early returns in that study. Only half of the parents in the present study were satisfied with the amount of information they received about the reasons for their missionary’s early return. This was the first of several issues related to communication that appeared in the data.

When asked how they felt their missionary’s needs were met in the field, about three-fourths of parents were satisfied that their missionary’s spiritual and

physical needs were taken care of. Half of the parents were satisfied that their missionary’s mental and emotional needs were met. Only 47% of parents were satisfied with the efforts made to keep their missionary in the field.

### COMMUNICATION ISSUES

Sixty-five percent of parents of ERMs had no extra communication with their missionary in the field, beyond the typical letter or email each week and the phone calls allowed on Christmas and Mother’s Day. Forty-five percent of parents were dissatisfied with the amount of communication with their missionary regarding the circumstances of the early return, and just over half felt that more communication would have helped them understand and adjust to the early return.

Forty-five percent of ERM parents had no communication with the mission president before their missionary was sent home. Almost 55% were dissatisfied with this amount of communication, and the satisfaction level was significantly correlated with the amount of communication—so the less communication, the greater the dissatisfaction (Pearson’s  $r = .464, p < .001$ ). Almost 65% of the parents believed that more communication with the mission president would have helped them adjust to the early return. Analysis of variance indicated that parents who experienced greater amounts of communication with the mission president had less difficulty with their adjustment to the early return ( $p = .023, \eta^2 = 0.05$ ) (see Figure 1).

Almost 50% of parents had no communication with health care or mental health care professionals who treated their missionary in the field. More than three-fourths of parents were dissatisfied with this amount of communication, and again, the satisfaction

Communication	No communication	Dissatisfied with amount of communication	Parents believed more communication would have helped them adjust
With missionary	65.3%	45%	52.8%
With mission president	45.5%	54.6%	64.6%
With health care or mental health care professional	49.7%	77.2%	73.6%

FIGURE 1. AMOUNT AND SATISFACTION OF COMMUNICATION PARENTS EXPERIENCED.

level was significantly correlated with the amount of communication—the less communication, the greater the dissatisfaction (Pearson’s  $r = .479, p < .001$ ). Almost three-fourths of the parents believed that more communication with health and mental health care professionals would have helped them adjust to their missionary’s early return.

PERCEPTIONS OF THE EARLY-RETURN PROCESS

Communication problems were again evident when parents were asked about the process of their missionary’s early return. There is no prescribed way for communicating a missionary’s early release, so some parents found out from their missionary (34%), some from the mission president (31.4%), some from their stake president (24.1%), some from their bishop (3.7%), and some parents reported finding out about their missionary’s early return from another source (6.8%). We do not know exactly what those other sources are, but one mother whom the authors are aware of found out that her son was returning early from his girlfriend. Forty-four percent of parents were dissatisfied with the way they were notified that their missionary would be returning home early.

Seventy-two percent of parents had no say in the early-return decision. Sixty-five percent had two days or less to prepare for the early return. Forty-five percent were dissatisfied with the amount of notice they received. Almost 30% were unsure how to welcome their missionary home. The vast majority (91.9%) of parents indicated they were surprised by their missionary’s early return. Despite the dissatisfaction with the communication and process of the early return, almost 60% of ERM parents agreed with the decision to send their missionary home early.

PARENTAL EMOTIONS, ADJUSTMENT, AND SUPPORT

The most common emotions that parents reported feeling in relation to their missionary’s early return were sadness (80.9%), disappointment (63.3%), and confusion (59.3%). Some parents also felt anger (42.7%), guilt (41.7%), embarrassment (32.7%), and shame (21.1%). But not all feelings experienced by ERMs’ parents were negative: 28% of parents also reported feelings of relief, and 16.6% reported feelings of happiness.

Almost three-fourths of ERM parents reported a difficult adjustment to their missionary’s early return, regardless of the reason for it. When asked about support they received, most parents felt supported by family, Church leaders, ward members, and others. However, among the sample of parents of ERMs, bishops, stake presidents, and ward members were perceived to be disproportionately unsupportive compared to other sources of support (see Figure 2).

ERM parents indicated that several things helped them cope, adjust, or heal after their missionary’s early return. Eighty-eight percent of parents reported that prayer was helpful; time to heal (82.3%), scripture study (80.6%), temple worship (78.3%), forgiving or letting go (73.7%), and receiving priesthood blessings (53%) also helped parents in their adjustment. Additionally reported as helpful, but less so, were counseling with Church leaders (36.6%), social media groups (28.8%), mental health counseling (21.3%), and support groups (21.1%).

DISCUSSION

Each major theme from the qualitative portion and corresponding results from the quantitative portion will be discussed in terms of grief and loss,

Sources of support	Bishop	Stake president	Ward members	Friends	Family members	Extended family	Other parents of ERMs	Social media groups	Support groups
Supportive	78%	74%	72.3%	87.3%	92.6%	84%	49.5%	34.3%	20%
Unsupportive	20.4%	25.6%	26%	11.7%	5.8%	11.7%	10.1%	8%	3.7%
Not applicable	1.6%	0.5%	1.6%	1.1%	1.6%	4.3%	40.4%	57.8%	76.2%

FIGURE 2. PERCEPTIONS OF AMOUNT OF SUPPORT PARENTS RECEIVED.

with examples illustrated by quotes from the focus group participants. All names have been replaced with pseudonyms.

#### MAIN REASON FOR EARLY RETURN AND PERCEPTION OF NEEDS MET

As with earlier studies (Doty et al., 2015; Drake & Drake, 2014), our results showed that the majority of ERMs come home for health reasons, and most of those are for mental health reasons. It is not surprising then, that half of ERM parents felt that their missionary's mental and emotional needs were not met in the mission field and that more than half were dissatisfied with the efforts to keep their missionary in the field. This can be particularly frustrating if there were no signs of mental health problems prior to departure. If parents perceive that their child's needs are not being met, and that contributes to or fails to help resolve health or mental health problems, then the resulting early return may compound the feelings of frustration in the parents.

Likewise, parents may perceive that they are failing in their roles if their missionary returns home early for personal conduct reasons. LDS males are taught that every able and worthy young man should serve a mission (Kimball, 1974; Monson, 2010). The cultural stigma attached to young men who fail to fulfill that duty due to their own choices or mistakes is particularly harsh (Doty et al., 2015). Parents of these ERMs may feel that they have failed in their responsibility to properly prepare their children to meet ecclesiastical and cultural expectations. Their grief and loss may be a function of their feelings of embarrassment and inadequacy.

#### COMMUNICATION ISSUES

Communication issues were prominent in both the qualitative and quantitative portions of our study. Parents were dissatisfied with the amount of communication they had with their missionary, with the mission president, and with health and mental health care providers, as illustrated by the following quotes from focus group participants:

They were really out of touch as to what was going on with [our daughter]. I would say, "Well, how is she doing?" "Well, we don't really know, because we don't talk to her very often, and we've

got all these other missionaries to deal with." So I think there was one phone call before she came home [from her mission] the second time.

—Elizabeth

We had no phone calls. The only call we had was the Christmas phone call, but that was it. Nothing, no extra communication as far as emails or anything like that. . . . With the mission president being so far away, he didn't know. I actually contacted the mission president a couple of times because the emails were kind of vague on stuff. [We were] like, "Do you know what's going on?" But he was two hours away from where our son was, and he was like, "First I've heard about it!" [and] "I don't know" kind of stuff.

—Claire

The amount of extra communication with missionaries and the level of dissatisfaction with that amount may have been relatively low because parents and missionaries did not expect or want to be exceptions to the normal rules of communication. And parents' ability to communicate with doctors or therapists, in the United States at least, is affected by HIPAA privacy laws that prevent professionals from sharing health information of patients over age 18 without express permission from the patient. We suspect that most 18- to 21-year-olds would not be familiar with these laws, however, and would not know to ask to have information released to their parents. The chances of anyone educating them about the laws would likely be slim as well.

About half of the ERM parents were unhappy with the amount of information they were given about reasons for their missionary's early return, how they were notified of the early return, and how much notice they were given. Yet, most felt that more communication would have helped them adjust to the early return. One mother in the focus groups, Maria, said, "We never heard from the mission president, ever, ever, never. . . . We only had contact because I had called [the mission president's wife]." Another mother, Elizabeth, reported:

We had no idea [our daughter] was coming home. . . . We got a call from our stake president, and he said, "Have you talked to her mission president?" And we said, "No." And he goes, "Well, be expecting a call." This was on Sunday, so we were expecting a call Monday, and we didn't hear anything. Wednesday came, it was noon . . . and we get a phone call from the stake

president, and he said, "Okay, so you've got all of her information, right?" And we're like, "What are you talking about?" And he said, "Oh my gosh! She is going to be at the airport at 2:00!" And we're like, "Are you serious? What the heck's going on?" He's like, "Yeah, Thursday at 2:00!"

ERM parents' frustration with communication is consistent with the emotions of other parents who have experienced ambiguous loss. For parents of children with disabilities or mental illness, the ambiguity and the lack of clear and timely information about their child's situation and diagnosis contributed to feelings of worry, anxiety, uncertainty, confusion, and powerlessness (Fernández-Alcántara et al., 2015; O'Brien, 2007; Osborne & Coyle, 2002; Richardson et al., 2011, 2013).

#### PERCEPTIONS OF THE EARLY-RETURN PROCESS

In addition to communication issues, ERM parents struggled with the process of the early return. Although close to 60% ultimately felt that their child's early return was appropriate, more than 90% were surprised by it, almost three-quarters had no input in the decision, and more than half felt that more efforts should have been made to keep their child in the field. With no standard procedures for an early return, every missionary's and every family's experience is different. Unlike a typical return from a full-term mission, there are no set rituals to mark the end of service. If there is any question about whether the missionary's service is over, or whether he or she will return to the field, the family ambiguity and uncertainty is even greater. Many parents wonder how best to welcome their ERM home. Should they bring balloons and banners to the airport? Should they throw a big party or celebrate quietly with immediate family? These decisions and others can be difficult for parents who love their children but are unsure how to react to the unexpected circumstances. LaRita described her feelings this way:

I really didn't know what to do. . . . Do I prepare as if she is coming home for good? Do I prepare as though she is coming home temporarily? Do I do a little celebration thing? Do we just kind of go business as usual? I didn't really know. So I finally decided I'm doing like a small little get-together because I didn't want her to feel like she was a failure, because it wasn't her fault.

#### PARENTAL EMOTIONS AND SUPPORT

ERM parents expressed difficulty adjusting to the early return and described emotions consistent with grief and loss. The sadness, disappointment, confusion, anger, guilt, embarrassment, and shame reflected both Kübler-Ross's (1969) stages of grief and emotions typical in Boss's conception of ambiguous loss (1987, 2004, 2007). Julie described her anger this way:

We were angry that we weren't notified [or] even talked to. . . . "Hey, this is what's going on; this is why we're sending [your son] home. He has been having these problems. We've tried to take care of [them] this way, this way, and this way." We got nothing! There was no communication at all. So my husband . . . called the mission home, talked to the secretary. The secretary said, "Well, I will have [the mission president] call you back." We didn't get a call back. We emailed him, we got nothing. No correspondence with the mission president. So we were very disappointed. . . . The lack of communication was astounding.

Some parents did experience relief and happiness in association with their child's early return. In addition to the joy of being reunited with their child again, perhaps they felt they could provide better care and meet the child's needs better than had been done in the field. Sandra described her emotions about her son's early return this way:

So he called us and told us he was coming home, and that was when I just had this wonderful . . . feeling of "let him come home; just let him come home." And from there, we never felt the shame. . . . It wasn't awful; it wasn't bad. It was hard, but coming to understand yourself should be. My initial thought was, "Oh no, how are we going to deal with this? This is not a good thing!" The culture . . . says this is wrong. Coming home early is wrong. We need to do better for parents. We need to get them better information.

ERM parents reported support from many sources, including family, Church leaders, friends, and others. Of interest though, was the data that indicated that stake presidents, bishops, and ward members were the least helpful—in fact, compared to other sources of support, only half as many parents rated them as helpful. We can only surmise that either the cultural stigma of not completing a mission is again at play in these situations or that priesthood leaders simply are not sure what to do either. Two focus group

participants described their experiences with support this way:

Oh, our ward knew. One good friend of mine, when I called to tell her he was coming home—we decided we would just slowly let the word out, and we just said it was for medical reasons—[my friend's] first response was, "Oh, he couldn't handle it."

—Maria

Ours was kind of two-sided. The first time everybody was really understanding and like, "Oh, that's cool," and did everything they could to support her in the ward and stuff. And the second time [she returned early] she was pretty much ignored. She felt pretty unloved. She felt pretty unwelcome.

—LaRita

#### PARENTAL UNDERSTANDING AND HEALING

When we asked parents in the focus groups how they healed or moved past their child's early return, they all immediately discussed their missionary's healing. We had to redirect them to share their own journey toward resolution. Some realized and admitted their healing was directly correlated with their missionary's ability to move forward. When they saw their ERM make progress, they knew everything would work out.

I think as far as my healing goes, as she became better, I started feeling better. As she started making decisions and going forward with her life, I started feeling like, "She's doing okay, she's all right." Because like I say, there is nothing you can do. As much as we want to, as momma bears, we want to [fix things], but there is nothing we can do.

—LaRita

It makes me feel better knowing that she doesn't have any regrets about it. It was a learning experience for everyone. She learned from it; I'm sure [the mission president] learned from it; we definitely learned from it. . . . Just getting back to a sense of normal is a huge step in the recovery process.

—Danielle

Social support was key for many of the parents. Some of them had friends who had experienced a child's early return. Others found support through email and social media groups that foster a sense of community for those dealing with this shared experience.

The ward that I raised my son in, and that we had moved from, they invited me to come every month for a missionary mom get-together, and when I heard that he was coming home I felt really strongly to just send a quick email out to them saying that he is coming home. I had one mother that responded immediately who had an early-returned missionary that had returned and gone back out. She said, "You get balloons, you get posters, you do whatever you need to do, and you get as many people as you can to go. This may be the only time he comes home." And so she helped with that on an immediate basis.

—Leticia

I think that the [early-returned missionary mom] email group helped me a lot, because everybody has different insight, and they would share, "I read this scripture, and this is what I felt when I read it." And I would read it and think, "That helps me feel better too." And they would share their stories and that would help me to understand what I was feeling. That email group really helped me because it was someone to talk to where nobody judged each other because we were all going through the same thing.

—Julie

ERM parents reported that individual methods of coping with the early return were the most helpful. Personal interventions, such as prayer, scripture study, temple worship, and forgiving or letting go, were the most effective strategies for the parents.

As I prayed, I felt this [gentle chastening]: God hasn't made this a negative for him. But if you don't let it go, you will hurt him. So I prayed. For a couple days that's all that was going through my head. I just prayed to let it go and forgive the mission president. And once it happened, it was awesome! But you know, I had to pray for it. I had to come to understand. . . . I had to see it through different eyes. . . . I think it's a combination of both [letting go and forgiving]. . . . I just decided I had to change the natural woman.

—Naomi

I spent a lot of time on my knees praying, and that's when I just felt strongly that he had great potential and that even though he didn't finish his mission he could still achieve that potential. But I think what I learned as I prayed for help is that the Lord kind of directed it back at me because I kept saying, "What can I do to help him and make him better?" And the Lord told me, *You need to live*



*the gospel the way that you should. Quit worrying about what you need to do to make him change. You just do what you need to do. Go to the temple. I went to the temple a lot and put [my son's] name on the prayer roll, and that's what worked for me.*

—Sandra

Many parents reflected on the lessons they learned and how those lessons would shape the way they see missions and early returns in the future.

My second son is going to be leaving on a mission next week, and talking about it, his choice to serve a mission . . . it has changed my whole perspective. At the beginning of the school year he said, "I don't know if I'll serve a mission." And I thought, "Great, just figure it out for yourself and be honest with yourself." And so it has very much changed the way that I look at it.

—Sandra

It wasn't until I was actually listening to a conversation between my son and some other early-returned missionaries that I really saw a very different side of what they're going through. It wasn't until I was able to listen to those three early-returned missionaries about what they were feeling that I really even had a little bit of an understanding of how to parent better in that situation.

—Leticia

Before any of this happened to my son, if I saw someone come home early I would think, "Okay, why are they home? What did they do?" And I learned that it's none of my business; I just need to love that individual.

—Naomi

It appears that once the parents were able to resolve their feelings spiritually, they were able to find peace and move on, just like their missionary. But just as the experience of grief and loss is a unique journey for each person, the process of spiritual growth and healing appears to be a unique journey as well. These lessons take time and effort on their part, but all of the parents in the focus groups expressed gratitude for what they learned.

#### LIMITATIONS

Our study was limited by the convenience nature of our sample and by the small sample size ( $n = 199$ ). The perspectives of fathers of ERMs were not well represented in our sample, as most of the respondents were mothers. And our sample was heavily weighted

toward respondents from Utah and other states in the Intermountain West. This could be a geographically limiting factor; however, it is likely representative of the locations from which the larger population of ERMs, and LDS missionaries in general, are drawn.

## CONCLUSION

### DIRECTIONS FOR FUTURE RESEARCH

Due to the relative lack of fathers who participated in this study, future research should compare the experiences of grief and loss and differences in adjustment between fathers and mothers of ERMs. We also believe it would be beneficial to explore and try to understand the experiences of mission presidents surrounding early returns.

### SUGGESTIONS FOR IMPROVED PARENT ADJUSTMENT

To improve the experiences of parents of ERMs, we recommend strengthening the lines of communication between mission presidents and parents when missionaries struggle with issues that may necessitate an early return. Accurate and timely information may reduce parents' sense of grief and loss. Additional parent communication with missionaries, and with health and mental health care providers, when feasible, may also empower parents and smooth their adjustment.

We also encourage formalizing the process of the early return, including, when and how parents are notified, how local leaders handle the early return, and how ERMs can participate in end-of-mission rituals such as reporting to the high council and speaking in sacrament meeting, if appropriate. While a child's early return may still be unexpected, standardizing the process and instituting rituals reduce ambiguity and may shorten or soften the experience of grief and loss.

We also call for a paradigm shift toward early returns, including training for ecclesiastical leaders and congregations, to reduce stigma and increase support for ERMs and their parents. Although individual coping methods were most helpful to the parents in our study, cultural support and nonjudgmental support from local LDS congregations could be improved to assist with the grief and loss associated with an early return.

## CLINICAL IMPLICATIONS

For clinicians working with ERM parents and families, Boss (2007) and Wahlig (2015) expound upon seven key assumptions about ambiguous loss that may be useful. First, because families exist both physically and psychologically, the presence or absence of the missionary may influence parents' experience of grief and loss. Clinicians can help by explaining ambiguous loss, which can help parents contextualize and understand their feelings of confusion and powerlessness. Normalizing feelings in this situation may help reduce embarrassment and shame.

Second, the more boundary ambiguity that has occurred in connection to the loss, the greater stress the parents will experience. ERM parents may struggle with a clear direction or resolution to their child's mission experience. Clinicians can assist ERM families to recognize and accept the ambiguity of their situation, and this may lessen grief and loss.

Third, cultural beliefs, attitudes, and values affect parents' perception of and ability to deal with ambiguity. The more rigid the beliefs about what missionary service should look like, the less tolerance there is for ambiguity; thus, the expectations surrounding missionary service in LDS culture certainly affect the experiences of parents of ERMs. Bishops and clinicians can help parents explore the rigidity of their beliefs and how they align with the teachings of the Savior and His atoning sacrifice.

Fourth, in unclear or ambiguous loss, questions are many and answers are few. Boss (2007, p. 106) says that in these situations the truth is unknowable, so "the goal is to find meaning in the situation despite the absence of information and persisting ambiguity." Parents of ERMs may benefit from not asking, "Why?" but rather asking, "What can we learn from this?"

Fifth, "ambiguous loss is relational; the 'problem' exists in the external contexts, not within individual people" (Wahlig, 2015, p. 318). In other words, if missions were defined differently—if a five-month mission or a twelve-month mission were culturally acceptable, for example—parents might not experience grief or loss when their child returns home early, because it would not be perceived as early. Elder Jeffrey R. Holland (2016) counseled early-returned missionaries to celebrate their service, no matter its length:

So I say, commendation to you, and the love of the Lord to you, and the blessings of the Church to you, for trying to go, for wanting to go, and for the fact that you successfully served for four months. It obviously wasn't the full term, but it was missionary service. It was honest. You were loyally participating and testifying, and I want you to take credit for that. I want you to take the appropriate dignity that you deserve from that, and to know that the Lord loves you and the church loves you for serving. . . . I want you to be proud—appropriately proud. I want you to take the dignity and the strength and the faith that came from your four months and cherish that forever. I don't want you to apologize for coming home. When someone asks you if you served a mission, you say, "Yes." You do not need to follow that up with, "But it was only four months." Just forget that part and say yes, you served a mission, and be proud of the time that you spent . . . . Please just consider yourself a returned missionary, who served and was faithful, and will continue to serve, and you'll continue to be a great Latter-day Saint.

Sixth, families are resilient and can learn to thrive even in the face of ambiguity. Despite their losses and the unexpected event of the early return, parents can focus on their ERM's strengths and potential. An early return need not be traumatic or embarrassing if parents focus on helping their ERM find a new and fulfilling path, regardless of the reason for the early return.

And seventh, although ambiguous loss is difficult to measure, it can be perceived, and it is important that it be recognized and validated in those who are experiencing it. Therapists, Church leaders, family members, and friends can assist ERM parents in understanding and processing their losses.

While ERMs wrestle with the challenge of an early return, parents are also impacted. They struggle with grief and loss of the experiences and growth their child will not gain from missionary service. Because they get limited information from mission leaders and treatment providers, parents struggle to make sense of their missionary's early return and to know what they can do to help their missionary move forward. Clinicians can help parents adjust to the changes and work through their own emotions as well as encourage family members, ward members, and others to demonstrate compassion and withhold judgment.

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# Grace as Psychotherapy: Suggestions for Therapists with Latter-day Saint Clients

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**ABSTRACT**

*There is a growing body of literature that shows how perfectionism has tremendous effects on a person's well-being. Specifically, maladaptive perfectionism continues to be a contributing factor to depression, anxiety, eating disorders, and suicidal ideation (for a review of maladaptive perfectionism, see Enns & Cox, 2002). Interestingly, for religious individuals, perfectionism is often colored by profound religious themes that further complicate treatment (Sorotzkin, 1998). This paper seeks to explore this issue by introducing the case of Vivi, a Mormon woman who suffered a great deal of depression and anxiety and eventually attempted suicide due to perfectionism entwined with her religious beliefs. In cooperation with Vivi's ecclesiastical leader, the therapist introduced the concept of God's divine grace as a therapeutic tool to help ameliorate her suffering due to perfectionism. In this article we detail how grace, bibliotherapy, mindfulness meditations, and a compassionate and understanding therapist helped this client and can help other clients who are experiencing religiously enmeshed maladaptive perfectionism.*

In the last several decades, scholars have produced compelling research relating to perfectionism and its impact on the mental health of individuals (for an extensive review, see Shafran & Mansell, 2001). Furthermore, there is a growing body of literature on the effects of *religiously* informed perfectionism on mental health (Bergin, Stinchfield, Gaskin, Masters, & Sullivan, 1988; Chang et al., 2015). While perfectionism is by no means unique to religious populations, there is evidence to suggest that it manifests in important and distinctive ways among the religious (Craddock, Church, Harrison, & Sands, 2010; Heise & Steitz, 1991; Sorotzkin, 1998). Importantly, Allen and Wang (2014) found that the majority of Mormons may be perfectionists, which has vital implications for therapy considering that perfectionism is often the cause of or related to many mental disorders (Egan, Wade, & Shafran, 2012; Erozkhan, Karakas, Ata, & Ayberk, 2011; Handley, Egan, Kane, & Rees, 2014; Reilly, Stey, & Lapsley, 2016). Some researchers and clinicians have already begun to discuss the unique ways perfectionism (especially *toxic* perfectionism) manifests among the Latter-day Saint (LDS, or Mormon) population (Allen, Wang, & Stokes, 2015; Richards, Owen, & Stein, 1993). In this article we seek to (a) further add to this discussion by offering a specific case study of a Mormon woman experiencing toxic perfectionism enmeshed with her religious beliefs, and (b) offer a

succinct examination of how the Christian concept of grace proved therapeutic to this particular client.

**PATHOLOGICAL PERFECTIONISM**

Scholars who study perfectionism specifically define it as a three-part construct (Hewitt & Flett, 1991). One manifestation of perfectionism is *self-oriented* perfectionism, which is described as holding very high standards for oneself and feeling ashamed or guilty when failing to meet those standards, which often manifests as self-recrimination (Frost, Marten, Lahart, & Rosenblate, 1990). Among LDS clients this can manifest in the form of daily experiences of guilt and shame over perceived sins of commission (e.g., self-recrimination for indulging in a caffeinated soft drink with lunch) but more often over sins of omission (e.g., not spending enough time reading scriptures, not doing enough with their kids or with their church calling). Another manifestation is *other-oriented* perfectionism, which entails having high standards for other people that are difficult or impossible to achieve, resulting in frustration and resentment. Among LDS and former LDS clients, this can manifest itself as anger and offense with other LDS people and their faults and failures (e.g., anger at a rude, judgmental, or clueless bishop). The third manifestation is *socially prescribed* perfectionism, or the belief that others have impossibly high standards for the individual that he or

she cannot meet, which manifests as shame (Enns & Cox, 2002). Among LDS clients, socially prescribed perfectionism can express itself in the form of ongoing self-consciousness and the experience that they are judged by others for every little fault or failing (sometimes to the point of social anxiety), even if in reality others are not judging them.

Researchers also make an important distinction between adaptive (healthy) and maladaptive (toxic) perfectionism. Adaptive perfectionism includes having high standards and desire for order or organization without experiencing intense amounts of anxiety, depression, guilt, or shame when one does not meet those standards (Allen & Wang, 2014; Craddock et al., 2010; Kim, Chen, MacCann, Karlov, & Kleitman, 2006). These standards may originate externally (as is the case for Mormons) but are often very internally motivating. By contrast, maladaptive perfectionism entails having unrealistically high standards, rigidly adhering to those standards, and measuring one's own self-worth (and often the self-worth of others) by how closely one does or does not meet those standards (Allen & Wang, 2014; Craddock et al., 2010; Kim et al., 2006). Allen and Wang (2014) described maladaptive perfectionism as "high standards and discrepancy" and adaptive perfectionism as "high standards and low discrepancy" (p. 258). Further, maladaptive perfectionism entails psychological inflexibility, anxiety or depression, and scrupulosity, wherein high standards are *determiners of worth*. In adaptive perfectionism, on the other hand, high standards are considered to be aspirational and are either less related or unrelated to self-worth. Allen and Wang (2014), for example, found that adaptive perfectionists feel confident about themselves in terms of identity and self-worth, and their high standards influence their religious belief positively; they view their high standards as qualities they aspire to live rather than punitive standards that prompt feelings of shame. Maladaptive perfectionists, on the other hand, tend to take up religious beliefs rigidly and absolutely as measures of self-worth, which negatively informs their religiosity. In Allen and Wang's sample of 267 Mormon college students, 77% were perfectionists. Of those individuals, 61% were adaptive perfectionists, while 39% were maladaptive perfectionists.

Some researchers have found these issues to exist quite broadly in the general population. Not only are the issues of perfectionism quite pervasive, but some researchers have found that perfectionism is a transdiagnostic process in that it contributes to many different anxiety-related, depressive, addictive, self-mutilating, and eating-disordered dynamics (Egan, Wade, & Shafran, 2011). Because of perfectionism's transdiagnostic nature, it stands to reason that if therapists treat perfectionism, they simultaneously either treat or prevent multiple different mental illnesses at once. Some researchers have found that treating perfectionism reduced overall distress among teenagers in a treatment program (Cheng et al., 2015), while others found that having college students complete a web-based perfectionism treatment program helped with multiple issues (Arpin-Cribbie, Irvine, & Ritvo, 2012; Musiat et al., 2014).

Although perfectionism is neither endemic in nor unique to LDS culture, as shown above some Latter-day Saints do suffer from perfectionism, and it greatly affects the quality of their lives and the lives of those around them (Allen & Wang, 2014; Allen et al., 2015). Specifically among Latter-day Saints, maladaptive perfectionism is associated with an increase in depression and anxiety and a decrease in life satisfaction (Allen & Wang, 2014). In addition, this perfectionism intensified the relationship between scrupulosity (uncertainty and fear that one has committed a moral sin) and the experience of shame (Allen et al., 2015). The themes of moral inflexibility and rigidity arise repeatedly in research on perfectionism, in both LDS and non-LDS populations (Allen & Wang, 2014; Shafran & Mansell, 2001). Craddock et al. (2010), for example, found that strong family rigidity was a predictor of religiously dysfunctional perfectionism. Additionally, Crosby, Bates, and Twohig (2011) similarly observed that psychological inflexibility mediated the relationship between harmful religious behavior and maladaptive perfectionism among Mormons. This inflexibility, especially with personal standards, may also explain the differences between maladaptive and adaptive perfectionism.

As we will demonstrate in the case of Vivi, rigidity in her expectations for herself and others also applied to her inflexible interpretations of religious teachings.

However, for many, this exacting process works most of the time. As Samuelson (2002) noted, "Those suffering from perfectionism tend to be wonderful, contributing, and effective people, and yet may feel that no matter what they do, it is never enough. These good people suffer from exaggerating their minor mistakes, weaknesses, or shortcomings to the point that they may become dysfunctional." Dysfunction, in this case, often takes the form of disturbance to love and work. Freud (1962), arguably the founder of talk therapy, observed that work and love are foundational to what it means to be human. Individuals who suffer with perfectionism have a lessened ability to experience compassion for self and others. Due to the three-part nature of perfectionism, suffering clients hold their standards higher than the fundamental worth of self or others, which prevents them from forming deeper and more compassionate connections. This perpetuates both the intrapersonal suffering, through harsh judgement of one's self, and interpersonal suffering, through private or public condemnation of other's actions and worth as well as private (or at times public) descriptions of how others think of the perfectionist.

### THE CONCEPT OF GOD'S GRACE

Given that maladaptive perfectionism proves to create a difficult style of life, examining the cause of perfectionism seems important. One contributor to this suffering seems to be a misunderstanding of the New Testament scripture Matthew 5:48, which reads, "Be ye therefore perfect, even as your Father which is in heaven is perfect." Typically, Latter-day Saints interpret this verse as a need to be *flawless*, especially in keeping LDS commandments. However, as we will discuss later, this is not a correct exegetical interpretation.

Another contributor to this suffering for Mormons may be a misunderstanding of Christ's Atonement, specifically the doctrine of grace (Allen et al., 2015; Richards et al., 1993). President Dieter F. Uchtdorf (2015) of the LDS Church's First Presidency stated, "It is a most wondrous thing, this grace of God. Yet it is often misunderstood. Even so, we should know about God's grace if we intend to inherit what has been prepared for us in His eternal kingdom." Similarly to

Uchtdorf, the LDS theologian Robert Millet (2014) refers to grace as the "linchpin" of Mormonism, meaning that without grace none of Mormon doctrine holds together. Grace is the divine love and power that God gives his children to help them grow and transform into divine beings. Many LDS individuals struggling with perfectionism feel they are not worthy of this divine grace and thus cannot receive help from God to overcome their shortcomings. This perspective perpetuates their feelings of hopelessness, alienation, and scrupulosity. The experience of grace can ease, if not dispel, these negative feelings.

Some members of the LDS faith develop a misunderstanding of grace because of its seemingly paradoxical nature. In addition, Latter-day Saints may receive contradictory messages about grace from their church leaders and theologians. Some LDS church leaders and theologians, when teaching about Christ's grace, emphasize the necessity of good works and a person's best effort in order to receive divine grace (referred to in this paper as the *total effort* interpretation). In contrast, some church leaders and theologians emphasize the unconditional nature of grace; they teach that God's children never earn grace because he always already gives grace to all (referred to in this paper as the *grace as free/unconditional* interpretation). Ironically, both sides use similar scriptures from the Book of Mormon and Bible, but certain church leaders emphasize one interpretation, while other leaders emphasize another. For instance, one scripture that we hear often from our perfectionistic clients is 2 Nephi 25:23 from the Book of Mormon. This verse highlights the two predominant interpretations. Part of the verse reads, "For we know that it is by grace that we are saved, after all we can do." Those who teach that God requires our complete and best effort in order to receive his grace emphasize the phrase "after all we can do." Those emphasizing the unconditional nature of grace highlight that "it is by grace that we are saved." Our clinical experience has shown that for Latter-day Saints struggling with perfectionism, the most common interpretation is an emphasis on the phrase "after all [they] can do."

According to the *total effort* interpretation, without a person's full and complete effort in obedience, that person is unable to receive any amount of grace or divine assistance. Some clients experience this model

of grace as requiring flawlessness (or very close to it) from the Lord's children. This interpretation creates a great deal of anxiety and depression for these saints, exacerbated by the grandiosity and perfectionism that is endemic in our age. Clients with a neurotic sense of grandiosity need to have their worth affirmed, and they experience fragility when anything detracts from it. Individuals experiencing perfectionism may believe that they have to live perfectly so they may feel worthy to be, to love, and to relate (Robb, 2002). Even very secular psychologists and theorists such as Albert Ellis (1986) have described in detail the problematic and neuroses-promoting effects of these dynamics. Ellis described how inflexibility and absolute dogmatism promote grandiosity and perfectionism, and hence emotional disturbance (like shame, guilt, anxiety, and depression). For many of our clients, this total effort or flawless accomplishment interpretation is a source of their stress and anxiety.

Contrary to the interpretation of grace that requires a sense of perfection, an alternative interpretation offers that God *unconditionally* distributes his grace because of his love for his children. The LDS theologian Robert Millet explains, "From a doctrinal perspective, God's grace is his mercy, his love, his condescension toward the children of men. Grace is unmerited favor, unearned divine assistance, goodwill, heavenly benefit, loving-kindness, tender mercy" (2011, p. 289). According to this interpretation, God's love for an individual is the only prerequisite to receiving his grace (a prerequisite that scripture describes as having already been met; see Romans 8:32–33). A person's total effort is not a condition for the divine distribution of God's grace. Millet (2011) continues by pointing out that salvation, exaltation, and eternal life are all unearned; an individual cannot trade money or good works to receive them. Instead, they are gifts that may only be inherited. Uchtdorf (2015) further explained, "Salvation cannot be bought with the currency of obedience, it is purchased by the blood of the Son of God." Uchtdorf also observed that there is a common misinterpretation of the phrase "after all we can do." He argues that we should not interpret the phrase "after all we can do" as equating "because of all we do." For Uchtdorf, no one really is capable of doing or has ever done all they can do. Instead, we are to

believe in Christ and repent of our wrongdoings. Thus, this interpretation requires letting go of legalistic requirements to receive God's loving grace and accepting that God already loves and cares for the individual. God then, according to his own will, showers blessings of grace unconditionally.

LDS members who subscribe to the total effort interpretation may feel uncomfortable with the perspective that divine grace is unconditional. They may wonder where obedience to God's commandments comes into play with grace. Elder Jeffery R. Holland (2008) helped explain this seemingly paradoxical aspect of grace. He indicated that there are unconditional and conditional aspects of the Atonement. The conditional aspects require obedience to God's commandments in order to receive specific blessings; however, even these conditional blessings "are not fully merited either" (p. 36). Even these conditional blessings are made available only through Christ's grace. It appears through Holland's perspective that God always offers the Atonement unconditionally; the conditional aspect is whether we accept what is so freely given. C. S. Lewis (1952) helped us understand this relationship between grace and obedience through works. For him, asking which was more important, "faith or works" (or in our case grace or obedience), was like asking "which blade in a pair of scissors is most necessary" (Lewis, 1952, p. 148). Both are necessary components of the Christian life. We do not just feel grace, we live it, and it transforms us into more loving, more patient, and more people-oriented individuals. Grace is what inspires us to strive to obey God and sustains us in our daily efforts to follow him. Grace can come *first* as what inspires us to do good. Obedience to commandments is thus seen as a demonstration of already-present faith and grace. Grace can also come *after* we have chosen to follow God's will. Grace is thus the result of graceful living. It can also be present *throughout* the process. It can be the light that inspires the act, strengthens the individual through the act, and is given as a result of the entire transforming process. Ecclesiastical leaders often facilitate these transforming processes. As counselors, we also have the opportunity to facilitate the experience of grace and consequent graceful living as we work with our LDS clients who are suffering from toxic perfectionism. One example of the facilitation of grace through therapy is the case of Vivi.



### THE CASE OF VIVI

Bandages around her arms and legs covered the weeping cuts she had inflicted upon herself the previous week, and she sobbed wracking tears. She described how desperately she wished to die, to fully embrace the damnation consequent to her imperfection. "Be ye therefore perfect," she whispered hopelessly, and she recounted her years of failing to live this simple commandment. Despite her ongoing and focused effort to obey every rule of her religion taught to her by her teachers and leaders, she failed to keep all of them all of the time.

Naively meaning well, Vivi's therapist asked her about her understanding of the Atonement, or the Christian belief that the Son of God propitiated for the sins of all with his own blood. The sobs seemed to break her ribs; they came so hard and so fast. After pausing for a few minutes to breathe, Vivi informed her therapist that she believed that the Atonement was beautiful and true but that it did not apply to her at all. Her therapist sat in puzzled silence while she tried to compose herself through deep breaths. Vivi's seminary teachers had informed her that the Atonement applies only after a given soul does all that he or she can do. In essence, the Atonement applies only to those who have done everything they possibly could in every scenario without exception.

Because it was conceptually possible for her to keep all of the commandments and she did not, she had not done everything she could do. She shared several examples of when she had sat down to watch some television, exhausted after a long day of running after her children. During those moments, she was not reading her scriptures, or praying, or baking bread for her neighbor, or journaling, or reading her *Ensign*, or doing any of the other activities she was commanded to do. Because of this, the Atonement simply did not apply to her. At any moment, she confessed tearfully, including during the "selfish" time she spent with her therapist, there was always more she could be doing.

Vivi explained that she sought solace by thinking of which kingdom of heaven might remain open to her. Because she tried daily to be an obedient person and failed, she thought that the terrestrial kingdom might

be a possibility.<sup>1</sup> She shared that at church she had learned from an ill-informed fellow member that as a terrestrial soul peering up into the celestial degree of glory, she would "feel she were in hell" because she could see clearly the degree of glory she had deprived herself of.

Vivi found no reason to live, given that no heaven would serve as a heaven for her, and only darkness remained. She would be severed from her eternal family for failing to be perfect enough that the Atonement could apply to her. Losing all hope, she abandoned life, and her eldest child found her bleeding severely in the bathtub from self-inflicted injuries. Showing perspicacity beyond her years, this little girl called 9-1-1, effectively saving her mother's life.

Vivi looked at her therapist empty of hope. The challenge for her therapist was to help bring to bear the healing power of the doctrine of the Atonement to transform Vivi's experience from damnable to divine.

### WORKING WITH VIVI

Therapy with Vivi entailed four simultaneous endeavors. The first was the therapist's feeling and expression of grace. The second was the ongoing gentle leaning against perfectionism and the therapist encouraging Vivi to reinterpret her perfectionistic thoughts in more graceful ways. The third was ongoing bibliotherapy through books and *Ensign* articles (the LDS Church's official magazine) on the subjects of grace, love, compassion, and acceptance. The fourth was mindful experience of the gratitude and compassion Vivi has for others as an example of how others (and Christ) feel for her. Therapy with Vivi, given that it centered around religious and doctrinal issues, entailed the therapist working closely with Vivi's bishop in case Vivi felt that what the therapist introduced was not doctrine. Thankfully, through a mutual re-

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1 It is a common understanding in Mormon theology (rooted in the revelations of Joseph Smith) that heaven is divided into three parts: the celestial, terrestrial, and telestial kingdoms. Each kingdom varies in glory as well as who is allowed to reside in them, the celestial kingdom being saved for the most righteous, while the telestial is saved for the least. For LDS references to this see the Doctrine and Covenants section 76.

lease of information, the therapist had the pleasure of working closely with a very supportive bishop who earnestly wished to learn more about mental health issues and perfectionism. The therapist and the bishop collaborated on several occasions in person and over the phone in their mutual support of Vivi.

#### FEELING AND EXPRESSION OF GRACE BY THE THERAPIST

The therapeutic work with Vivi often proved challenging and required the therapist to exercise patience and compassion due to his own desire to help with her attachment to the rigid black-and-white rules she held to be so sacred. Early in the relationship, for example, Vivi repeatedly informed her therapist that he was “judging her” as she spoke, especially if they were discussing religious topics. She would attempt to hide her face behind her hands, inhibiting a warm rapport between the two of them (she did this with others as well, further isolating herself from the shame because of her belief that they looked down on her for her imperfections). To assist in the therapy work and to help with his own anxiety, the therapist prayed for grace for Vivi before each session, focusing in his prayer on his compassion for her suffering and the reasons behind it and the gratitude he felt for the honor of working with such a cherished daughter of God.

As the therapist continued to pray for and focus on an experience of grace with Vivi, the sessions became less stressful for him. During these prayers, the therapist would ask God for ways and means to feel God’s love for her and her characteristics that God values. This changed the therapist’s approach to sessions. Once he discovered more and more of Vivi’s characteristics that God loves (her intensity, her passion, her compassion), he no longer felt the need to walk on metaphorical eggshells around her. Instead, he found himself better able relate in a warm and authentic manner. Vivi, in turn, began to relate more openly as well. This is not to say that Vivi’s behavior changed quickly (the sessions remained very challenging), yet through the experience of grace the therapist found more patience and acceptance that was helpful not only to him but also to the client.

#### LEANING INTO PERFECTIONISM

Vivi seemed to espouse the total effort interpretation of grace presented earlier. As shown above, Vivi

discussed with her therapist that the Atonement did not apply to her because she was unable to give perfect effort. At any moment during the day, she *could* have been keeping a necessary commandment (e.g., reading her scriptures, praying, baking bread for neighbors, journaling, etc.) but did not. Because she was not doing those things, the Atonement did not apply to her. Grace did not apply. This total effort interpretation of grace seemed to be killing her, burning the candle of her soul on both ends and in the middle. She rigidly and perfectionistically adhered to this total effort interpretation as if accepting grace meant accepting sin. Such black-and-white thinking proved to be a significant stumbling block and required continual disputation and reinterpretation. Leaning into this rigid, anxiety-ridden form of perfectionism entailed the therapist offering gentle reminders that there are other ways of interpreting grace while simultaneously validating her anxiety and confusion.

When Vivi’s therapist offered the unconditional interpretation of grace, she expressed some fear and confusion. “This goes against everything I’ve been taught,” she tearfully reported during one of her early sessions. She expressed her strong doubts about what her therapist said and claimed that “the Brethren would not agree” (referencing LDS church leaders). The therapist, unsurprised, continued to offer this perspective to Vivi. He worked under the assumption that those who fearfully hold to a doctrine that promotes absolute certainty do so because it assuages their fear of not measuring up or their fear of uncertainty about their predicaments. Minch (2014) touched on this point when he explained that this fear is what keeps Christians from living a life of grace. The religious use rigid interpretations of commandments in order to measure where they are in God’s economy. Obedience to commandments allows Christians to be confident that they are “righteous.” When they do not keep the commandments or do not have the commandments to compare their behavior to, they experience a level of anxiety because their supposed standing with God is now unknown.

This reminds us of Ellis’s (1986) observation that “people who adhere to the teachings of absolutistic and perfectionistic groups will tend to be more frequently and intensely disturbed than those who follow more flexible, less dogmatic religions” (p.

101). Because the dogmatism fuels the fear that then perpetuates the dogmatism, the therapist worked on both fronts with Vivi. On the dogmatism front, he encouraged exploration of interpretations of scripture different from her familiar interpretations; as for the fear of uncertainty, he worked to build and perpetuate warm rapport, practiced accurate listening and reflecting, and validated her fear as she worked to interpret her cherished religion in a new way. In addition, the therapist collaborated with Vivi's very warm and patient bishop who also validated her feelings and encouraged her continued exploration. Because LDS clients do not view therapists as endowed with ecclesiastical authority, the input from the bishop helped comfort and convince Vivi of the *goodness* and *rightness* of her uncertainty, even though "good" and "right" proved only approximate and still uncertain. When the bishop would ask her to read scripture, she would read a singular verse out of context (as is the habit among many) and would report on her increased feelings of unworthiness to the therapist. The therapist, in turn, would help her read the same verse in context of the whole story and would prompt her to read exegetical resources to apprehend other valid interpretations of the scripture story.

#### USE OF BIBLIOTHERAPY

Progress with Vivi proved very challenging, often proceeding in a "two steps forward, one step back" fashion. As she tried to grow in flexibility of her understanding of perfection and grace, Vivi began to learn that principles of the Atonement touch upon one another in a fluid and perpetual fashion, none absolute or rigid, all approximate and contextual. Her therapist, in cooperation with her bishop, asked her to carefully read and explore (in and out of session) the excursus on grace in the BYU New Testament commentary (Draper & Rhodes, 2017) as well as other texts that offered a warmer, more loving, and gentler understanding of grace, perfection, and the Atonement. She learned that an *exegesis* entailed an authentic interpretation of scripture, one that situates understanding within the culture, language, and time in which the Savior (or prophets) first spoke the words. Only after she did her exegetical research should she perform an *eisegesis*, or apply those understandings to herself in her current modern context. She struggled

valiantly, and she learned that scriptural meaning can change subtly through the processes of interpretation and reinterpretation as scriptures are laid down and studied over time. She also learned that the interpretations more authentic to the period in which they were written proved more comforting.

For example, two scriptures had haunted Vivi in the days leading up to her suicide attempt. Those were "Endure to the end" (Matthew 10:22; 3 Nephi 27:6; 2 Nephi 31:19–20; Doctrine & Covenants 10:69) and "Be ye therefore perfect" (Matthew 5:48). She took the exhortation to "endure to the end" to mean "suffer under great strain until you die," and she took the commandment to "be ye therefore perfect" to mean "be ye therefore *flawless*." She felt surprised to learn that her interpretations, although very common, proved quite inaccurate and, further, that authentic interpretations of these scriptures intertwined, supported, and validated each other.

Through reading the works of LDS theologians, Vivi learned that the word "endure" (or *hypomeno* in Greek) means "to wait or be patient" and that "the end" (or *teleios* in Greek) means "complete," "mature," or "blameless" (Silva, 2014, p. 471). Likewise, the word "perfect" derives from the same Greek word, *teleios*. So she worked with her therapist to put together these two different forms of *teleios*, "the end" and "perfect." Both entail completion, and both imply that growing complete is simultaneously a personal and relational process. For the person, it "signifies the undivided wholeness of a person in his or her behavior . . . the wholeness that a person is given and promised" (Silva, 2014, p. 479). Relationally, this completion entails "the need to be compassionate and loving to friend and foe" (p. 474).

Vivi came in for a session after her studies and retranslated "endure to the end" with the help of these theologians. "Endure to the end" did not mean suffer until death but instead meant "patiently wait for the completeness brought about by the Atonement" (Ash, 2013, p. 124). She still struggled with the exhortation to "be ye therefore perfect" and wondered how she could endeavor the process of completion. The work of lexicologists Luow and Nida (1988) helped clarify her understanding. They described Christ's command to "be perfect" during the Sermon on the Mount and noted that he spoke as a Jew to other Jews. His

audience knew history and scripture and understood that Christ referred to the *Shema* of the Old Testament found in Deuteronomy 6:4–5, which reads, “Hear, O Israel: The Lord our God, the Lord is one. Love the Lord your God with all your heart and with all your soul and with all your strength.” This scripture, to the people at the time, indicated that the Lord God is *teleios*, that he is complete. He is who he is. By understanding that God is perfectly who he is, the children of Israel knew that “God is one Lord” (Danker, 2000). Because he is the one Lord, they could trust him and love him because he will forever be who he is: completely their Father, completely their God. When giving the Sermon on the Mount, Christ commands the listeners to be like God, wholly and completely themselves, which will allow others to trust and love them as Israel could trust and love God. “Be ye therefore perfect” (taken in context of the time) implied “Be ye therefore trustworthy to love.”

At first, Vivi fought these alternative interpretations and would make statements like, “The Brethren have never said this before,” and “If this is true, why was I not taught this before?” (Both fair questions.) The hardest thing for her, however, proved to be her reconsidering of the thousand commandments that she believed would make her perfect if she obeyed them (perfect in the *flawless* sense, not the *complete* sense). Vivi argued that Christ could not, on the one hand, say “Obey my commandments,” then turn around and say “Be ye therefore trustworthy to love” when many of the commandments she fought to obey every day had nothing to do with loving. Her therapist asked her to think about how, perhaps, the commandments Christ personally gave could be seen as loving, and to start there. After a few weeks of struggle, Vivi shared that for years her focus on obeying the commandments had prevented her from growing whole because her focus was on the rules, not on the loving purpose of the rules (she focused on the letter of the law, not the spirit). Likewise, she learned that wantonly breaking commandments also kept her from growing whole because of the damage her actions caused in her life. Changing her focus still proved difficult, so her therapist continued to offer the unconditional interpretation of grace in hopes that it would help her understand the relationship between obedience and completeness. Unfortunately, the idea that grace is always already freely

given to all, that it cannot be earned or deserved, created some anxiety in Vivi. As mentioned earlier, people feel bereft of security and certainty of their own righteousness, their standing with God, if God has already and unconditionally offered his love in this way. In addition, if God already always loves, the nature of suffering becomes confusing.

This confusion persisted for Vivi in part because of a common misunderstanding of the nature of suffering relative to obedience. Alma 41:10 reads, “Do not suppose, because it has been spoken concerning restoration, that ye shall be restored from sin to happiness. Behold, I say unto you, wickedness never was happiness.” In this verse we learn that living contrary to God’s will does not lead to eternal happiness. Unfortunately, a common misinterpretation is, “If wickedness never was happiness, and if I’m unhappy, I must be wicked” (Draper, 2002, pp. 8–9). This is a misunderstanding on several fronts. First, it denies the obvious fact that (at least in the short term) wickedness is often associated with pleasure or fun (see Malachi 3:14–15, 3 Nephi 24:14–15, and 3 Nephi 27:11). Ergo, wickedness *can* be happiness, at least for a while. Second, it makes suffering itself immoral, implying that anyone who has experienced unhappiness, especially for an extended period of time, must have experienced their misery as a consequence of their own unrighteousness. Third, it denies the redemptive power of suffering both eternally and temporally. Eternally speaking, Christ suffered repeatedly during his ministry, enduring starvation in the desert, the temptations of Satan, the persecutions from the very people he came to save, and the ultimate agony in Gethsemane and on the Cross, all to redeem humankind. Temporally speaking, suffering redeems us from our personal mistakes because we learn (sometimes slowly, sometimes quickly) not to engage in the sorts of behaviors that lead to suffering. Our suffering can also redeem others because it teaches us compassion and gives us opportunities to instruct others about the pitfalls in life (see D&C sections 121 and 122 for examples). Fourth, such a belief denies the inherent difficulties of the mortal and immortal condition. We learn repeatedly from scripture that life entails suffering (see 2 Nephi 2, Alma 1, Alma 4, Alma 7, and Mosiah 26 for examples). Without opposition and difficulty, the “refiner’s fire” of mortality could not serve its purpose

(this is not to claim that all suffering serves this purpose, only that some suffering can. See 1 Peter 1 and 2 Corinthians 1 for examples). We also learn that suffering is a condition of being, even for God, who wept over the loss of a third part of his children and the wickedness of those living in Enoch's day (Moses 7:28) and who grieves with those who remain as they suffer mortality (Givens & Givens, 2012).

Vivi engaged in dialogue with her therapist about each of these points. First, the therapist addressed the issue of wickedness and happiness, uncoupling wickedness (hopefully a temporary behavior) from happiness (a temporary and fleeting feeling) while simultaneously asking Vivi about the long-term effects of destructive behavior for herself and others. Second, the therapist helped Vivi make sense of the suffering of the righteous in scripture (including the Son of God). "Were they a pack of sinners?" Vivi would ask herself. She would also explore the role of her suffering and the suffering of others. She noted that since her suicide attempt, others would approach her and confide in her about their own experiences of depression, trauma, and anxiety. In these conversations, she realized that people confided in her not to minimize her suffering but because they assumed she had learned compassion from it, which made her a safe person in whom to confide. Vivi and her therapist spoke deeply of compassion, which was an easy topic for Vivi because she tuned into others quickly, easily, and well, especially those who suffered as she suffered. With her therapist's encouragement, Vivi began to read stories in the scriptures with a different interpretive lens. Rather than assuming in scripture that every one of whom she read lived flawless lives, she attempted to see them as people trying their best in the face of adversity—both self-created and relationally created. She especially connected to the writings in the Doctrine and Covenants. She found for the first time that Joseph Smith was regularly called to "repent" (see D&C section 3 for an example). Rather than seeing him as flawless, she saw him as a man who suffered great toil and sorrow—a man who at times created problems for himself and at other times suffered in the face of opposition and trials in relationships (Bushman, 2007). Likewise, as she was able to understand these figures as enduring these trials, so too was she able to stop judging her trials. She began

to understand that trials were given to even the mighty and righteous.

With the encouragement of her therapist, Vivi began to rethink the role of commandments, policies, and rules in her life. She had believed that perfection meant flawlessness, exacting obedience to every commandment, rule, and policy offered by church leaders of what it means to be a "good Mormon." Because of the power of modern revelation, she had believed that it was God who had put up a wall of impassable rules of obedience, and only those who could obey all of them could scale the wall and reach him. For example, Vivi believed that every commandment from every prophet had come directly from God; thus, every commandment, policy, and procedure was divine. And because these prophets also encouraged obedience to societal norms and rules, every societal norm and rule was to be perfectly obeyed as well. As mentioned above, Vivi believed that only flawless obedience to all of these, all of the time, would allow her to scale the wall and get close to God. Through reading talks by Dieter F. Uchtdorf (2015) and Henry B. Eyring (2011), as well as books like *The Crucible of Doubt* (Givens & Givens, 2014), Vivi learned that the definition of sin is that which distances us from God. Paradoxically, if God builds unassailable walls of perfection, God then keeps his children from him, and in essence that either makes God a sinner or forces his children away from him, making them sin. She wrestled with this idea and revisited the fear of grace and the complicity of sin but slowly realized that those who come to God are transformed in relation to him and that the more they accept grace the more they live like Christ.

#### MINDFUL EXPERIENCE OF GRATITUDE AND COMPASSION

An important principle that Vivi learned was the co-constitution of suffering and well-being, of pain and serenity. She learned that these were not oppositional experiences but could be simultaneous (see Hebrews 12:2 as an example). By focusing on compassion and gratitude, it became easier for Vivi to find deeper meaning in the face of the shame and sadness that surrounded her perfectionism. Her therapist encouraged her to continue to look for things about herself, her relationships, and her world with compassion and gratitude. At first, she fought against finding anything about herself for which to feel gratitude because

it smacked of vanity (to be “puffed up,” as found in Alma 5:37). Her therapist encouraged her to look at the gifts and talents she embodied as being divinely granted by a loving God, which then encouraged gratitude for him.

Vivi felt each manifestation of perfectionism (self-oriented, other-oriented, and socially prescribed) but particularly the self-oriented and socially prescribed manifestations. The therapist believed that each of these could be ameliorated by the experience of self-compassion and compassion for others. Checking with Vivi’s bishop about the possibility of introducing a non-LDS book into therapy, the therapist felt pleasantly surprised that the bishop readily agreed to a book on Buddhism, Christianity, and mindfulness. With some trepidation, the therapist introduced the text to Vivi to see if she would be willing to read it, not as scripture but as a helpful point of view. To the therapist’s surprise and delight, Vivi readily agreed to read Thich Nhat Hanh’s *Living Buddha, Living Christ* (2007), in which the author demonstrates comparisons between the Buddhist ideas of compassionate mindfulness and Christlike charity. Together, Vivi and her therapist began practicing two different meditations together (as outlined and described in the book) toward the end of their sessions, one focused on gratitude and the other focused on compassion. These meditations entailed deep breathing and visualization exercises, with different foci. The meditation on gratitude entailed focusing on personal characteristics and loving relationships that the person feels grateful for and silently expressing gratitude to God for those characteristics and relationships. The compassion meditation—or loving-kindness meditation—is a guided meditation, the method and effectiveness of which is well-established in the literature (e.g., Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Chandler, Miner-Holden, & Kolander, 1992). As Vivi practiced gratitude and compassion for herself, she continued the work she began with the bibliotherapy, that of uncoupling her high standards from her self-worth. Especially on days when she would normally feel extremely ashamed because of her inability to accomplish all she wanted to do that day, she instead would endeavor to remain mindful of what she had accomplished that day with gratitude. This helped her experience compassion for herself in her trials through

acceptance of them. Her tendency to feel judged and shamed by others also lessened. Whenever she felt judged by others, she would reflect on how, in her readings (Matthew 5:44), she learned that judgment hurts the person doing the judging, and she even experienced some success as she endeavored to remain compassionate toward the person she believed would judge her.

Vivi endeavored to make gratitude and compassion a habit. Her efforts to learn to tune into gratitude—gratitude for her children, her patient spouse, and a God who never gave up on her—helped her to endure her cross as she strived to be aware of blessings in her life. Counterintuitively, this did not make the suffering vanish; rather, it gave meaning and context to the suffering. On one occasion, her therapist shared a story from ancient history where a king asked his wise men for something that would bring comfort to him in times of suffering and help him not take for granted times of ease or happiness. The wise man gave him a gift of a simple ring with a clear inscription: “This too shall pass” (Taylor, 1968). As Vivi endeavored to take her suffering as temporary, she slowly ceased to push deeper into her suffering, and her suicidal ideation gradually ebbed.

## CONCLUSION

Vivi and her therapist worked together rather intensively (weekly) for approximately a year and a half with the regular consultation of her bishop. Having progressed from a severe suicide attempt fueled by perfectionism to a more grateful and compassionate life, Vivi felt greatly helped by the course of therapy and the spiritual transformation that it provided. As of today, Vivi still stops by and consults with her therapist occasionally to touch base and spend 20 minutes or so in guided meditation on the topics of gratitude and compassion.

Vivi’s experience offers a helpful example of how perfectionism can greatly affect and be affected by a person’s religious beliefs. As shown, her rigid interpretation of specific scriptures and statements by LDS church leaders appeared to be a significant influence on her experience of toxic perfectionism. As previously mentioned, Vivi was often troubled by the scripture “Be ye therefore perfect,” which she interpreted as

meaning “Be ye therefore *flawless*.” Therefore, her desire to be perfect (flawless) existed because she felt God demanded it. Because Vivi’s perfectionism stemmed, at least in part, from her understanding of various religious concepts, the therapist was tasked with separating her toxic perfectionism from her religious beliefs. The therapist attempted to do this by introducing alternative interpretations of those scriptures, such as pointing out that the Greek word for perfect is *teleios*, which does not mean flawless but rather whole or complete. With the use of bibliotherapy and the support of her bishop, the therapist exposed Vivi to alternative interpretations that still fit within her Mormon context. These interpretations, at least in part, helped to mitigate her suffering.

Perhaps most importantly, grace was used as a therapeutic tool to help both the therapist and Vivi. In praying for grace, the therapist experienced greater compassion for Vivi and a greater capacity to help her through her suffering. Through deeper religious study (bibliotherapy) and mindfulness meditations, Vivi was able to see God’s grace working in her life, even when she struggled to meet her expectations. It is our opinion that it was these experiences with God’s grace that helped Vivi transform from damnable to divine.

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# Mixed Methods Study of Perfectionism and Religiosity among Mormons: Implications for Cultural Competence and Clinical Practice

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## **ABSTRACT**

*Extending prior research on perfectionism and religiosity, the current study investigated their relation among Latter-day Saints (LDS)—also known as Mormons—through a sequential mixed-methods design. An online community sample of 194 LDS members completed the Religiousness Measure-Revised and the Hewitt Multidimensional Perfectionism Scale. Subsequently, six of these participants were interviewed in a qualitative pilot study to further explore how perfectionism manifests among Mormons. Quantitative results indicated significantly greater self-oriented perfectionism compared to other-oriented and socially prescribed perfectionism. Quantitative results also demonstrated significant*

*positive correlations between religiosity and perfectionism but only for self- and other-oriented perfectionism. Qualitative content analysis indicated further how dimensions of perfectionism manifest in an LDS context. Implications for culturally competent practice and future research are discussed.*

Perfection does not exist; to understand it is the triumph of human intelligence; to expect to possess it is the most dangerous kind of madness.

—Alfred de Musset

Be ye therefore perfect, even as your Father which is in heaven is perfect.

—Matthew 5:48

As the United States increasingly diversifies, an unmet cultural demand exists for religiously competent mental health clinicians, as few receive the training necessary to handle religious issues appropriately (Allen & Wang, 2014; Bergin, 1991; Richards & Bergin, 1997). Notwithstanding myriad psychological studies with sundry religious-cultural populations (e.g., Abdel-Khalek, 2011; Cervantes & Parham, 2005; Jackson & Bergeman, 2011; Yeh, Arora, & Wu, 2006; Yeh, Inman, Kim, & Okubo, 2006), little research has been done with Mormon participants (Allen & Wang, 2014).

Mormons, or members of The Church of Jesus Christ of Latter-day Saints (LDS), were first organized in 1830 in New York but were displaced repeatedly due to persecution before settling in Utah in 1847 (Barrett, 1973). Now, Mormons number over 15.8 million worldwide (The Church of Jesus Christ of Latter-day Saints, 2017). With more than 6.5 million members located in the United States, Mormons are the country's fourth-largest religious denomination (Association of Religion Data Archives, 2010; Gallup, 2014).

A key Christian doctrine is Jesus's admonition to "be ye therefore perfect" (Matthew 5:48). Echoed in LDS canon (e.g., "Come unto Christ, and be perfected in him" [Moroni 10:32]), this emphasis on perfection—and Mormons' rigorous standards involving diet, dress, speech, sexual activity, tithing, and service—has led some researchers to recently explore how perfectionism and its sequelae manifest uniquely

among LDS members (Allen & Wang, 2014; Crosby, Bates, & Twohig, 2011; Rasmussen, Yamawaki, Moses, Powell, & Bastian, 2012).

### PERFECTIONISM

Although various definitions of perfectionism have been posited, most include (a) impossible or unrealistically high standards, (b) rigid or compulsive pursuit of these standards, and (c) self-worth measured chiefly by the degree to which these standards are attained (Burns, 1980; Shafran & Mansell, 2001). Given these attributions, traditional views of perfectionism have been unsurprisingly negative (Barrow & Moore, 1983; Burns, 1980). Yet, more recent studies with diverse cultures suggest that perfectionism is multifactorial, culturally variant, and related to salient transdiagnostic psychological trajectories, both adaptive and maladaptive (Grzegorek, Slaney, Franze, & Rice, 2004; Rice & Slaney, 2002; Slaney & Ashby, 1996; Stoeber & Otto, 2006; Wang, 2010).

Regarding perfectionism's multidimensionality, Hewitt and Flett (1990) described three orientations: self-oriented, other-oriented, and socially prescribed. Self-oriented perfectionism involves setting high *personal* standards (e.g., a young violinist sets a goal to perform a new song without missing any notes). Other-oriented perfectionism entails setting high standards for *others* (e.g., a conductor expects his or her orchestra to perform a composition without error). Finally, socially prescribed perfectionism involves perceiving expectations, imagined or veridical, placed on a person *by others* (e.g., a young violinist feels pressured by family to perform flawlessly). In other words, perfectionistic standards can have internal or external loci and targets (see Figure 1 for a visual representation of this 2 x 2 conceptual framework).

Research suggests that these perfectionistic orientations significantly and differentially affect

		Locus of Perfectionistic Standards	
		Internal	External
Target of Perfectionistic Standards	Internal	Self-Oriented Perfectionism	Socially Prescribed Perfectionism
	External	Other-Oriented Perfectionism	

Figure 1. Conceptual 2 x 2 matrix of the Hewitt Multidimensional Perfectionism Scale (adapted from Smyth, 2001).

psychological adjustment. Namely, self- and other-oriented perfectionism inconsistently correlate with measures of maladjustment (see Smyth, 2001) but positively relate to several aspects of adjustment, including social skills (Flett, Hewitt, & De Rosa, 1996), conscientiousness (Hill, McIntire, & Bacharach, 1997), positive affect (Frost, Lahart, & Rosenblate, 1991), and self-esteem (Flett, Hewitt, Blankstein, & O'Brien, 1991). In contrast, socially prescribed perfectionism is consistently and strongly linked to (a) diminished adjustment, such as lower self-actualization and self-esteem (Flett, Hewitt, Blankstein, & Mosher, 1991; Flett, Hewitt, Blankstein, & O'Brien, 1991), and (b) greater maladjustment, including neuroticism (Hill et al., 1997), procrastination (Flett, Blankstein, Hewitt, & Koledin, 1992), eating disorders (Hewitt, Flett, & Ediger, 1995), depression (Flett et al., 1991; Hewitt, Flett, & Ediger, 1996), anxiety (Hewitt & Flett, 1991), personality disorders (Hewitt & Flett, 1991; Hewitt, Flett, & Turnbull, 1992, 1994), and suicidal ideation (Dean & Range, 1996; Hewitt, Flett, & Weber, 1994).

Despite such findings, most research focuses on a two-factor framework of adaptive and maladaptive perfectionism (e.g., Kim, Chen, MacCann, Karlov, & Kleitman, 2015; Rice & Slaney, 2002; Stoeber & Otto, 2006). Contrary to the historical view that all perfectionism is negative, adaptive perfectionism involves striving to attain high standards but without the intense shame, guilt, and stress that often occur in cases of maladaptive perfectionism when those standards are unmet (Kim et al., 2015; Moate, Gnilka, West, & Bruns, 2016; Ozbilir, Day, & Catano, 2015). True to its name, adaptive perfectionism is

associated with positive psychological adjustment and resilience (e.g., life satisfaction, self-esteem, and less anxiety and depression; Ozbilir et al., 2015; Rice & Slaney, 2002).

In contrast, maladaptive perfectionism involves a compulsive pursuit of rigid, unrealistic standards that, when unmet, results in significant guilt, self-criticism, and shame (Ashby, Rice, & Martin, 2006; Fedewa, Burns, & Gomez, 2005; Mandel, Dunkley, & Moroz, 2015; Moroz & Dunkley, 2015; Tangney, 2002). Also, maladaptive perfectionists often procrastinate for fear of failure or rejection and rarely feel like they measure up to their own and/or socially-prescribed standards (Conroy, Kaye, & Fifer, 2007; Ozer, O'Callaghan, Bokszczanin, Ederer, & Essau, 2014; Sagar & Stoeber, 2009). They also tend to project their standards upon others—and then criticize or look down upon those who inevitably fail (Dickinson & Ashby, 2005; Flett, Besser, & Hewitt, 2005). Maladaptive perfectionism has been called a “transdiagnostic process” (Egan, Wade, & Shafran, 2012) because it contributes to many psychological disorders, including depression (Erozkan, Karakas, Ata, & Ayberk, 2011; Grzegorek et al., 2004; Hawley, Ho, Zuroff, & Blatt, 2006; Hewitt et al., 1996), anxiety (Handley, Egan, Kane, & Rees, 2014; Juster et al., 1996; Nepon, Flett, Hewitt, & Molnar, 2011), eating disorders (Egan et al., 2013; Minarik & Ahrens, 1996; Reilly, Stey, & Lapsely, 2016), suicidality (Hamilton & Schweitzer, 2000; Hewitt, Newton, Flett, & Callander, 1997; Slosar, 1999), personality disorders (Hewitt et al., 1992, 1994), sexual

disorders, and obsessive-compulsions (Clavin, Clavin, Gayton, & Broida, 1996; Flett, Hewitt, & Dyck, 1989; Rheume, Freeston, Dugas, Letarte, & Ladouceur, 1995). Thus, several researchers have recommended targeting maladaptive perfectionism in prevention and treatment (Barrow & Moore, 1983; Egan et al., 2013; Fairweather-Schmidt & Wade, 2015; Riley, Lee, Cooper, Fairburn, & Shafran, 2007).

Most researchers concur that familial relations strongly foster or moderate perfectionism (Flett, Hewitt, Oliver, & Macdonald, 2002; Frost et al., 1991; Shafran & Mansell, 2001). Specifically, parenting that provides little warmth and psychological autonomy may engender maladaptive perfectionism (Chang et al., 2015; Craddock, Church, Harrison, & Sands, 2010; Reilly et al., 2016). Familial relations, roles, and expectations might be particularly salient among minority groups, as African American and Asian American youth generally endorse greater perfectionism—and particularly socially prescribed perfectionism—than their Euro-American peers (Castro & Rice, 2003; Nilsson, Paul, Lupini, & Tatem, 1999).

Although most developmental research on perfectionism has focused on familial factors in childhood, other studies suggest that perfectionism typically decreases during adulthood. For example, Chang (2000) studied differences and similarities of perfectionism between 270 younger adults ( $M$  age = 20) and 256 older adults ( $M$  age = 46.99). Results indicated that younger adults, on average, were significantly more perfectionistic than older adults—although both age groups experienced equitable perfectionism-related negative outcomes. Similarly, Landa and Bybee (2007) found that younger, current sorority members ( $M$  age = 19.85) reported greater perfectionism than older alumnae counterparts ( $M$  age = 33.74). More recently, with samples of 107 university students and 289 internet users, Stoeber and Stoeber (2009) found that older ages were consistently related to lower self-oriented and socially prescribed perfectionism. Indeed, the lowest reported levels of self-oriented, other-oriented, and socially prescribed perfectionism have been the oldest-aged samples ( $M$  ages > 50; Corrigan, 1997; Kennedy, 1999). Collectively, these findings—despite their

correlational, nonlongitudinal nature—imply that perfectionism may wax in early adulthood and then wane with greater age.

In addition to age, religiosity—particularly when tied to orthodox or fundamental ideologies—may keenly affect the development and manifestation of perfectionism (e.g., Bergin, Stinchfield, Gaskin, Masters, & Sullivan, 1988; Helm, Berecz, & Nelson, 2001; Kennedy, 1999; Koltko, 1990). For example, many Christians equate perfection with sinlessness and thereby “set themselves up for failure” since absolute sinlessness is practically, if not doctrinally, impossible (Heise & Steitz, 1991). Similarly, Sorotzkin (1998) posited that “religions . . . that emphasize performance and behavior over belief and attitude” may promote two risk factors for maladaptive perfectionism: excessively critical caregiving and extrinsic versus intrinsic religiosity (Chang et al., 2015; Craddock et al., 2010; Reilly et al., 2016). Yet, religion also may help cultivate adaptive perfectionism by offering high standards and stability (Abdel-Khalek, 2011; Allen & Heppner, 2011; Bergin et al., 1988; Jackson & Bergeman, 2011; Yeh, Arora, et al., 2006; Yeh, Inman, et al., 2006). Indeed, prior research suggests that intrinsic religiosity predicts adaptive perfectionism (Ashby & Huffman, 1999; Steffen, 2014). Thus, the exact relation between religiosity and perfectionism appears highly nuanced—and, given the paucity of research on LDS samples, its manifestation among Mormons remains less understood.

#### LATTER-DAY SAINTS AND PERFECTIONISM

Notwithstanding this relative lack of examination, an emerging consensus suggests that religious perfectionism is particularly prevalent among Mormons (Crosby et al., 2011; Doty, Lindemann, & Hirsche, 2013; Draper, McGraw, & Sturtevant, 2015; Rasmussen et al., 2012; Richards, Owen, & Stein, 1993; Sanders et al., 2015). For example, Allen and Wang (2014) posited that the majority of college-age Mormons might be perfectionists, since in a sample of 267 primarily college-aged LDS participants, 77% qualified as perfectionists. Notwithstanding this problematic generalization (as most Mormons are not young adults living in a highly concentrated, faith-based LDS community in

the southwestern United States), most of the study's identified perfectionists were adaptive (61%) rather than maladaptive perfectionists (39%). Notably, the former reported significantly more intrapersonal and interpersonal religiosity (i.e., cognitive and behavioral religious commitment, respectively) compared to nonperfectionistic peers. These adaptive perfectionists also reported significantly less anxiety and depression and significantly higher self-esteem and satisfaction than both maladaptive perfectionists and nonperfectionists in the sample. Furthermore, high levels of maladaptive perfectionism predicted more severe anxiety and depression, even when controlling for religiosity and age—the latter of which negatively correlated with maladaptive perfectionism and religiosity (i.e., scrupulosity).

Other studies with LDS participants have also found significant relations among perfectionism, religiosity, and mental health. For instance, Sanders et al. (2015), with a sample of 898 students attending a LDS university, provided evidence that the type of religiosity (i.e., intrinsic or extrinsic) rather than perfectionism may relate to greater well-being, because higher intrinsic religiosity significantly predicted better psychological adjustment (e.g., greater self-esteem and less anxiety, depression, and obsessive-compulsiveness) rather than perfectionism. Using a similar if smaller sample of LDS college students, Crosby et al. (2011) found that adaptive and maladaptive perfectionism respectively predicted intrinsic and extrinsic religiosity among Mormons. Also, their results indicated that psychological rigidity or inflexibility might mediate the relation between maladaptive or extrinsic religiosity and maladaptive perfectionism. More recently, Allen, Wang, and Stokes (2015) found that caregivers' maladaptive perfectionism moderated the positive correlation between LDS college students' scrupulosity (i.e., excessive fear of sinning or morally transgressing) and shame.

More germane to counseling, Rasmussen et al. (2012) sampled LDS college students to test the relations among (a) intrinsic and extrinsic religiosity, (b) adaptive and maladaptive perfectionism, and (c) attitudes towards seeking mental health services. Their results indicated that higher levels of perfectionism predicted worse attitudes towards mental health

services. At the same time, intrinsic religiosity positively predicted adaptive perfectionism and help-seeking—but only from religious, nonsecular services. In other words, these findings suggest that Mormons who most need psychological aid (i.e., maladaptive perfectionists with high extrinsic religiosity) may be the least likely to seek mental health services.

Even when LDS clients do obtain professional counseling, maladaptive, religiously embedded perfectionism reportedly drives and aggravates many of their presenting problems, including anxiety, depression, obsessive-compulsions, and self-injury (Doty et al., 2013; Draper et al., 2015; Richards et al., 1993). Attempting to target this transdiagnostic problem, Richards et al. (1993) conducted a pilot study of LDS religiously-themed imagery, discussions, and bibliotherapy (e.g., sermons by Mormon church leaders with themes of acceptance and grace) in a group of 21 LDS clients struggling with perfectionism. Quantitative pre-post intervention results indicated that treatment participants had significant improvements in depression, perfectionism, self-esteem, and overall well-being. Informal, subjective post-treatment evaluations provided by participants also supported treatment acceptability and efficacy. Although this study lacked experimental control and intent-to-treat analyses, these results still offer preliminary evidence that Mormons with maladaptive perfectionism and its theorized sequelae can be treated successfully with religiously and culturally tailored counseling.

However, salient issues remain unanswered. First, the above studies (save for Allen et al., 2015) exclusively sampled young college students, making generalizability to other Mormons in the United States (much less other countries) unlikely—especially given prior evidence that perfectionism may decrease in adulthood (e.g., Allen & Wang, 2014; Chang, 2000; Landa & Bybee, 2007; Stoeber & Stoeber, 2009). Second, no known study has yet examined self-oriented, other-oriented, and socially prescribed perfectionism and their relations to religiosity in Mormons. Such a study may help clarify the extent to which LDS perfectionistic standards and their targets are primarily external or internal in nature and the degree to which religiosity is related to said internality or externality. Third, all known research

on LDS perfectionism has used solely quantitative methods. Given the unique benefits of qualitative research methods (e.g., richer, more holistic, and more flexible analysis of both anticipated and unanticipated themes; Anderson, 2010; Rahman, 2017), Allen and Wang (2014) recommended investigating LDS perfectionism qualitatively—particularly with older Mormons. To address these research gaps and recommendations, the current paper examined the relations among religiosity and self-oriented, other-oriented, and socially prescribed perfectionism in Mormons through a sequential mixed-methods design. Specifically, the following hypotheses and research questions were tested:

*H<sub>1</sub>*: Among Mormon adults, an increase in age will correlate negatively with perfectionism.

*H<sub>2</sub>*: Among Mormons, religiosity will correlate positively with overall perfectionism and its measured factors: self-oriented, other-oriented, and socially prescribed perfectionism.

*RQ<sub>1</sub>*: Do Mormons report significant quantitative differences between their reports of self-oriented, other-oriented, and socially prescribed perfectionism (i.e., to what extent do Mormons report external versus internal loci or targets of perfectionistic standards)?

*RQ<sub>2</sub>*: How do Mormons qualitatively interpret perfectionism through a religious perspective?

*RQ<sub>3</sub>*: When Mormons are interviewed about religious standards, to what extent do they discuss themes related to self-oriented, other-oriented, or socially prescribed perfectionism and their adaptive and maladaptive sequelae?

## METHODS

### STUDY I: ONLINE QUESTIONNAIRE AND QUANTITATIVE ANALYSIS

**Participants.** One hundred and ninety-four active LDS participants completed an anonymous online survey on religiosity and perfectionism. Participation was open to all self-identified adults (age 18 or older) who (a) were LDS, (b) had internet access, and (c) had proficiency in English sufficient to complete the survey. Participants' ages ranged from 18 to 76 years

( $M = 28.13$ ;  $SD = 11.82$ ). Most participants self-identified as Caucasian (92.1%) women (62.9%) who were raised in the LDS denomination (92%), and all identified themselves as active members of the LDS church. See Table 1 for full sample demographics.

**Measures.** The survey included the Hewitt Multidimensional Perfectionism Scale and the Religiousness Measure—Revised to respectively assess perfectionism and religiosity.

**Hewitt Multidimensional Perfectionism Scale (HMPS).** Designed to measure multiple facets of perfectionism, the 45-item HMPS (Hewitt & Flett, 1989, 1991) was used to measure perfectionism. Respondents rated each item on a 7-point Likert scale of agreement (1 = *Absolutely disagree* to 7 = *Absolutely agree*). Higher scores indicate greater perfectionism. Beyond providing an overall measure of perfectionism, the HMPS includes three subscales (15 items each): Self-Oriented (e.g., *I set very high standards for myself; I must always be successful at school and work*), Other-Oriented (e.g., *Everything that others do must be of top-notch quality; I can't be bothered with people who won't strive to be better themselves*), and Socially Prescribed Perfectionism (e.g., *The people around me expect me to succeed at everything I do; my family expects me to be perfect*). Prior studies demonstrate the HMPS's acceptable internal consistency, test-retest reliability, concurrent validity, and acceptability among clinical, subclinical, and community samples (Hewitt & Flett, 1991; Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991). For the current sample, the HMPS's internal reliability for its total scale and subscales was, respectively, excellent ( $\alpha = .91$ ) and acceptable to excellent (self-oriented:  $\alpha = .88$ , other-oriented:  $\alpha = .75$ , socially prescribed:  $\alpha = .90$ ).

**Religiousness Measure—Revised (RM–R).** Based on the Religiousness Measure (Sethi & Seligman, 1993), which was originally developed and validated to measure religiosity, the RM–R is an 18-item questionnaire specifically revised to measure religiosity among Mormons. More specifically, items ask respondents to rate, on a 7-point scale, the frequency of LDS-specific religious practices (e.g., *How often do you attend church? How often do you read holy scripture?*), the degree to which they believe in LDS-specific beliefs (e.g., *Do you believe there are miracles?*), and the influence these beliefs have on particular behaviors (e.g., *How much do your*

religious beliefs influence the way you dress?). Consistent with the original RM (Sethi & Seligman, 1993), the RM–R had good internal reliability with the current sample ( $\alpha = .82$ ).

**Procedure.** Participants were recruited through generic social media (e.g., Facebook, Reddit) and then directed to an online anonymous survey. Once participants accessed the survey, they completed a digital consent form, a brief demographics questionnaire (i.e., age, gender, race/ethnicity, and membership status in the LDS church), and then the HMPS and RM–R. At the survey's end, participants were given the option to contact a researcher to conduct a follow-up interview (see below). All procedures for both studies were approved by the Institutional Review Board at Utah Valley University.

**Analysis.** Paired *t*-tests were conducted to determine whether participants' self-oriented, other-oriented, and socially prescribed perfectionism significantly differed. To assess whether religiosity and perfectionism varied as a function of participants' age and reported categorical demographics (i.e., gender, race, ethnicity, LDS convert/raised), correlations and *t*-tests, respectively, were computed. Partial correlations between religiosity and overall and subscale perfectionism scores were then conducted, controlling for demographic variables identified in the previous analyses.

#### STUDY 2: FOLLOW-UP QUALITATIVE INTERVIEWS AND CONTENT ANALYSIS

**Participants.** Participants included six adults from the prior quantitative study who self-identified as active LDS members and consented to be interviewed by one of the researchers. Interviewed participants identified primarily as Caucasian (83%) men (66%) raised in the LDS denomination (92%). Ages ranged from 20 to 55 years ( $M = 27.5$ ;  $SD = 13.53$ ; see Table 1).

**Procedure.** One researcher conducted all six individual interviews over the phone using a structured interview. Eight standardized questions (see Table 2) assessed participants' views on perfectionism and standards in a LDS religious context consistent with prior research (Allen et al., 2015; Doty et al., 2013; Draper et al., 2015; Richards et al., 1993). The interviewer transcribed each interview (each interview lasted 20–40 minutes).

**Analysis.** Transcripts were qualitatively analyzed using Marshall and Rossman's (2016) procedure for thematic analysis. Consistent with best practice recommendations (e.g., Hruschka et al., 2004; Mays & Pope, 2000; Rothman et al., 2009), multiple coders (i.e., the original interviewer and another researcher with multistudy experience in qualitative content analysis) (a) independently reviewed the transcripts to identify, define, and record specific instances of themes, and (b) subsequently met to assess intersubjectivity (i.e., convergence). Initially, results converged on 77% of 483 instances. To increase convergence, the coders mutually created a list of defined themes. Then, they independently reanalyzed the data. These results achieved an 85% convergence (i.e., "good agreement"; Journal of the American Medical Association, 2002; Miles & Huberman, 1994). The coding team collectively resolved the remaining disagreements by discussion.

## RESULTS

### QUANTITATIVE RESULTS

**Differences in perfectionism.** Mean overall perfectionism was 179.14 ( $SD = 34.73$ ). Participants generally endorsed significantly more self-oriented perfectionism ( $M = 68.04$ ;  $SD = 15.14$ ) than other-oriented ( $M = 55.51$ ;  $SD = 11.43$ ;  $t(193) = 12.95$ ,  $p < .001$ ,  $d = .93$ ) or socially prescribed perfectionism ( $M = 55.59$ ;  $SD = 16.63$ ;  $t(193) = 11.62$ ,  $p < .001$ ,  $d = .78$ ). Other-oriented and socially prescribed perfectionism did not significantly differ,  $t(193) = -.06$ ,  $p = .95$ ,  $d = -.01$  (see Table 3), indicating that participants' perfectionistic standards were predominately internal rather than external in locus and focus.

To further contextualize these results, post hoc independent *t*-tests were conducted, comparing the level of self-oriented, other-oriented, and socially prescribed perfectionism endorsed by the current LDS online sample and by other previously published samples that also completed the HMPS (i.e., Corrigan, 1997; Hewitt & Flett, 1991; Kennedy, 1999; Smyth, 2001; see Table 4). Given the number of comparisons (i.e., 15), a Bonferroni correction was made to correct for inflated Type I error rate (i.e.,  $[\alpha = 0.05]/[m = 15] = 0.003$ ). Results indicated that the current sample's



levels of perfectionism did not significantly differ from the HMPS's original validation samples of college students and psychiatric patients but did significantly differ from other samples, particularly those samples with significantly older (i.e.,  $M_s > 52$  years) religious participants (i.e., non-LDS Christian clergy, Catholic sisters).

Specifically, the current LDS online sample, on average, endorsed self-oriented perfectionism more than past samples of Midwestern secular university students and employees ( $M = 54.13$ ;  $SD = 13.04$ ,  $t(405) = 9.95$ ,  $p < .001$ ,  $d = .98$ ), non-LDS Christian clergy ( $M = 60.89$ ;  $SD = 14.55$ ,  $t(700) = 5.76$ ,  $p < .001$ ,  $d = .48$ ), and Catholic sisters ( $M = 45.34$ ;  $SD = 11.88$ ,  $t(736) = 21.18$ ,  $p < .001$ ,  $d = 1.67$ ). Similarly, the current sample generally reported significantly more other-oriented perfectionism than did non-LDS Christian clergy ( $M = 48.85$ ;  $SD = 13.28$ ,  $t(700) = 6.17$ ,  $p < .001$ ,  $d = .54$ ) and Catholic sisters ( $M = 35.86$ ;  $SD = 9.78$ ,  $t(736) = 22.95$ ,  $p < .001$ ,  $d = 1.84$ ). Finally, the current sample, on average, endorsed socially prescribed perfectionism more frequently than prior samples of Midwestern secular university students and employees ( $M = 49.10$ ;  $SD = 13.83$ ,  $t(405) = 4.29$ ,  $p < .001$ ,  $d = .42$ ) and Catholic sisters ( $M = 27.41$ ;  $SD = 11.25$ ,  $t(736) = 26.16$ ,  $p < .001$ ,  $d = 1.98$ ). Otherwise, perfectionism scores between the current and past samples did not significantly differ (see Tables 5–7 for full results).

#### **Relations between religiosity and perfectionism.**

The current sample, on average, self-reported high levels of religiosity ( $M = 87.64$ ;  $SD = 10.98$ ). Age was the only measured demographical variable that significantly related to religiosity and perfectionism. As predicted, older participants generally endorsed lower overall perfectionism ( $r = -.25$ ,  $p < .001$ ) and religiosity ( $r = -.15$ ,  $p = .04$ ). Further, age had a similarly negative, small, and statistically significant relation to all three types of perfectionism: self-oriented ( $r = -.25$ ,  $p < .001$ ), other-oriented ( $r = -.22$ ,  $p = .002$ ), and socially prescribed ( $r = -.15$ ,  $p = .04$ ).

Partial correlations assessed the relative significance, strength, and valence of relations between religiosity and overall self-oriented, other-oriented, and socially prescribed perfectionism, controlling for age. As predicted, results indicated a small, positive,

statistically significant partial correlation between religiosity and overall perfectionism ( $r = .21$ ,  $p < .01$ ). However, religiosity was not significantly related to all three measured subtypes of perfectionism. Instead, religiosity had a small, positive partial correlation with self-oriented ( $r = .29$ ,  $p < .001$ ) and other-oriented perfectionism ( $r = .27$ ,  $p < .001$ ); whereas, the relation between religiosity and socially prescribed perfectionism was nonsignificant ( $r = -.01$ ,  $p = .88$ ). Table 8 summarizes these results.

#### **QUALITATIVE RESULTS**

Five major thematic categories emerged from the qualitative interviews: (a) religious interpretations of perfection, (b) role of commandments in perfection, (c) positive experiences associated with obeying commandments, (d) negative experiences associated with disobeying commandments, and (e) social expectations.

**Religious interpretations of perfection.** Overall, participants interpreted perfection through a notably religious perspective. Specifically, the majority of participants defined perfection as being “sinless.” This sinlessness was further clarified by participants as being achieved by (a) avoiding “mistakes” or “errors,” and (b) being forgiven of one’s sins through consistent repentance and divine grace (e.g., “*Being perfect in repentance*”). Relatedly, they viewed perfection as either a process (e.g., “*It means always changing to be better*”) or an outcome (e.g., “*I think of it more as an end goal we are working towards*”). Although a few participants stated that perfection is socially prescribed (e.g., “*Perfection is doing every single thing the way everyone thinks you should be doing it*”), most stated that perfection is ultimately defined and prescribed by divinity rather than it being a personal or social construction or imperative (“*I feel like the commandment ‘Be ye therefore perfect’ means to be like the way God and Christ are, and that is the way people should be*”).

**Role of commandments in perfection.** Related to a divinely demonstrated and determined perfection, all six participants indicated that perfection essentially requires obedience to the commandments taught by the LDS church. Once again, the sample alternatively described commandments as being perfection’s destination (e.g., “*Commandments are a*

goal of somewhere you want to get”), the path to that destination (e.g., “They’re the way we reach perfection, faith, and joy”), or indicators of how one is progressing along the path (e.g., “Commandments are landmarks that help us follow God,” “They’re a way to gauge how I’m doing in my life,” or “They play a big role in how I evaluate myself [and] see if there are things that are lacking”). Despite this general agreement as well as differences in emphasis, most interviewees described obedience to God’s commandments as the sole way to experience not only perfection but also happiness and joy (e.g., “I feel that the only way we can actually experience God’s joy is by keeping the commandments. . . . By keeping the commandments we are happy”). Also, all six participants described commandments as playing a “big” or “fundamental” role in their personal efforts to be perfect on a day-to-day basis (e.g., “I first think about [obeying commandments] before I do anything. For me that is what I base my actions on; if it doesn’t fall in line [with the commandments] then I’ll try my best not to do them”). Interestingly, when asked what commandments were the most personally important, the interviewees’ responses varied, although the most frequent answer mentioned the commandment to love God and others (e.g., “The first one that pops into my head is ‘love one another,’ because for me at times I can be a judgmental person”).

**Positive experiences associated with obeying commandments.** Not surprisingly given the above comments, all six participants reported enhanced confidence, joy, peace, and overall life satisfaction when they have obeyed LDS commandments. One participant instantiated this theme of obedience to commandments providing “godly confidence,” spiritual connectedness, and “moral boosts” as follows:

[Obeying the commandments] allows me to kneel down and ask God anything. Here I am. It is not a notion that I qualify. It is that I am at peace with where I am. I can petition [God]. I can commune with [God]. I can when I mess up too, but inside I feel like I can have a higher level of intimacy with God in my prayers when I am successful in keeping [the commandments].

Another subtheme that repeatedly emerged is that missions (i.e., 18–24 months of full-time LDS missionary service during young adulthood) were time periods of profound obedience to church

commandments and current sources of confidence, pride, inspiration, and fulfillment (e.g., “The mission helped me realize that I lived a certain life, and I don’t want to abandon that. I don’t want to plateau. I want to improve and keep going”).

**Negative experiences associated with disobeying commandments.** Mirroring the universally shared feelings of joy, happiness, confidence, and fulfillment associated with keeping religious commandments, interviewees consistently described experiencing negative emotions (e.g., sadness, shame, guilt) after disobeying commandments. Some described psychosomatic symptoms following religious transgressions (e.g., “For me it is like a sickness. I get physically sick when I make those kinds of mistakes”); other reactions involved severe self-criticism (e.g., “Utter loathing of myself; I felt like a sack of dust and just utter trash,” “[After disobeying commandments, I] don’t feel human,” or “I felt worthless”). Once again, a subtheme emerged among those who had served missions, who are known colloquially among Mormons as returned missionaries or RMs. Specifically, RMs described experiencing greater shame for post-mission transgressions because missionaries and RMs were held to higher moral standards than those who had not served missions. For instance, one RM stated:

I feel that as a missionary you learn to view Christ in a way you’ve never seen before and understand His atonement. I think when you break commandments when you get home, it’s like taking that knowledge and tossing it away. Like you make a mistake, you take what you know to be true, those experiences, that love that you had experienced, and kicked it under the bus.

When asked what commandment they felt worst for disobeying, all interviewees—RMs and non-RMs alike—reported a commandment related to sexuality (e.g., masturbation, viewing pornography, premarital intercourse).

**Social expectations.** Interviewees reported a range of social reactions to others’ moral behaviors. However, the most common response was being inspired by others’ “righteous” examples. They also reported feeling joy, pride, and trust towards such people (e.g., “But when I see good people doing good, I look up to them. I follow their examples. I have some role models,” or “I have a healthy respect for those people. I

look up to them. I have a deep appreciation and gratitude because we are not alone in this world”).

In regard to reactions to others who violated interviewees’ personal standards, responses bifurcated largely. Specifically, half of the sample reported projecting their standards onto those around them—and then becoming upset when their peers transgressed those standards (e.g., “I get annoyed and frustrated,” or “I would get frustrated [and] wouldn’t trust them”). This projection of standards and negative reaction to violators of those standards was particularly stronger for RMs (e.g., “We went out, we taught people. We made commitments out there. They are hypocrites. I try not to [judge], but in the moment, it is quite difficult”). Indeed, the only mention of socially prescribed perfectionism came from RMs speaking of their unique cultural-religious expectations (e.g., “I’m scared that those who I had taught on my mission will look down on me,” or “What gets me the most is the expectations on RMs. It gives me confidence to overcome but also discouragement. There is an ideal image of the RM. People get caught up in that and may not feel successful”).

At the same time, the other half of the interviewees denied projecting their standards on others (i.e., other-oriented perfectionism). Instead, they reported nonjudgmental compassion towards those who violated LDS commandments (e.g., “I have compassion. I have . . . deep love for them. I think, who am I to judge this person?”). This sentiment was repeated by an interviewee who described his feelings for a cousin raised outside of the LDS faith who had embraced relatively antithetical values:

I look at [her], and I see myself. She lives the complete opposite of any teachings of the LDS faith and does things that I wouldn’t be proud of if I did. But when I look at her, I don’t feel shame, and I’m not ashamed. . . . I just see myself, and see myself in the exact same shoes as she is and know there is always hope.

When interviewees were asked about parental reactions to childhood or adolescent adherence—and lack thereof—to religious commandments, nearly all participants reported positive experiences. More specifically, most interviewees reported that their parents were proud and happy when they kept commandments (e.g., “Proud, that’s probably the best word; proud, and not even a selfish proud, like they’re

proud of what they taught me, and proud that they were able to teach me well enough so I could . . . gain my own testimony of our religion”). Most also reported that their parents showed them unconditional love and support if and when they as youth or adults disobeyed commandments (e.g., “I know that when I do the right things, my parents are proud, but they are not going to love me less if I don’t, and they will be there to help. And if I fail to keep the commandments they are not going to treat me differently”). Some also reported that their parents expressed disappointment but never anger (e.g., “I never saw anger ever, just major disappointment,” or “My dad, he was really disappointed, but he would never yell”). Some also reported that their parents’ trust in them was often connected to their relative adherence to religious commandments (e.g., “They would always trust me a lot more, a lot more [if I kept the commandments]”).

## DISCUSSION

Although prior studies with Mormon participants (i.e., predominately young undergraduate students) reported high levels of perfectionism (Allen & Wang, 2014; Crosby et al., 2011; Richards et al., 1993), participants from our quantitative sample endorsed relatively normative levels of perfectionism—at least for their general age (which was older than other LDS perfectionism samples but still largely in the late twenties). Compared to significantly older religious samples (Corrigan, 1997; Kennedy, 1999), the current sample typically reported higher levels of self-oriented, other-oriented, and socially prescribed perfectionism. Moreover, consistent with Allen and Wang’s (2014) findings and our hypothesis, age correlated negatively with all three forms of perfectionism as well as religiosity within the sample. Collectively, these quantitative results provide further evidence that perfectionism, both internal and external, decreases during adulthood for Mormons, as it seems to do for non-Mormons (Chang, 2000; Landa & Bybee, 2007; Stoeber & Stoeber, 2009). These results suggest that previous findings of perfectionism in primarily young LDS college students may not generalize to older LDS populations.

Additionally, our sample endorsed significantly more self-oriented perfectionism than other-oriented and

socially prescribed perfectionism. These quantitative results suggest that perfectionistic standards among active LDS members may be predominately internal rather than external in both locus and focus. Indeed, both before and after controlling for age, high LDS religiosity related to self- and other-oriented perfectionism but not socially prescribed perfectionism. Beyond replicating prior evidence that higher LDS religiosity predicts greater perfectionism (Crosby et al., 2011), these quantitative results further evince that devout Mormons may be more intrinsically versus externally or socially motivated to follow strict religious standards, and they may expect others to do likewise. Given prior manifold positive associations between (a) self- and other-oriented perfectionism and adjustment and between (b) socially prescribed perfectionism and maladjustment (see Smyth, 2001 for a review), these results echo earlier findings by Allen and Wang (2014) that perfectionism in active Mormons is more—but not solely—likely to be adaptive rather than maladaptive.

Qualitative results support and expand these findings. Identified themes highlighted different dimensions of LDS perfectionism, including religiously embedded interpretations of perfection and the role of commandments. Although interviewees generally described high internalized standards in line with self-oriented perfectionism, nearly all interviewees stated that perfection is *externally* prescribed—but by God rather than society. In addition to generally agreeing on a divinely rather than personally or socially prescribed perfection, interviewees predominately defined perfection in a religious context, namely as sinlessness through continued effort, perpetual repentance, and divine grace. Interpretations diverged, however, concerning whether perfection is a spiritual process or destination. Yet, all agreed that obedience to religious commandments is essential to what it means to be perfect, if not the *only* way to experience happiness and peace. For most interviewees, obedience to church commandments was the standard against which they judged their self-worth. Unsurprisingly, all reported intense shame, guilt, and self-loathing when they disobeyed a commandment—particularly a sexual one. In the context of counseling, these beliefs can create perfectionistic downward spirals if LDS clients interpret depression or anxiety as consequences of

sin and consequently sink further into depression or anxiety as they self-critically ruminate and impugn their self-worth.

Nevertheless, this perfectionistic emphasis on commandments was not universally dysfunctional. Maladaptive perfectionism foremost entails discrepancy (i.e., dispositional dissatisfaction with personal performance even when goals are met). Yet, all interviewees reported satisfaction, peace, joy, confidence, and resilience when they obeyed commandments—which aligns with identified benefits of adaptive perfectionism for both Mormons (Allen & Wang, 2014; Sanders et al., 2015) and non-Mormons (Ozbilir et al., 2015; Rice & Slaney, 2002).

Also, results demonstrated that most interviewees had relatively stable patterns of adaptive flexibility or maladaptive rigidity, regardless of whether they were describing intrinsic or extrinsic moral expectations. This was particularly evident regarding perfectionistic expectations of LDS returned missionaries (RMs)—an unanticipated theme that has not otherwise been identified or explored by past research. Results indicated that the religious-cultural context of RMs is double-edged, as RMs reported both increased confidence and resilience as well as social pressure, scrupulosity, and shame. Future research should investigate whether this finding replicates and extends to others who (a) hold or previously held notable ecclesiastical authority or responsibility (e.g., LDS bishops) or who (b) have recently progressed through a major religious-cultural milestone (e.g., priesthood ordination, temple endowments, marriage). Studies might examine whether such status differentially affects distinct kinds of perfectionism (e.g., self-, other-, socially prescribed).

Also noteworthy is what *did not* emerge in the interviews. Despite specific queries about previously identified familial pressures related to LDS perfectionism (Allen et al., 2015), none of the interviewees described their caregivers as formatively influencing perfectionism. Similarly, they reported that their families did not overly criticize, use shame to motivate, or deny praise or impinge on psychological autonomy. Instead, nearly all interviewees described their families as loving, supportive, and kind, even when their families were aware of their religious transgressions. These results, while contrary to prior

findings on familial-transmitted perfectionism (Chang et al., 2015; Craddock et al., 2010; Reilly et al., 2016), are nonetheless congruent with the quantitative study's results as devout Mormons tended not to significantly experience or recognize adverse societal pressure or socially prescribed perfectionism. Future studies might examine this finding's admittedly precarious generalizability, particularly with less active or former Mormons or Mormons from ethnic/racial minorities for whom social prescriptions might be more pronounced (Castro & Rice, 2003; Nilsson et al., 1999).

Collectively, these findings highlight several implications for culturally competent counseling with Mormons. Namely, clinicians and clients alike should recognize that perfectionism is a multidimensional, religiously contextualized construct whose locus and targets can be internal or external with adaptive or maladaptive sequelae. For instance, counselors might help clients differentiate between high standards and discrepancy and then learn how the former can promote psychosocial adjustment whereas the latter generally leads to negative outcomes. Furthermore, services might best assist LDS clients by helping them (a) maintain rather than lower high values-congruent standards, and (b) reduce perfectionistic cognitions and behaviors related to discrepancy (e.g., negative automatic thoughts, psychological inflexibility). This second treatment goal might be particularly salient for LDS clients with extrinsic religiosity, cognitive inflexibility, or prior missionary service or high ecclesiastical authority or responsibility. Based on present results, returned missionaries may be at particular risk for religiously embedded socially prescribed perfectionism and other-oriented perfectionism exclusive to other returned missionaries. At the same time, counselors should consider that religiosity, at least when intrinsic, tends to be psychologically protective rather than parlous for most Mormons (Allen & Wang, 2014; Sanders et al., 2015) and other religious groups (Abdel-Khalek, 2011; Jackson & Bergeman, 2011; Yeh, Arora et al., 2006).

Findings from this study also call attention to future avenues of research. For example, this study used the oldest known LDS sample to study perfectionism, but

participants were on average still in their late twenties. Future studies might specifically sample older, highly religious Mormons and examine—quantitatively or qualitatively—how perfectionism manifests in these contexts since age otherwise has predicted lower perfectionism and religiosity. Conversely, researchers might study perfectionistic orientations in *younger* LDS samples, such as precollege teenagers, who have different religiously embedded and socially prescribed standards (e.g., waiting to date until age sixteen, preparing to receive the higher priesthood order).

Relatedly, current and prior results indicate that the relation between age and perfectionism, though significant, is small. Ergo, other factors beyond age likely determine changes in adult perfectionism. Furthermore, current and past studies have relied upon correlational or cross-sectional designs; no known study has longitudinally assessed changes in perfectionism across adulthood. Thus, it is unknown whether age-related decreases in perfectionism are continuous or discontinuous and, if the latter, when and why those stages occur. For example, age may be a proxy variable for certain developmental events or stages (e.g., college graduation, marriage, parenthood, and retirement) that may alter perfectionistic standards. If so, unique LDS standards on personal and familial development (e.g., eternal marriage) may moderate the relations between these stages and perfectionism.

Apart from further investigating the relations between perfectionism, age, and developmental milestones, researchers might examine how perfectionism among LDS individuals manifests across domains (e.g., work, parenting, academics, church service), as prior evidence suggests that perfectionism can significantly vary across domains such that individuals may be perfectionistic in one sphere of life but not necessarily in other spheres (Dunn, Gotwals, & Dunn, 2005; Mitchelson & Burns, 1998). Among secular non-Mormon samples, perfectionism has self-reportedly manifested most frequently in professional and academic domains and to a much lesser extent in personal relationships, housework, parenting, recreational pursuits, athletics, and religious life (Slaney & Ashby, 1996; Stoeber & Stoeber, 2009). Among active LDS populations, perfectionism may affect different domains or their relative ranking (e.g.,

perfectionism may be more prevalent in parenting given LDS religious beliefs about eternal families). Alternatively, domains affected by perfectionism might vary based on gender (Slaney & Ashby, 1996) due to LDS-specific gender roles, even if overall levels of perfectionism remain equivalent across genders.

Additionally, future research might clarify and augment clinical recommendations by explicitly assessing relations between perfectionistic orientations and previously identified variables of interest (e.g., intrinsic/extrinsic religiosity, scrupulosity, cognitive flexibility, ecclesiastical history). Researchers might utilize clinical as well as community samples with greater diversity in age, ethnicity/race, and geography—as social pressures in LDS-dense areas like Utah are likely more distinct than in regions, both within and outside the United States, with fewer Mormons. For example, Mormons outside LDS-dense areas may experience lower levels of nonfamilial socially prescribed perfectionism since there are fewer Mormon peers who might know and expect adherence to high religious standards. At the same time, they might experience more perfectionistic familial standards due to heightened parental concerns of societal influences that may contradict LDS teachings and practices. Such Mormons may also be less likely to project high religious or perfectionistic standards on non-LDS peers while concurrently having more perfectionistic standards for their few Mormon peers. Consequently, future studies on LDS perfectionism might purposefully sample these populations to empirically test these and other clinically relevant hypotheses, as the generalizability of current and prior findings to more diverse LDS and non-LDS religious populations is unknown.

Similarly, the current qualitative study and its results must be considered preliminary and interpreted very cautiously due to the study's small sample and selection biases (e.g., online recruitment, convenience sampling). Larger more rigorously selected samples are needed to enhance the transferability or generalizability of these results. Nevertheless, the current paper's findings and proposals highlight future directions, pursuant to providing more culturally competent and efficacious mental health services for Mormons and other religious groups.

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Table 1

*Sample Demographics for Study 1 and Study 2*

	Range	M	SD	n	%
<b>Study 1 sample</b>					
Age	18–76	28.13	11.82		
Gender					
Women				122	63
Men				72	37
Ethnicity					
Non-Hispanic/Latino				185	95
Hispanic/Latino				9	5
Race					
Caucasian				179	92
Asian/Pacific Islander				4	2
Native/American Indian				4	2
African-American				2	1
Other				5	3
Raised as a Latter-day Saint					
Yes				178	92
No				15	8
<b>Study 2 sample</b>					
Age	20–55	27.5	13.53		
Gender					
Women				2	44
Men				4	66
Ethnicity					
Non-Hispanic/Latino				5	83
Hispanic/Latino				1	17
Race					
Caucasian				5	83
Asian/Pacific Islander				0	0
Native/American Indian				0	0
African-American				0	0
Other				1	17
Raised as a Latter-day Saint					
Yes				5	83
No				1	17

Note. Study 1 N = 194; Study 2 N = 6.

Table 2

*Qualitative Interview Questions*

- 
1. What does the phrase “be ye therefore perfect” mean to you?
  2. What role do commandments play in your efforts to become perfect?
  3. In your mind, what are some of the most important commandments to keep?
  4. How do you feel when you keep commandments?
  5. How do you feel when you break commandments?
  6. When you lived at home with your caregiver(s), what were your caregivers’ reaction(s) to keeping and breaking commandments?
  7. How do you view others who keep the commandments (or at least appear to)?
  8. How do you view others who do not keep the commandments?
- 

Table 3

*Sample Differences in Self-Oriented, Other-Oriented, and Socially Prescribed Perfectionism*

	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	<i>d</i>
Self-oriented perfectionism	68.04	15.14	12.95	< .001	.93
Other-oriented perfectionism	55.51	11.43			
Self-oriented perfectionism	68.04	15.14	11.62	< .001	.78
Socially prescribed perfectionism	55.59	16.63			
Other-oriented perfectionism	55.51	11.43	-0.06	.95	-.01
Socially prescribed perfectionism	55.59	16.63			

*Note.*  $n = 194$ ,  $df = 193$ , Two-tailed  $t$ -tests.

Table 4

*Comparison Samples with Self-Oriented, Other-Oriented, and Socially Prescribed Perfectionism*

Study	Sample	N	M age	Self-Oriented		Other-Oriented		Socially Prescribed	
				M	SD	M	SD	M	SD
Hewitt & Flett (1991)	Students <sup>a</sup>	1,106	21	68.00	14.95	57.94	11.74	53.62	13.85
	Patients <sup>b</sup>	263	36	69.90	18.03	55.23	13.45	58.18	15.53
Corrigan (1997)	Clergy <sup>c</sup>	508	53	60.89	14.55	48.85	13.28	54.30	10.42
Kennedy (1999)	Catholic sisters <sup>d</sup>	544	61	45.34	11.88	35.86	9.78	27.41	11.25
Smyth (2001)	Students and employees <sup>e</sup>	213	22	54.13	13.04	56.09	11.19	49.10	13.83

Note. <sup>a</sup> = undergraduate students at York University, <sup>b</sup> = psychiatric patients at Brockville Psychiatric Hospital, <sup>c</sup> = ordained Christian clergy from Mountain West region of US (Roman Catholic priests from the Archdiocese of Denver,  $n = 33$ ; Episcopal priests from the Colorado/Wyoming dioceses,  $n = 155$ ; United Method Church ministers from Rocky Mountain Conference,  $n = 151$ ; Presbyterian Church USA ministers from Colorado presbyteries,  $n = 77$ ; Evangelical Lutheran Church in America pastors in the Rocky Mountain Synod,  $n = 92$ ); <sup>d</sup> = Catholic sisters in mid-Atlantic US, <sup>e</sup> = Marquette University undergraduate students ( $n = 189$ ) and employees ( $n = 24$ ).

Table 5

*Differences in Self-Oriented Perfectionism between Current and Past Samples*

	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>	<i>d</i>
LDS online sample <sup>a</sup>	68.04	15.14	0.04	1,298	.972	.00
York University students <sup>b</sup>	68.00	14.95				
LDS online sample <sup>a</sup>	68.04	15.14	1.17	455	.245	-.11
Psychiatric patients <sup>c</sup>	69.90	18.03				
LDS online sample <sup>a</sup>	68.04	15.14	9.95	405	< .001*	.98
Marquette University students <sup>d</sup>	54.13	13.04				
LDS online sample <sup>a</sup>	68.04	15.14	5.76	700	< .001*	.48
Non-LDS Christian clergy <sup>e</sup>	60.89	14.55				
LDS online sample <sup>a</sup>	68.04	15.14	21.18	736	< .001*	1.67
Catholic sisters <sup>f</sup>	45.34	11.88				

Note. <sup>a</sup> = 194 Latter-day Saints, <sup>b</sup> = 1,106 college students at York University (Hewitt & Flett, 1991), <sup>c</sup> = 263 psychiatric patients at Brockville Psychiatric Hospital (Hewitt & Flett, 1991), <sup>d</sup> = 189 Marquette University undergraduate students and 24 employees (Smyth, 2001), <sup>e</sup> = 508 ordained Christian clergy from Mountain West region of US (Roman Catholic priests from the Archdiocese of Denver, *n* = 33; Episcopal priests from the Colorado/Wyoming dioceses, *n* = 155; United Method Church ministers from Rocky Mountain Conference, *n* = 151; Presbyterian Church USA ministers from Colorado presbyteries, *n* = 77; Evangelical Lutheran Church in America pastors in the Rocky Mountain Synod, *n* = 92; Corrigan, 1997), <sup>f</sup> = 544 Catholic sisters in mid-Atlantic US (Kennedy, 1999).

\* = *p* < .003 (two-tailed, Bonferroni correction).

Table 6

*Differences in Other-Oriented Perfectionism between Current and Past Samples*

	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>	<i>d</i>
LDS online sample <sup>a</sup>	55.51	11.43	2.67	1,298	.008	-.21
York University students <sup>b</sup>	57.94	11.74				
LDS online sample <sup>a</sup>	55.51	11.43	0.23	455	.815	.02
Psychiatric patients <sup>c</sup>	55.23	13.45				
LDS online sample <sup>a</sup>	55.51	11.43	0.52	405	.606	-.05
Marquette University students <sup>d</sup>	56.09	11.19				
LDS online sample <sup>a</sup>	55.51	11.43	6.17	700	< .001*	.54
Non-LDS Christian clergy <sup>e</sup>	48.85	13.28				
LDS online sample <sup>a</sup>	55.51	11.43	22.95	736	< .001*	1.84
Catholic sisters <sup>f</sup>	35.86	9.78				

Note. <sup>a</sup> = 194 Latter-day Saints, <sup>b</sup> = 1,106 college students at York University (Hewitt & Flett, 1991), <sup>c</sup> = 263 psychiatric patients at Brockville Psychiatric Hospital (Hewitt & Flett, 1991), <sup>d</sup> = 189 Marquette University undergraduate students and 24 employees (Smyth, 2001), <sup>e</sup> = 508 ordained Christian clergy from Mountain West region of US (Roman Catholic priests from the Archdiocese of Denver, *n* = 33; Episcopal priests from the Colorado/Wyoming dioceses, *n* = 155; United Method Church ministers from Rocky Mountain Conference, *n* = 151; Presbyterian Church USA ministers from Colorado presbyteries, *n* = 77; Evangelical Lutheran Church in America pastors in the Rocky Mountain Synod, *n* = 92; Corrigan, 1997), <sup>f</sup> = 544 Catholic sisters in mid-Atlantic US (Kennedy, 1999).

\* = *p* < .003 (two-tailed, Bonferroni correction).

Table 7

*Differences in Socially Prescribed Perfectionism between Current and Past Samples*

	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>	<i>d</i>
LDS online sample <sup>a</sup>	55.59	16.63	1.77	1,298	.077	.13
York University students <sup>b</sup>	53.62	13.85				
LDS online sample <sup>a</sup>	55.59	16.63	1.71	455	.088	-.16
Psychiatric patients <sup>c</sup>	58.18	15.53				
LDS online sample <sup>a</sup>	55.59	16.63	4.29	405	< .001*	.42
Marquette University students <sup>d</sup>	49.10	13.83				
LDS online sample <sup>a</sup>	55.59	16.63	1.23	700	.220	.09
Non-LDS Christian clergy <sup>e</sup>	54.30	10.42				
LDS online sample <sup>a</sup>	55.59	16.63	26.16	736	< .001*	1.98
Catholic sisters <sup>f</sup>	27.41	11.25				

Note. <sup>a</sup> = 194 Latter-day Saints, <sup>b</sup> = 1,106 college students at York University (Hewitt & Flett, 1991), <sup>c</sup> = 263 psychiatric patients at Brockville Psychiatric Hospital (Hewitt & Flett, 1991), <sup>d</sup> = 189 Marquette University undergraduate students and 24 employees (Smyth, 2001), <sup>e</sup> = 508 ordained Christian clergy from Mountain West region of US (Roman Catholic priests from the Archdiocese of Denver, *n* = 33; Episcopal priests from the Colorado/Wyoming dioceses, *n* = 155; United Method Church ministers from Rocky Mountain Conference, *n* = 151; Presbyterian Church USA ministers from Colorado presbyteries, *n* = 77; Evangelical Lutheran Church in America pastors in the Rocky Mountain Synod, *n* = 92; Corrigan, 1997), <sup>f</sup> = 544 Catholic sisters in mid-Atlantic US (Kennedy, 1999).

\* = *p* < .003 (two-tailed, Bonferroni correction).



Table 8

*Partial Correlations between Religiosity and Perfectionism Controlling for Age*

Scale	M	SD	1	2	3	4
1. Religiosity ( <i>RM-R</i> )	87.64	10.98	–			
2. Perfectionism ( <i>HMPS-Total</i> )	179.13	34.73	.21*	–		
3. Self-oriented	68.04	15.14	.29**	.87**	–	
4. Other-oriented	55.51	11.43	.27**	.67**	.49**	–
5. Socially prescribed	55.58	16.62	.01	.82**	.55**	.26**

Note: *RM-R* = Religiousness Measure–Revised, *HMPS* = Hewitt Multidimensional Perfectionism Scale.  $n = 194$ ,  $df = 191$ , \* =  $p < .01$  (two-tailed), \*\* =  $p < .001$  (two-tailed).

# 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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# A Few Reasons I Choose Christ: A Beginning Expression of Thankfulness for What Jesus Does for Me

**ROBERT L. GLEAVE**

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*Robert L. Gleave, PhD, recently retired as a clinical professor at Brigham Young University, where he served in Counseling and Psychological Services (CAPS) for many years and also taught and mentored students in the counseling psychology doctoral program. He is a president elect of APA Division 49 (Society for Group Psychology and Psychotherapy) and a diplomate in group psychotherapy. He served on the AMCAP board for many years, and he has devoted his career to applying the teachings of Jesus Christ to mental health practices and therapy.*

I'm thankful for a wonderful companion who has been a perfect match for me, in spite of the fact that I could never deserve such a great gift. I'm thankful to Jesus for establishing a church with priesthood power, for sharing His house—the temple—with us, and for working with us as we've built the beginnings of an eternal relationship.

I'm thankful that through His willingness to be our Savior, Jesus made available agency, which is the very source of proactive power. As long as I can make another choice, I can take another action. I am only limited by my own arrogance and hesitance to seek new ideas and guidance from Him.

It seems to me that expressing agency requires facing (at least) two choices that demand accepting one and rejecting the other. Agency also is enhanced as each choice is presented against each choice until priorities become clear and patterns of preferences emerge.

A full expression of agency also requires that the choices be encountered in a multitude of contexts,

some of which are pleasant and some of which are quite unpleasant. Having the option to prefer a choice, even when the context is painful, brings a nobility to the choice and deepens commitment to the preference.

I'm thankful that our Lord is completely unintimidated by pain or discomfort of any kind, His or anyone else's, and that He will not withhold a needed gift from me in the name of being nice or not wanting to hurt me. I'm thankful that His promise of eventual relief and assurance of complete restoration gives me hope to face pain, difficulty, and trials unafraid. With hope in Him, my trials become opportunities, my difficulties are only difficult, and my pain is temporary. And none of those are reasons to shrink or to change what I choose.

I'm thankful that Christ gives me so many great gifts. Love, kindness, healing, and joy. I'm also grateful He doesn't limit His gift-giving to only those I welcome easily. He also showers me with gifts of sorrow, pain, hardship, weakness, and loss.

I'm thankful that He doesn't rescue me from my trials but rather supports me through them—allowing me to grow and learn even hard lessons.

He lets me stay stuck, even wallow in my self-pity, until I want to take action myself rather than wait for, or manipulate for, someone to do it for me. But as soon as I decide to seek relief myself, He leads me to resources. Clearly, they are resources that require my effort, yet they are effective, and the beginnings of relief are felt quickly. Most importantly, He empowers me to become who I want to *be* regardless of the circumstances around me.

I'm thankful that Christ taught me that the lost sheep are not *the other guy*. The lamb He seeks is me. It's not if I stray but rather when I stray. *Lost* doesn't refer to membership status or activity reports. *Lost* refers to much more than that. It covers my times of confusion, loneliness, frustration, fear, etc. I'm glad His seeking is not an immediate relief from experiences I find distasteful. Nor is it quickly removing the damage I cause to others through my lapses. His is a gentle call to a vision beyond the toils of mortality. Again, His call does not rescue me from the mortal experience but gently invites me to set my sail to catch that comforting breeze of His assurance of a better day to come. His is not a call to merely endure trials—to hold on while they pass—but a blanket of meaning and purpose that imbues the experience with nobility, determination, and strength. If I turn to Him, I, as a lost lamb, can tune in to His guiding frequency and find my way home to the fold. With such a clearly marked trail and such marvelous assistance, my return is assured but not immediate. He does indeed rescue me, but He does so in a way that allows and encourages my choosing and empowers my own efforts.

I'm thankful that Christ gives me rules that provide a beginning structure. Then He makes it impossible for me to follow all the rules, which then makes me face hard choices. He teaches me about "infinite obligation with finite resources." He allows me to choose where the losses will fall to both myself and others. These choices teach me to both stand up for myself (even at another's expense) and to suffer myself for another's benefit. Compassion and charity are gifts that follow but only when I have enough in my own bucket that I can be proactive.

When I'm ready to move beyond the Old Testament preparatory law of *doing* and give up my quest for perfect performance (which is an impossibility in this mortal world anyway), I can more fully embrace His New Testament law with its increased attention to *being*.

When commandments or obligations collide, I know that I can't decide from my own mortal limitations, yet responding to either rules out the other. However, I can be guided by what I have become through choosing Him—together with the influence of the Holy Ghost. Then His gentle breeze becomes an ever-present sense of peace and eternal hope, an ongoing comfort amid any distress, and an ever-ready guide through the most trying labyrinth.

I'm thankful that in this mortal world all good things are interlaced with the mundane and even error. The goof-off times and the mistakes do not define the whole of any experience. It is impossible in the mortal world to do anything with only good in it. The good is in a heart that is touched or a shift in trajectory that makes all the difference, in spite of any lapses or perceived failures.

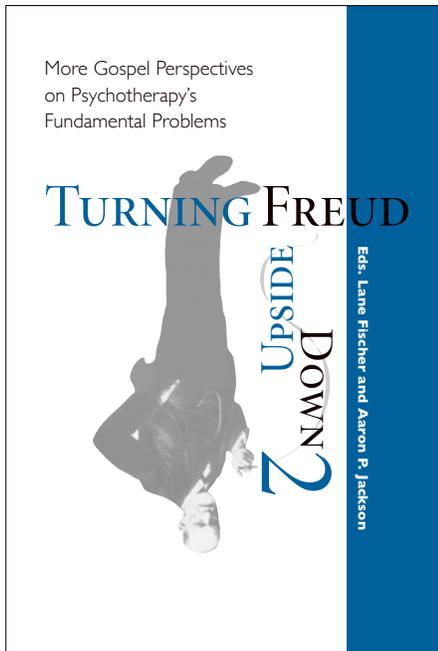
I'm thankful that our Savior remembers every one of my affronts to Father in Heaven's other children so that mercy toward me doesn't result in permanent dismissal or loss to them. I'm also thankful that Christ's atonement, along with the Holy Ghost, can work with me over time to help me to fully accept my responsibility. I'm thankful for His willingness to carry my debt without interest and then to help me make my repentance sufficient for His mercy to recover the rest of the damage I've inflicted. Thus, I can learn more about compassion and empathy.

I'm thankful that He is "always already" present, interested, reaching, understanding, and prepared to help. I'm grateful that when I turn to Him, He is always already turned toward me. No matter what I've done or how unclean I feel when I turn.

I'm also grateful that He is not in a hurry and never pressures me with a sense of crisis.

I testify that Jesus is the Christ and that He really did all that He said He did.

As one who is just beginning to catch the edges of His grandeur and power, and yet has taken His name upon myself, I express my thanks in the name of Jesus Christ, amen.



*Turning Freud Upside Down 2:  
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—Vaughn E. Worthen, PhD

*Clinical Professor of Counseling Psychology at  
Brigham Young University*

"*Turning Freud Upside Down* is not child's play. However, I recommend any serious believer who is trained to heal troubled minds to examine this volume. It ably strives to seal clinical psychological thoughts with principles available to us as Saints of the latter days. Unchanging eternal gospel principles fit very nicely into this new examination of old theories. *Turning Freud Upside Down* really is Turning Truth Right Side Up."

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